



201806280468

06/28/2018 02:22 PM Pages: 1 of 3 Fees: \$39.00
Skagit County Auditor

AFTER RECORDING MAIL TO:

Name First American Title
Address 2345 Eastlake Ave East, Ste 301
City/State Seattle, WA 98102

Document Title(s):

1. Death Certificate

Reference Number(s) of Documents Assigned or released:

Grantor(s):

1. Frederick West
2. [] Additional information on page of document

Grantee(s):

1. The Public
2. [] Additional information on page of document

Abbreviated Legal Description:

That portion of the 100 foot wide railroad right-of-way commonly known as the Northern Pacific Railway (and originally conveyed to the Seattle Lake Shore and Eastern Railway), lying Westerly of Line "RR" described below and between the Northeasterly extensions of both the Northwesterly and Southeasterly lines of that certain tract of land in Block 43 and vacated Lakeside Boulevard of "The Town of Montborne," as per plat recorded in Volume 2 of Plats, page 80, records of Skagit County, Washington

Tax Parcel Number(s):

~~274406~~ P74706

- [] Complete legal description is on page of document

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

OFFICE USE ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

248



146

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DISTRICT
2. COPIES
3. HOSPITAL
4. OCCURRENCE
5. RESIDENCE
6. TRACT
7. OCCUPATION
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|--|--|---|---|---|--|----------------------------|------------------------------|
| 1. NAME First: FREDERICK Middle: WEST Last: WEST | | | 2. SEX (M / F) MALE | 3. DEATH DATE (Mo. Day, Yr) 1-31-1996 | | | |
| 4. AGE LAST BIRTHDAY (Yrs) 62 | 5. UNDER 1 YEAR MOS: 62 DAYS: 00 HOURS: 00 MINS: 00 | 7. BIRTHDATE (Mo. Day, Yr) [REDACTED] | 8. BIRTHPLACE (City, State or Foreign Country) SEATTLE, WA. | 9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) NO | 10. COUNTY OF DEATH SNOHOMISH | | |
| 11. CITY, TOWN OR LOCATION OF DEATH LYNNWOOD | | 12. PLACE OF DEATH— <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG ROOM/OUT PIN <input type="checkbox"/> HOSP <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE 7125 191ST SW | | 13. SMOKING IN LAST 15 YEARS? (Yes / No) YES | | | |
| 14. MARITAL STATUS—Married Never Married, Widowed Divorced (Specify) MARRIED | | 15. SURVIVING SPOUSE (if wife, give maiden name) CECILE BARKER | 16. SOCIAL SECURITY NO [REDACTED] | 17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 11 College (1-4 or 5+): 11 | | | |
| 18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) SALESMAN | | 19. KIND OF BUSINESS OR INDUSTRY BAKERY | | 20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify NO | 21. RACE (Specify) WHITE | | |
| 22. RESIDENCE—NUMBER AND STREET 7125 191ST S.W. | | 23. CITY/TOWN OR LOCATION LYNNWOOD | 24. INSIDE CITY LIMITS? (Yes/No) YES | 25A. COUNTY SNOHOMISH | 25B. LENGTH OF RES IN CO 44YRS | 26. STATE WA. | 27. ZIP CODE 98036 |
| 28. FATHER'S NAME—FIRST MIDDLE, LAST JOHN ROBERT WEST | | | 29. MOTHER'S NAME—FIRST MIDDLE, MAIDEN SURNAME MARJORIE WINIFRED [REDACTED] | | | | |
| 30. INFORMANT—NAME CECILE WEST | | 31. MAILING ADDRESS—STREET OR RFD NO CITY OR TOWN STATE ZIP 7125 191ST S.W. LYNNWOOD, WA. 98036 | | | | | |
| 32. BURIAL, CREMATION REMOVAL, OTHER (Specify) CREMATION | | 33. DATE (Mo. Day, Yr) 2-5-1996 | 34. CEMETERY/CREMATORY—NAME WASHELLI CREMATORY | | 35. LOCATION—CITY/TOWN, STATE SEATTLE, WA. | | |
| 36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i> | | 37. NAME OF FACILITY EVERGREEN-WASHELLI FUNERAL HOME | | 38. ADDRESS OF FACILITY SEATTLE, WA | | | |
| 39. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>[Signature]</i> Richard A. McGee, MD | | | 43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>[Signature]</i> | | | | |
| 40. DATE SIGNED (Mo., Day, Yr) 1/31/96 | | 41. HOUR OF DEATH (24 Hrs) 1405 | | 44. DATE SIGNED (Mo., Day, Yr) | | 45. HOUR OF DEATH (24 Hrs) | |
| 42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) RICHARD MCGEE, MD., 21605 76TH AVE W, SUITE 200, EDMONDS, WA | | | 46. PRONOUNCED DEAD (Mo., Day, Yr) | | 47. HOUR PRONOUNCED DEAD (24 Hrs) | | |
| 48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) RICHARD MCGEE, MD., 21605 76TH AVE W, SUITE 200, EDMONDS, WA | | | 49. ME/CORONER FILE NUMBER NJA 96-139 | | | | |
| 50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: | | | | | | | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) | | A. <i>Carcinoma Glom Metastatic to Liver</i> | | | INTERVAL BETWEEN ONSET AND DEATH 9mo | | |
| DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST. | | B. | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| | | C. | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| | | D. | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| 51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE <i>Dehydration Obstructive jaundice Bowel obstruction</i> | | | | 52. AUTOPSY? (Yes / No) NO | 53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) YES | | |
| 54. ACC SUICIDE, HOM UNDET, OR PENDING INVEST (Specify) | | 55. INJURY DATE (Mo. Day, Yr) | 56. HOUR OF INJURY (24 Hrs) | 57. DESCRIBE HOW INJURY OCCURRED: | | | |
| 58. INJURY AT WORK? (Yes / No) | | 59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC (Specify) | | 60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE | | | |
| 61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE | | 62. DATE RECEIVED (Mo., Day, Yr) <i>[Signature]</i> | | 63. DATE RECEIVED (Mo., Day, Yr) FEB - 7 1996 | | | |

FOR INSTR. PLEASE SEE BACK AND HANDBOOK

DOH 110-006 (Rev. 7/81) (formerly DSHS 9-150)

Snohomish Health District
Vital Statistics, Suite 101
3020 Rucker Avenue
Everett, WA 98201-3971



CERTIFICATION ON BACK

DOH 01-003 (7/84)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

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ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

| | |
|---|-------------------|
| THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS: | |
| THE RECORD NOW SHOWS: | THE TRUE FACT IS: |
| | |
| | |
| | |
| I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY _____ | |
| PHONE NUMBER: _____ | |
| I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT. | |
| SIGNATURE | DATE |
| ADDRESS | |

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order.

Birth Certificates

1. Only a parent, legal guardian or the adult (18 or older) may change the birth certificate.
2. All changes must be established by documentary proof submitted with the affidavit.
3. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
4. The proof(s) for names must be five (or more) years old, while proof(s) for dates, places, or ages must have been established within five years of birth.
5. Examples of acceptable documents of proof:

| | | |
|-----------------------|---------------------------|---------------------------------|
| Baptismal Certificate | Marriage Record | School Record |
| U.S. Census Record | Medical Record | Voter's Registration Card |
| Hospital Records | Military Record | (if it bears an effective date) |
| Insurance Records | Your Child's Birth Record | |
6. Surname changes require a certified copy of a court ordered name change, except that minor spelling changes may be made with an affidavit and documentary proof.
7. Parent(s) may change their child's given name with only their signature until the child's 18th birthday.

Death Certificate

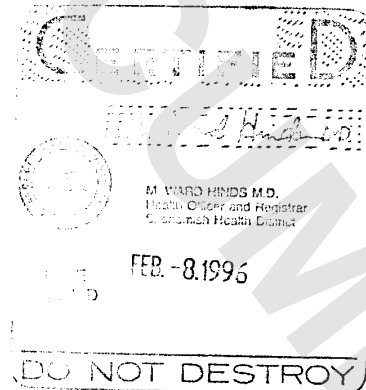
1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.
3. Routine changes will normally be made only during the first year after death. Other changes will be made only for legally important reasons (property, inheritance, etc.) and must be approved by the State Registrar.

Marriage/Dissolution (Divorce) Certificates

1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709



CC437250