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08/31/2018 10:46 AM Pages: 1 of 3 Fees: \$39.00
Skagit County Auditor

WHEN RECORDED RETURN TO:

Sharen Summers-Johnson
16429 3rd Dr. SE
Bothell WA 98012

DOCUMENT TITLE(S):

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR: STATE OF WASHINGTON

Jeffrey Alan Johnson

GRANTEE:

ABBREVIATED LEGAL DESCRIPTION:

Lot 60, 61 and 62, Block 6, Holiday Hideaway No.1, according to the Plat thereof filed in Volume 8 of
Plats at Page(s) 36, records of Skagit County, Washington.

TAX PARCEL NUMBER(S):

P66021, 3926-006-060-0009, P66022, 3926-006-061-0008, P66023, 3926-006-062-0007

STATE OF WASHINGTON DEPARTMENT OF HEALTH CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number 8977		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Jeffrey Alan Johnson			2. Death Date 08/27/2011		
3. Sex (M/F) Male	4a. Age - Last Birthday 59	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death King
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Renton	8b. (State or Foreign Country) WA	9. Decedent's Education High School Graduate		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) Caucasian		12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 16429 3rd Dr SE				13b. City or Town Bothell	
13c. Residence: County Snohomish	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country WA	13f. Zip Code + 4 98012	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence. 18 Years	15. Marital Status at Time of Death Married	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Sharen A. Summers			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) Produce Clerk			18. Kind of Business/Industry (Do not use Company Name) Retail Grocery		
19. Father's Name (First, Middle, Last, Suffix) Lloyd Johnson			20. Mother's Name Before First Marriage (First, Middle, Last) Marion [REDACTED]		
21. Informant's Name Sharen Summers	22. Relationship to Decedent Spouse	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 16429 3rd Dr SE Bothell, WA 98012			
24. Place of Death, if Death Occurred in a Hospital: Park			24. Place of Death, if Death Occurred Somewhere Other than a Hospital: Park		
25. Facility Name (If not a facility, give number & street or location) Carkeek Park (9500 N.W. Carkeek Park Rd.)			26a. City, Town, or Location of Death Seattle	26b. State WA	27. Zip Code 98103
28. Method of Disposition Cremation	29. Place of Final Disposition (Name of cemetery, crematory, other place) Seattle Service Group Crematory		30. Location-City/Town, and State Seattle, WA		
31. Name and Complete Address of Funeral Facility Neptune Society, 19324 40th Ave W, Ste A, Lynnwood, WA 98036				32. Date of Disposition 09/08/2011	
33. Funeral Director Signature X Les Lippitt					
Cause of Death (See Instructions and examples)					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Asphyxia			Interval between Onset & Death		
Due to (or as a consequence of):			Interval between Onset & Death		
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. Hanging by ligature about neck			Interval between Onset & Death		
Due to (or as a consequence of):			Interval between Onset & Death		
Due to (or as a consequence of):			Interval between Onset & Death		
Due to (or as a consequence of):			Interval between Onset & Death		
35. Other significant conditions contributing to death but not resulting in the underlying cause given above			36. Autopsy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
37. Were autopsy findings available to complete the Cause of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
38. Manner of Death <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (MM/DD/YYYY) 8/27/2011	42. Hour of Injury (24hrs) 12:00	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) Park		44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street Carkeek Park (9500 N.W. Carkeek Park Rd.)		Apt. No.		City or Town: Seattle County: King State: WA Zip Code + 4: 98103	
46. Describe how injury occurred Hanged self		47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated X		48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion death occurred at the time, date, and place and due to the cause(s) and manner stated X Richard C. Harruff			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Richard C. Harruff, MD PhD 325 9th Avenue, Seattle, WA 98104		50. Hour of Death (24hrs) 12:00			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)		52. Date Signed (MM/DD/YYYY) 9/2/2011			
53. Title of Certifier Chief Medical Examiner	54. License Number	55. ME/Coroner File Number 11-01429		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature X [Signature]		58. Date Received (MM/DD/YYYY) SEP 07 2011			
59. Amendments					

DOH 01-003 (8/10)

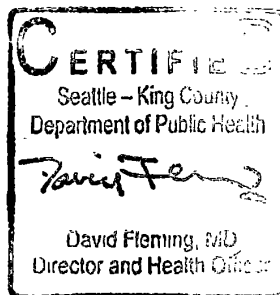
THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL

This is a legal Document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
Use the section below for requesting any changes on the record.				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution				
1. Name on record:		2. Date of Event:		3. Place of Event: (City or County)
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)		5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)		
The Record is Incorrect or Incomplete as follows:				
The Record now shows:		The True fact is:		
6.		7.		
8.		9.		
10.		11.		
12.		13.		
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)				Telephone Number:
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.				
15. Signature:		16. Date:		17. Address:
<p>All vital records are registered as received.</p> <p>All changes must be established by documentary proof submitted with the affidavit</p> <p>Examples of documentary proof: Certificate of Naturalization Medical Record School Transcripts Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date) Insurance Records Birth Record Alien Registration Card (front and back) Marriage/Divorce Records Passport We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.</p>				
<p>Birth Certificates:</p> <ol style="list-style-type: none"> Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate. 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. Proof must be five (or more) years old or have been established within five years of birth. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided: <ul style="list-style-type: none"> This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change. The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two. After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday). This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS-021) <p>Death Certificates:</p> <ol style="list-style-type: none"> 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 certifying physician or the coroner/medical examiner. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes. <p>Marriage/Dissolution (Divorce) Certificates:</p> <ol style="list-style-type: none"> Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit. 				

DOH/CHS 023a 2/14/11



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