

Skagit County Auditor

4/4/2018 Page

1 of

3

9:51AM

\$38.00

After recording return document to:

ADAPTIVE LAW FIRM PS
107 State Street
Sedro-Woolley, WA 98284

DOCUMENT TITLE: Certified Death Certificate for Donald G. Kent

REFERENCE NUMBER OF RELATED DOCUMENT: N/A

GRANTOR(S): State of Washington Department of Health

ADDITIONAL GRANTORS ON PAGE ____ OF DOCUMENT.

GRANTEE(S): Rick Kent and Tracy Kent, co-Trustees of the Donald and Phleta Kent Irrevocable Trust

ADDITIONAL GRANTEES ON PAGE ____ OF DOCUMENT.

ABBREVIATED LEGAL DESCRIPTION: LOT 15 "Rancho San Juan Del Mar, Subdivision No. 10", Skagit Cty

ADDITIONAL LEGAL DESCRIPTION ON PAGE(S) OF DOCUMENT:

ASSESSOR'S TAX/PARCEL NUMBER(S): P68430

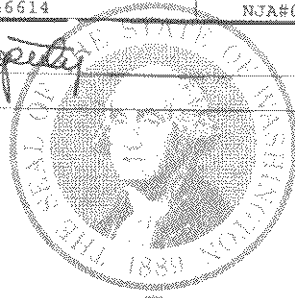
STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **176-10**

Washington State Certificate of Death

State File Number

1. Legal Name (Include AKA's if any) First Middle LAST			2. Death Date		
Donald Gordon KENT			Feb 25, 2010		
3. Sex (M/F)	4a. Age - Last Birthday Months Days	4b. Under 1 Year Hours Minutes	4c. Under 1 Day Hours Minutes	5. Social Security Number	6. County of Death
M	86			[REDACTED]	Skagit
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education		
[REDACTED]	Longview	Washington	Bachelor of Arts Degree		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify			11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces?
No			Caucasian		Yes
13a. Residence: Number and Street (e.g. 624 SE 5 th St.) (Include Apt. No.)			13b. City or Town		
11806 McCorkle Place			Anacortes		
13c. Residence: County		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?
Skagit			Washington	98221	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence		15. Marital Status at Time of Death	16. Surviving Spouse's or Domestic Partner's Name (Do not name prior to first marriage)		
42 Years		Married	Phleta Mae Cornell		
17. Usual Occupation (Indicate typical work done during most of working life. DO NOT USE RETIRED)			18. Kind of Business/Industry (Do not use Company Name)		
Commander			U. S. Navy		
19. Father's Name (First, Middle, Last, Suffix)			20. Mother's Name Before First Marriage (First, Middle, Last)		
Varney (nmn) Kent			Marjorie (nmn) [REDACTED]		
21. Informant's Name		22. Relationship to Decedent	23. Mailing Address: Number and Street (if any) City or Town State Zip		
Tracy Kent		Son	20 Midway Road San Anselmo CA 94960		
24. Place of Death, if Death Occurred in a Hospital					
Decedent's Residence					
25. Facility Name (if not a facility, give number, street, or location)			26a. City, Town, or Location of Death	26b. State	27. Zip Code
11806 McCorkle Place			Anacortes	WA	98221
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location: City/Town, and State	
Cremation		Northwest Crematory		Anacortes, Washington	
31. Name and Complete Address of Funeral Facility				32. Date of Disposition	
Evans Funeral Chapel & Crematory, Inc., 1105 32nd St., Anacortes, WA 98221-				Mar 2, 2010	
33. Funeral Director Signature X <i>Leenie Helicour</i>					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <i>Sepsis</i> Interval between Onset & Death: <i>Days</i>					
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. b. <i>Coronary Blood Vessel</i> Interval between Onset & Death: <i>YEARS</i>					
c. Interval between Onset & Death:					
d. Interval between Onset & Death:					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above: <i>Prostate Cancer</i>					
38. Manner of Death			39. If female		40. Did tobacco use contribute to death?
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending			<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown
41. Date of Injury (mm/dd/yyyy)		42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work?
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
45. Location of Injury: Number & Street City or Town County State Zip Code + 4					
46. Describe how injury occurred					
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)					
48a. Certifying Physician (If the physician who attended to the decedent prior to death, and if the physician is not the medical examiner, the physician's name and address must be given.)			48b. Medical Examiner/Coroner (The name of the person who investigated the death, and the name of the person who signed the certificate of death.)		
X <i>Jason Hogge M.D.</i>			X		
49. Name and Address of Certifier (Physician, Medical Examiner or Coroner) (Type or Print)				50. Hour of Death (24hrs)	
Jason Hogge, M.D., 1213 24th Street, Suite 100, Anacortes, WA 98221				20:26 PM	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy)	
				March 2, 2010	
53. Title of Certifier		54. License Number	55. ME/Coroner File Number		56. Was case referred to ME/Coroner?
MD		ND00046614	NJA#093		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature X <i>Corinne Anderson Deputy</i>				58. Date Received (mm/dd/yyyy)	
				MAR -2 2010	
59. Amendments					



DOH/CHS 603 Rev 07/09/07

Affidavit for Correction

This is a legal Document. Complete in ink and do not alter.
STATE OFFICE USE ONLY

Form No. 100-10000
1-1-00

Use the section below for requesting any changes on the record.

Request type: Birth Death Marriage Dissolution
1. Name on record: _____

4. Father's Full Name: _____ Address: Full Name: _____
5. Mother's Full Name: _____ Address: Full Name: _____

6. The Record is: _____ The True fact is: _____

7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

14. I represent the person as: Self Parent Guardian Informant Informant Number
 Funeral Director Other (Specify) _____

I declare under penalty of perjury that the foregoing is true and correct.
15. Signature: _____

All changes must be established by documentation, prior conditions with the original document.

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CERTIFIED

MAR 08 2010

Howard L. Fiorano
Skagit County Health Department
Howard L. Fiorano, D. Health Officer

TT00113746