



201808060130

08/06/2018 11:30 AM Pages: 1 of 3 Fees: \$39.00
Skagit County Auditor

Return Address:

Leona Damaso Alcorn
1090 Montgomery Street
Apartment 102
San Francisco, CA 94133

Document Title:

Certified Copy of the Certificate of Death

Reference Number (if applicable) _____

Grantor(s): additional grantor names on page

- 1) Washington State
- 2) _____

Grantee(s): additional grantor names on page

- 1) Ernest Lynn Alcorn
- 2) _____

Abbreviated Legal Description: full legal on page(s) 1.

The East half of Lot 18 and all of Lots 19 and 20, Block 205,
Anacortes.

Full Legal Description:

The East half of Lot 18 and all of Lots 19 and 20, Block 205,
Map of the City of Anacortes, according to the Plat thereof
recorded in Volume 2 of Plats, page 4, Records of Skagit County,
Washington, known as 2204 14th Street, City of Anacortes.

Assessor Parcel/Tax ID Number: additional parcel numbers on page ____.

P56241

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

**CITY AND COUNTY OF
SAN FRANCISCO**

3052017262852

CERTIFICATE OF DEATH

3201738006177

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY - NO ERASURES, WHITE OUTS OR ALTERATIONS (S-1 REV. 1/01)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) ERNEST		2. MIDDLE LYNN		3. LAST (Family) ALCORN	
4. AKA, ALSO KNOWN AS—(Include full AKA FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs. 72		6. SEX M	
8. BIRTH STATE/FOREIGN COUNTRY CALIFORNIA		10. SOCIAL SECURITY NUMBER		12. MARITAL STATUS/SRDP (at Time of Death) MARRIED	
13. EDUCATION—Highest Level/Degree (see worksheet on back) PROFESSIONAL		14. WAS DECEDENT SPANIC/LATINO(A) OR SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED ELECTRICIAN		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ELECTRICAL TRADE		19. YEARS IN OCCUPATION 30	
20. DECEDENT'S RESIDENCE (Street and number, or location) 1090 MONTGOMERY STREET #102					
21. CITY SAN FRANCISCO		22. COUNTY/PROVINCE SAN FRANCISCO		25. STATE/FOREIGN COUNTRY CALIFORNIA	
26. INFORMANT'S NAME, RELATIONSHIP LEONA ALCORN, SPOUSE		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1090 MONTGOMERY STREET #102, SAN FRANCISCO, CA 94133			
28. NAME OF SURVIVING SPOUSE/SRDP—FIRST LEONA		29. MIDDLE LYNN		30. LAST (BIRTH NAME) DAMASO	
31. NAME OF FATHER/PARENT—FIRST ERNEST		32. MIDDLE LYNN		33. LAST ALCORN	
34. BIRTH STATE TEXAS		35. NAME OF MOTHER/PARENT—FIRST LEDA		36. MIDDLE LYNN	
37. LAST (BIRTH NAME) ALCORN		38. BIRTH STATE OKLAHOMA			
39. DISPOSITION DATE mm/dd/yyyy 01/31/2018		40. PLACE OF FINAL DISPOSITION (Street and number, or location) RES: LEONA D. ALCORN, SPOUSE 1090 MONTGOMERY STREET #102, SAN FRANCISCO, CA 94133			
41. TYPE OF DISPOSITION CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT SAN FRANCISCO MEDICAL EXAMINER		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR TOMAS ARAGON, MD, DR.P.H.	
47. DATE mm/dd/yyyy 01/03/2018					
101. PLACE OF DEATH SAN FRANCISCO GENERAL HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> EP/OP <input type="checkbox"/> DGA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY SAN FRANCISCO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1001 POTRERO AVENUE		106. CITY SAN FRANCISCO	
107. CAUSE OF DEATH Enter the chain of events—disease, injuries, or complications—that directly caused death. DO NOT enter terms, if events such as cardiac arrest, respiratory arrest, or ventilator dysfunction without covering the etiology. DO NOT ABBREVIATE. (A) COMPLICATIONS OF UPPER CERVICAL VERTEBRAL FRACTURE		108. DEATH REPORTED TO CORONER? (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. DEATH REPORTED TO CORONER? (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
107. CAUSE OF DEATH (continued) (B) FALL FROM AN UNSPECIFIED LEVEL OF STAIRS		108. DEATH REPORTED TO CORONER? (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. DEATH REPORTED TO CORONER? (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
107. CAUSE OF DEATH (continued) (C) FALL FROM AN UNSPECIFIED LEVEL OF STAIRS		108. DEATH REPORTED TO CORONER? (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. DEATH REPORTED TO CORONER? (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent's Attending Since (A) mm/dd/yyyy (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER MICHAEL HUNTER M.D.		116. LICENSE NUMBER 117. DATE mm/dd/yyyy	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy 122. HOUR (24 Hours) 12/08/2017 2230	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) SECONDARY RESIDENCE					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) FALL					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip) 1205 KEARNY STREET, SAN FRANCISCO, CA 94133					
126. SIGNATURE OF CORONER / DEPUTY CORONER MICHAEL HUNTER M.D.		127. DATE mm/dd/yyyy 12/18/2017		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER MICHAEL HUNTER M.D., CHIEF MED EXAMINER	
STATE REGISTRAR		A B C D E		FAX AUTH.# CENSUS TRACT	

STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO

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DATE ISSUED

JAN 26 2018

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the City and County Health Officer.



003605914

Tomás Aragón
TOMÁS ARAGON, MD, DR.P.H.
COUNTY HEALTH OFFICER



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

CITY AND COUNTY OF SAN FRANCISCO

3052017262852

AFFIDAVIT TO AMEND A RECORD

3201738006177

STATE FILE NUMBER

NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

LOCAL REGISTRATION NUMBER

1.1

BIRTH DEATH FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD.

PART I INFORMATION TO LOCATE RECORD

Form with fields for 1A. NAME-FIRST, 1B. MIDDLE, 1C. LAST, 2. SEX, 3. DATE OF EVENT, 4. CITY OF EVENT, 5. COUNTY OF EVENT, 6. FULL NAME OF FATHER/PARENT, 7. FULL NAME OF MOTHER/PARENT.

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

Table with 3 columns: 8. ITEM NUMBER TO BE CORRECTED, 9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD, 10. CORRECTED INFORMATION AS IT SHOULD APPEAR.

REASON FOR CORRECTION

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

Affidavit section with fields for 12A. SIGNATURE OF FIRST PERSON, 12B. PRINTED NAME, 12C. TITLE/RELATIONSHIP TO PERSON IN PART I, 12D. ADDRESS, 12E. DATE SIGNED, 13A. SIGNATURE OF SECOND PERSON, 13B. PRINTED NAME, 13C. TITLE/RELATIONSHIP TO PERSON IN PART I, 13D. ADDRESS, 13E. DATE SIGNED.

STATE/LOCAL REGISTRAR USE ONLY section with fields for 14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR, 15. DATE ACCEPTED FOR REGISTRATION.

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS



FORM VS 24e (REV. 1/09)

1.1

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STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO

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003606040

Tomás Aragón

TOMÁS ARAGÓN, M.D., D.P.H. COUNTY HEALTH OFFICER



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