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Skagit County Auditor \$35.00
4/6/2018 Page 1 of 2 12:12PM

DOCUMENT TITLE: STATE OF ARIZONA CERTIFICATE OF DEATH

REFERENCE NUMBER:

GRANTOR: JULIA M. HENDERSHOT - DECEASED

GRANTEE: PUBLIC

LEGAL DESCRIPTION:

Lot 29, "PLAT OF BLACKBURN RIDGE", as per plat recorded in Volume 16 of
Plats, pages 206 through 208, inclusive, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington

ASSESSOR PARCEL / TAX ID NUMBER: 4708-000-029-0000 (P113178)

STATE OF ARIZONA

CERTIFICATION OF VITAL RECORD

ORIGINAL
STATE COPY

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS CERTIFICATE OF DEATH

State File Number
102-2018-005189

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) JULIA, MARIE, HENDERSHOT		2. AKA'S (IF ANY)		3. DATE OF DEATH 01/27/2018	
4. SEX FEMALE		5. SOCIAL SECURITY NUMBER [REDACTED]		6. DATE OF BIRTH [REDACTED]	
				7. AGE 78 YEARS	
8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH PHOENIX, MARICOPA, 85054					
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS) HOSPICE FACILITY - HOSPICE OF THE VALLEY - SHERMAN HOME					
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MOUNT VERNON, WASHINGTON		11. MARITAL STATUS MARRIED		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) WILLIAM, LEE, HENDERSHOT	
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP) 1526 TRACI PLACE, MOUNT VERNON, SKAGIT, WA, 98274					
14. DECEDENT'S HISPANIC ORIGIN(S) NO, NOT SPANISH/HISPANIC/LATINO		15. DECEDENT'S RACE(S) WHITE		16. EVER IN ARMED FORCES NO	
				17. OCCUPATION EXECUTIVE SECRETARY	
18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX) ELMER, BIRGER, TORSET			19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) MAXINE, [REDACTED]		
20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX) WILLIAM, LEE, HENDERSHOT				21. RELATIONSHIP SPOUSE	
22. INFORMANT'S MAILING ADDRESS 1526 TRACI PLACE, MOUNT VERNON, WA, 98274					
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON MESSINGER PINNACLE PEAK MORTUARY 8555 E PINNACLE PEAK ROAD, SCOTTSDALE, AZ, 85255			24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON JAMES, VAN HEEL		25. LICENSE NUMBER F1246
26. METHOD(S) OF DISPOSITION REMOVAL/BURIAL		27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY FERNHILL CEMETERY, ANACORTES, WA, US		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I					
IMMEDIATE CAUSE OF DEATH 29. A RIGHT FRONTAL INTRACRANIAL HEMORRHAGE		30. APPROXIMATE INTERVAL DAYS			
DUE TO OR AS A CONSEQUENCE OF: 31. B HYPERTENSION		32. APPROXIMATE INTERVAL DECADES			
DUE TO OR AS A CONSEQUENCE OF: 33. C		34. APPROXIMATE INTERVAL			
DUE TO OR AS A CONSEQUENCE OF: 35. D		35. APPROXIMATE INTERVAL			
CAUSE OF DEATH PART II					
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I		38. INJURY? NO	39. INJURY AT WORK?	40. MANNER OF DEATH NATURAL DEATH	41. TIME OF DEATH 20:00
		42. WAS AN AUTOPSY PERFORMED? NO	43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?		
CAUSE AND MANNER CERTIFICATION					
TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ABOVE IS CORRECT AND THE DEATH OCCURRED DUE TO THE CAUSE(S) AND MANNER STATED.		44. NAME OF PERSON COMPLETING CAUSE OF DEATH TOM, FITCH			45. DATE CERTIFIED 01/30/2018
46. CERTIFIER'S ADDRESS 5801 E MAYO BOULEVARD, PHOENIX, AZ, 85054					

Date Registered: 02/01/2018

Date Issued: 02/08/2018

VS-48 Rev. 08/2017



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA.
Revised 07/2016

Krystal Colburn
KRYSTAL COLBURN
ASSISTANT STATE REGISTRAR



ARIZONA DEPARTMENT OF HEALTH SERVICES

J0771737

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE