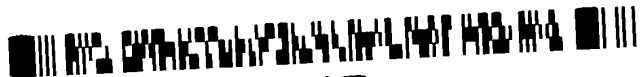


WHEN RECORDED RETURN TO:

Beatrice Roberts
C/O Elizabeth Jackson
PO Box 1343
Pendleton, OR 97801

Land Title and Escrow


201808150047
08/15/2018 03:28 PM Pages: 1 of 3 Fees: \$39.00
Skagit County Auditor

02-168521-OE, 02-168521-OE ✓

DOCUMENT TITLE(S):
Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
STATE OF WASHINGTON

GRANTEE:
Philip Leroy Roberts

ABBREVIATED LEGAL DESCRIPTION:
Lots 9 & 10, Blk 164, Anacortes

TAX PARCEL NUMBER(S):
3772-164-010-0002, P56038

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1. NAME First Middle Last PHILIP LEROY ROBERTS				2. SEX (M / F) Male		3. DEATH DATE (Mo. Day, Yr.) 06/03/1995	
4. AGE LAST BIRTHDAY (Yrs) 79		5. UNDER 1 YEAR MOS DAYS 10/15		6. UNDER 1 DAY HOURS MINS 10/15		7. BIRTHDATE (Mo. Day, Yr.) 06/03/1915	
8. BIRTHPLACE (City, State or Foreign Country) LaGrande, OR		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes		10. COUNTY OF DEATH Skagit			
11. CITY, TOWN OR LOCATION OF DEATH Anacortes				12. PLACE OF DEATH—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1819 7th Street			
13. SMOKING IN LAST 15 YEARS? (Yes / No) No				14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married			
15. SURVIVING SPOUSE (If wife, give maiden name) Beatrice Leota Huber				16. SOCIAL SECURITY NO. [REDACTED]			
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 12 4				18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Electronics Engineer			
19. KIND OF BUSINESS OR INDUSTRY U.S. Government				20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No			
21. RACE (Specify) White				22. RESIDENCE—NUMBER AND STREET 1819 7th Street			
23. CITY/TOWN OR LOCATION Anacortes				24. INSIDE CITY LIMITS? (Yes / No) Yes			
25A. COUNTY Skagit				25B. LENGTH OF RES. IN CO. 17 yrs			
26. STATE WA				27. ZIP CODE 98221			
28. FATHER'S NAME—FIRST, MIDDLE, LAST Charles Roy Roberts				29. MOTHER'S NAME—FIRST, MIDDLE, LAST Kate nmi [REDACTED]			
30. INFORMANT—NAME Beatrice L. Roberts				31. MAILING ADDRESS—STREET OR RFD NO. CITY OR TOWN STATE ZIP 1819 7th Street, Anacortes, WA 98221			
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation				33. DATE (Mo. Day, Yr.) 06/05/1995			
34. CEMETERY/CREMATORY—NAME Northwest Crematory				35. LOCATION—CITY/TOWN, STATE Anacortes, WA			
36. FUNERAL DIRECTOR SIGNATURE <i>Gover J. Whom</i>				37. NAME OF FACILITY Evans Funeral Chapel			
38. ADDRESS OF FACILITY 1105 32nd St., Anacortes, WA, 98221							
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>Thomas P. Brooks MD</i>				40. DATE SIGNED (Mo., Day, Yr.) 06/05/1995			
41. HOUR OF DEATH (24 Hrs) 0245				42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Thomas P. Brooks MD, 1004 M Avenue, Anacortes, WA 98221			
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 X				44. DATE SIGNED (Mo., Day, Yr.)			
45. HOUR OF DEATH (24 Hrs)				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) Thomas P. Brooks MD, 1004 M Avenue, Anacortes, WA 98221			
49. MEICORONER FILE NUMBER				50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: IMMEDIATE CAUSE (Final disease or condition resulting in death) Acute cardiac arrhythmia, Vent. Fib. 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. Coronary artery Disease Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF: Aortic abdominal aneurysm			
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE Aortic abdominal aneurysm				52. AUTOPSY? (Yes / No) No			
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No				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. REGISTRAR SIGNATURE <i>Robert W. Evans</i> Robert W. Evans Howard Leibrand, M.D. Health Officer			
63. DATE RECEIVED (Mo., Day, Yr.) 6/5/95				64. SIGNED <i>Sharon D. Beeson</i> Sharon D. Beeson Skagit County Deputy Registrar			



Date **JUN 9 1995**

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**R REQUESTING OFFICIAL**

201808150047

08/15/2018 03:26 PM Page 3 of 3

CHANGES ONLY**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

- Only a parent, legal guardian or the adult (18 or older) may change the birth certificate.
- All changes must be established by documentary proof submitted with the affidavit.
- 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.
- 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.
- 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	
- 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.
- Parent(s) may change their child's given name with only their signature until the child's 18th birthday.

Death Certificate

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.
- 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

- 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.
- 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

CC310183