

RETURN ADDRESS:

Saara Kuure  
8537 Arnold Lane  
Concrete, WA 98237



Skagit County Auditor  
4/12/2018 Page

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\$77.00  
4:01PM

DOCUMENT TITLE:

GUARDIAN NORTHWEST TITLE CO.

Letters Testamentary

A115486

REFERENCE NUMBER:

N/A

GRANTOR:

The Estate of Bojan M Kuure, Deceased

GRANTEE:

Saara B Kuure

TRUSTEE:

N/A

LEGAL DESCRIPTION:

Lots 1, 2 and 3, Block 73, "CITY OF ANACORTES", according to the plat recorded in Volume 2 of Plats, Page 4, records of Skagit County, Washington.

PARCEL NUMBER:

P55389



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2017-002542

DATE ISSUED: 01/20/2017

FEE NUMBER: 000000029

GIVEN NAMES: BOJAN MARLENA  
LAST NAME: KUURE

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JANUARY 16, 2017 FOUND  
HOUR OF DEATH: UNKNOWN  
SEX: FEMALE  
AGE: 74 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: JAKOBSTAD, FINLAND

MARITAL STATUS: WIDOWED  
SPOUSE:

OCCUPATION: SURGICAL DIRECTOR RN  
INDUSTRY: MEDICAL INDUSTRY  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES? NO

INFORMANT: SAARA KUURE  
RELATIONSHIP: DAUGHTER  
ADDRESS: 8537 ARNOLD LN, CONCRETE, WA 98237

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 1201 5TH ST  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 1201 5TH STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 50 YEARS

FATHER/PARENT: ANDERS ARNE SUNDQUIST  
MOTHER/PARENT: AINA VIKTOIA [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORY  
CITY, STATE: ANACORTES, WA  
DISPOSITION DATE: JANUARY 19, 2017

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.  
ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES WA 98221  
FUNERAL DIRECTOR: JOSEPH J. WAHAM

CAUSE OF DEATH:  
A. UNSPECIFIED NATURAL CAUSES  
INTERVAL: DAYS  
B.  
INTERVAL:  
C.  
INTERVAL:  
D.  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK?  
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

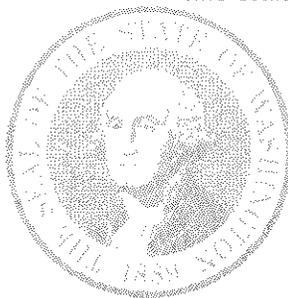
MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: JASON G. HOGGE, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 1213 24TH STREET, SUITE 100  
CITY, STATE, ZIP: ANACORTES WA 98221  
DATE SIGNED: JANUARY 18, 2017

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE  
DATE(S): NONE



CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NJA 17SK0021  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
CHERYL PETERSON  
DATE RECEIVED: JANUARY 19, 2017

