SKAGIT COUNTY WASHINGTON REAL ESTATE EXCISE TAX 2018 4195 SEP 2 0 2018

Amount Paid \$ 0 Skagit Co. Treasurer

Deputy

### After recording mail to:

Stiles Law Inc., P.S. P.O. Box 228 / 925 Metcalf Street Sedro-Woolley, WA 98284

## 201809200111

09/20/2018 02:39 PM Pages: 1 of 8 Fees: \$106.00 Skagit County Auditor

Legal:

Ptn. of 6-33-3 EVVM

Tax Parcel #: P15481 - 330306-0-007-0005

#### QUIT CLAIM DEED

The Grantor, ROBERT J. TULLY, AS TRUSTEE OF THE STANLEY AND HELEN OVENELL TRUST dated June 12, 1998, recorded 12/14/2001 under Skagit County Auditor's recording number 200112140166, conveys and guit claims to ROBERT J. TULLY, any and all interest held by the aforementioned trust, the following described real estate, situated in the County of Skagit, State of Washington, together with all after acquired title of the Grantor therein:

Beginning at the Quarter Corner on the North side of Section 6. Township 33 north, range 3 East, W.M., and running thence South along the centerline of said Section 6, 2651 feet, more or less, to a dike; thence along said dike South 85°45' West 100 feet; thence South 88°45' West 83 feet; thence North 48°15' West 241 feet; thence North 36°30' West 261 feet; thence North 52°30' West 186.5 feet; thence North 82° West 100 feet; thence South 66°20' West 185 feet; thence South 47°30' West 120.4 feet; thence North 81°15' West 189.09 feet; thence North 57° West 128.6 feet; thence North 28°45' West 195.4 feet; thence North 7°50' East 123 feet; thence North 76°45' West 169.5 feet: Thence North 1°30' East 201 feet; thence North 54° West 230.5 feet; thence North 62° West 571 feet. more or less; to the East bank of Sullivan's Slough; thence North 35°30' East along the bank of said slough 1,557 feet, more or less, to the North line of said Section 6; thence East along said North line of Section 6. 1,305 feet, more or less, to the place of beginning; EXCEPT beginning at a point on the dike Lot 5, said Section 6, South 48°42' West from the North Quarter Corner of said Section 6, thence South 54° east 153 feet; thence North 2°26' West 284.2 feet; thence North 88°08' West 50 feet; thence South 31°27' West 64.5 feet; thence South 11°14' West 143.5 feet to place of beginning; and also EXCEPT that portion thereof conveyed to

#### 201809200111 09/20/2018 02:39 PM Page 2 of 8

Dike District No. 9, Skagit County, Washington, by deed recorded under Auditor's file No. 658567.

Dated , 2018

Robert J. Tully, as Trustee of the

Stanley and Helen Ovenell Trust, Grantor

STATE OF WASHINGTON ) ss.

COUNTY OF SKAGIT

On this day personally appeared before me Robert J. Tully, as Trustee of the Stanley and Helen Ovenell Trust, who executed the within and foregoing instrument and acknowledged that he signed the same as his free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal this

PUBLIC

NOTARY PUBLIC in and for the State of Washington, residing at Sedno Woolley

Commission Expires: 6-20-22

STEATHEMOLT WASHINGTONE TO THE STEATH AND THE STEAT

20-02 LOCAL FILE NUMBER

# CERTIFICATE OF DEATH

146

STATE FÎLE NÛMBÊR

- 2		. 3 Sec. 2 - 2
	He len	DATE (Mo, Day, Yr) /
1		13. COUNTY OF DEATH
	11. CITY, TOWN OR COCATION OF DEATH  12. PLACE OF DEATH → ®I BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME  11. □ HONE 2. □ IN TRANSPORT 3. □ MERG, RMOUT PIN 4. □ HOSP \$□ □ NUR HOME 6. □ OTHER PLACE	13. SMOKING IN LAST
D	The same of the sa	15 YEARS? (Yes / No)
E	Mount Vernon Skagit Valley Hospital  14. MARITAL STATUS — Married. 15. SURVIVING SPOUSE of Wife days maiden named 14. SOCIAL SPOURITY NO. 14.7 DECEMBRITS.	No
EDE	Never married, Widowed, Divorced (Specify only hi	ighest grade completed)
T	Widowed N/A  18. USAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)  19. KIND OF BUSINESS OR INDUSTRY (Special Year of No. If Yes, specify Cubin, Medican, Prients Bican, etc.)	
	Legal Secretary Secretarial (Yes/No) Specify. No/White	y 21. RACE (Specify) White
н	22. RESIDENCE — NUMBER AND STREET 23. CITY/TOWN, OR LOCATION 24. INSIDE CITY 25A. COUNTY 25B. LENGTH OF 26. STATI	27. ZIP CODE
	2221 E. Parkway Dr. Mount Vernon Yes™ Skagit 79 yrs. Was	sh. 98273
P	28. FATHER'S NAME FIRST, MIDDLE, LAST 29. MOTHER'S NAME FIRST, MIDDLE, MAIDEN SURNAME	*
Ř	Ored Oredson Signe	
Ķ	30, INFORMANT NAME 31, MAILING ADDRESS STREET OR RED NO. CITY OR TOWN	STATE ZIP
s	Robert J. Tully 408 N. Wall Street Mount Vernon, Wash. 9 32. BURIAL CREMATION 33. DATE (MO. DBy. Yr) 34. CEMETERFY/CREMATORY — NAME 35. LOCATION — CITY/TOWN. S	
- 60	, REMOTE CONTROL CONTR	
-00	Gremation Jan. 11, 2002 Mount Vernon Crematory Mount Vernor  36. Buseput Director Signature 37. Name of Facility 38. Address of Facility 38. Address of Facility	
0.2		98273  Mount Vernon,WA
	TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN TO BE COMPLETED ONLY BY MEDICAL EXAMIN	IER OR CORONER
	39. TO THE SEST OF MY NOW LEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(SISTATE).  43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION. IN THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S	
2	SIGNATURE AND TITLE	S) STATED.
Ĕ	x / provide	
Ĩ	40. DATÉ S(GNED (Mo, Day, Yr) 44. HOUR OF DEATH (24 Hrs) 44. DATE SIGNED (Mo, Day, Yr)	45. HOUR OF DEATH (24 Hrs)
F	42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  46. PRONOUNCED DEAD (Mo, Day, Yr)	47, HOUR PRONOUNCED DEAD
R	Robert Raigh MD	(24 Hrs)
	Ja KOW G. D. CHEY MD . 1415 E KINCAID ST. NY VERNONWY	49. ME/CORONER FILE NUMBER 49. 005–02
Ē	50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:	· · · · · · · · · · · · · · · · · · ·
	IMMEDIATE CAUSE (Final disease of	INTERVAL BETWEEN ONSET AND
	condition resulting in death).	3 months
	DUNDITENTER THE MODE OF DUE TO, OR AS A CONSEQUENCE OF: /	INTERVAL BETWEEN ONSET AND
C	RESPIRATORY ARREST, SHOCK, OR HEART FAILURE, LIST ONLY ONE CAUSE ON HEART FAILURE, LIST ONLY ONE CAUSE OF HE	·
Ü	Contractable (of anothing of any)	INTERVAL BETWEEN ONSET AND DEATH
Ē	UNDERLYING CAUSE (Disease or Due To, OR AS A CONSEQUENCE OF:	
OF	injury which initiated events resulting in death) LAST. p.	INTERVAL BETWEEN ONSET AND DEATH
DEAT	51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: 52. AUTOPSY? (Yes / No. )	3. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes
Н	S4. ACC. SUICIDE, HCM., UNDET., OR PENDING INVEST. (Specify) 55. INJURY DATE (Mo, Day, Yr) 56. HOUR OF INJURY 57. DESCRIBE HOW INJURY OCCURRED: (24 Hrs)	
	58. INJURY AT WORK? 59 PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE 60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE	
	(Josz Hoy BLDG, 210, (Specify)	
`*	61. RECORD AMENDMENT (Registrar use only)  ITEM DOCUMENTARY REVIEWED BY DATE SIGNATURE	63. DATE RECEIVED (Mo, Day, Yr)
-	* Dorothy Epps, deputy	JAN 1 1 2000
		VAN 1 1 AUZ

#### AFFIDAVIT FOR CORRECTION

USE BELOW FOR REQUESTING OFFICIAL CHANGES ON 2018 02:39 RM Rage 4 ANGES

				ATE MUST	BE ISSUED TO VALIDATE CHANGES.
NUMBER	OF CERTIFICATES FEE NUMBER	INITIALS DA	TE		AFFIDAVIT NUMBER
					OFFICE HOF ONLY
	STATE OFFICE USE ON		1. STATE FILE NUM		OFFICE USE ONLY
	Birth 🖳 Marria		I. STATE FILE NO	WIDER	for
		lution 💷 with			
2. NAME			3. DATE OF EVENT	T 4. PLA	CE OF EVENT (City and County)
					was a super water to the later to
5. FATHE	R'S FULL NAME (If Birth), HUSBAND (If Marriage/Di	ssolution)	6. MOTHER'S FULL	L MAIDEN NAME	(If Birth), WIFE (If Marriage/Dissolution)
THEF	ECORD IS INCORRECT OR INCOMPL	ETE AS FOLLOWS:			•
THE RE	CORD NOW SHOWS:		THE TRUE FACT	is:	
7.			8.		
1					
9.			10.		•
					·
11.			12.		
13.			14.		•
					·
IREPR	ESENT THE PERSON AS (E.G. SELF, PA	RENT, GUARDIAN, ET	C.) SPECIFY 15	5.	
			1		
	E NUMBER:	<del>-                                    </del>		50000M0 10 T	OUT AND CORDECT
1 DECLAR	RE UNDER PENALTY OF PERJURY UNDER THE LA	17. DATE	18. ADDRESS	FORGOING IS IT	HUE AND CORRECT.
16. SIGN	ATORE	II. DATE	16. ADDITEO		
	227 (2 2/22)		<u> </u>		
	-007 (Rev. 3/99)	must be made by affiday	it An item may h	e changed by	affidavit only once. Subsequent changes must be
made by	court order. This certificate must be returned.	ed within one year of the d	ate it was issued to	o receive a rep	lacement copy free of charge.
	ertificates			_	
			10 245 Abr - 605 Br1	•4	
1.	All changes must be established by documents only a parent, legal guardian (if the child is	mentary proof submitted	with the ailidavi	older) may ch	ange the hirth certificate
2. 3.	The proof(s) must match exactly the assert	ed true fact(s). For examp	le, 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 o	r M.A. Doe does not prove	e the name is Mary	y Ann Doe.	
4.	Proof must be five (or more) years old or ex	stablished within five year	s of birth.		
5.	Examples of documents of proof: Certificate of Naturalization Mari	iage Record	Schoo	l Record	
	Census Record Med	ical Record	Voter's	s Registration	Card (if it bears an effective date)
		ary Record (DD-214)			ard (front and back)
6.	Insurance Records Your Up to age one, the parent(s) or legal guar	r Child's Birth Record	Passpo ild's surname wit	ਸ। h an affidavit	for correction provided:
0.	- This is a one time only change. Subseque	nt changes will require a c	ertified copy of a	court ordered r	name change.
	The new surname may be the mother's ma	aiden name or father's surr	name (if present on	the certificate	e) or a combination of the two.
		certified copy of a court	ordered name char	nge. Minor spe	illing changes may be made with an affidavit and
7.	documentary proof.  Parent(s) may change their child's first or n	niddle name by completing	g and signing an af	ffidavit for cor	rection (until their child's 18th birthday).
8.	This affidavit cannot be used to add a fa	ther to a birth certificate	. (use the paternity	affidavit - for	m DOH 110-001)
Death (	Certificates				
		r evecutore/administrators	(if evidence confi	irming such po	sition is presented) may change the non-medica
1.	Only the informant, the funeral director, of	evecutora aminimati atora	(11 cyldence conti	naming such pe	sition is prosented, may change the non-medica

- The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

#### 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. A person's own birth certificate is also acceptable proof.

  To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit. 1.
- 2.

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

This is a legal document. Complete in ink and do not alter. \*CERTIFIED\*

JAN 11 2002

Skagit County Health Department Howard Leibrand M.D., Health Officer

II00303977

# STATE OF WASHINGTON 109 2011 1. ADEPARTMENT OF HEALTH

#### CERTIFICATE OF DEATH



DATE ISSUED: 10/02/2017

FEE NUMBER:

CERTIFICATE NUMBER: 2017-042069

FIRST AND MIDDLÉ NAME(S). WILLIAM AVERY LAST NAME(S). STILES JR

COUNTY OF DEATH: SKAGIT DATE OF DEATH: SEPTEMBER 27, 2017 HOUR OF DEATH: 04:40 PM

SEX: MALE

SOCIAL SECURITY NUMBER

AGE: 93 YEARS

HISPANIC ORIGIN: NO, NOT SPANISHIHISPANICILATINO

RACE: WHITE

BIRTH DATE: SEDRO-WOOLLEY, WA

MARITAL STATUS: WIDOWED SPOUSE: NOT APPLICABLE

OCCUPATION: AFTORNEY AT LAW

ÍNDUSTRÝ: LÁW ÉBUCATION: DOCTORATÉ OR PROFESSIONAL DEGREE

US ARMED FORCES: YES

INFORMANT: BRIAN STILES ... RELATIONSHIP, SON

ADDRESS: 8083 AVERY LANE, SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH:

A: MALIGNANT LUNG CANCER AND BRAIN METASTASES

INTERVAL: 4 MONTHS

NTERVAL:

" INTERVÂL:

D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

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

» ÍF TRÁNSPORTATION INJURÝ, SPECIFY. NOT APPLICABLE

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 8286 STILES LANE

CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

RÈSIDENCE STREET: 8286 STILES LANE
CITY: STATE, ZIP: SÉDRO-WOOLLEY, WA 98284
INSIDE CITY LIMITS: NO COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 36 YEARS

FATHER/PARENT: WILLIAM AVERY STILES SR MÖTHER/PARENT: MARY ETTA

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: UNION CEMETERY

CITY, STATE: SEDRO WOOLLEY, WASHINGTON DISPOSITION DATE: OCTOBER 06, 2017

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

FUNERAL DIRECTOR: CHARLES S. RUHL

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ANITA M. MEYER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A CÎTY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: SEPTEMBER 29, 2017

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

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON DATE RECEIVED: SEPTEMBER 29, 2017

4	Mangarith Agenture		Affidav						Center for Hea	7
T,	Health	This is a l	egal documer	nt. Comp	olete in i	nk and d	10 <b>98/68166</b> 418	02:39 P	MOIPerige/64 360-236-4300	<b>\$58</b> 4-7814
				ATE OFF						
Sta	e File Number	Fee Num	ber			Initials	Date		Affidavit Nur	nber
		Requ	ired information	on must r	natch cu	rent info	rmation on re	cord	·	
_	Record Type:	☐ Birth	Death	N	larriage		☐ Dissoluti	on (Divo	rce)	
Required	Name on Record:	, I,	i			·	2. Date of Ever		3. Place of E	ormty
uire	4. Father/Parent Full Leg		-		5. Mother	Parent Ful	ll Birth Name (S	pouse B fo		
ā.	6. Name of Person Requ	esting Correction:	Re Pe	elationship	to 🔲	Self Parent(s)	Guardian Funeral Dire	ector 0	nformant Other (specify)	☐ Hospital
7. R	eturn Mailing Address:	-	· · · · · · · ·				· · · · · · · · · · · · · · · · · · ·	). ·		Zlp
Tele	phone Number:				Email Add	lress:				· · · · · · · · · · · · · · · · · · ·
	Use the sectio	n below for reque	sting any chan	ges on th	e record	. The rec	ord is incorre	ct or ince	omplete as fo	ollows:
	Th	e record now shows	3:				The	true fact	is:	<u>.</u>
8.					9.					
10.					11.					
12.					13.					· · · · · · · · · · · · · · · · · · ·
14.				_	15.					
	l declare und	er penalty of perju	ry under the la	ws of the	State of	Washing	gton that the f	orgoing	is true and co	orrect
16a.	Signature:				16b. Sign	ature of 2 <sup>nd</sup>	a parent (if requir	ed):		
Prin	ed name:		Date:		Printed na	ame:		<del></del>		Date:
			NSTRUCTIONS -						-	
Do. =	Lired documentary proof	river's license, Socia	al Security card	or hospital	decorativ	e birth ce	rtificate cannot	be used a	s proof	<del> </del>
• •	Birth/Marriage/Divorce re		ecord (DD-214)		School tran				Numident Repor	
	Certificate of Naturalizat		medical record		Passport	юспрю			nt Resident car	
<b>Bir</b> l 1. 2.	h Certificates Only a parent(s), legal gr The proof(s) must mate Mary Ann Doe.	uardian (if the child is	). For example, if	the affidavi	t says the	name shou	may change the	birth certi Doe, the p	ficate. roof must show	the name to be
3. Chile	Documentary proof must a under 18  If legal guardian(s), incluing to age one, last name on certificate (can be an After age one, a court or No proof is required to contract to correct parent's information to correct the sex of the	ide certified court orde e can be changed on y combination of the f der is required to cha hange the first or mic matton, one documen	er proving guardia ce to either paren irst, middle or las nge the last name idle name* tary proof is requi	anship ts' name t names)* e	Adult (18 Only If the require two p	3 years or of the adult confirst or mid- red first, middlieces of do prrect parer	an change his or ddle name is mis le and/or last nar ocumentary proo	sing, three me is miss <sub>l</sub> f are requir	pieces of documents pelled, or date of red	mentary proof ar of birth is incorred documentary pro

'To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request. This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

## Marriage/Dissolution (Divorce) Certificates

- Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

  DOH 422-034 October 2015



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.



OCT 0 2 2017

Skagit County Health Department Howard Linbrard M.D., Health Officer



200	USE ONLY	TYPE OF	2 1 LOCAL F	NENT BLACK INK 41 FLE NUMBER			CERTIF	He CATE	alth OF DEAT	H	146	ATE FILE NUMBER
100		1. N	WÉ.	STANLE	Y	Middle R.	Ò	/ENELL		2. SEX (M. / F MALE	AUGU	TE (Mo. Day. Yr) ST 17, 1999
		4. AC	GE LAST BIRTH-	5. UNDER 1 YEAR MOS DAYS		R 1 DAY 7. BII	RTHDATE (Mo, Day, Yr	8 BIRTHE	NWOOD, WA	9. WAS D IN U.S. (Yes /	AMARD FORCES	COUNTY OF DEATH SNOHOMISH
7/11		11. 0	CITY, TOWN OR LO		<u> </u>	12. P	LACE OF DEATH—83	OX FOR PLACE	THEN GIVE ADDRESS C			13. SMOKING IN LAST 15 YEARS? (Yes / No)
		E G 14. k	TANWOOD	Married.	15. SURVIVING	SPOUSE (If with,	JOSEPHINI give malden name)	- SUNSE	16. SOCIAL SECU	JRITY NO.	17. DECEDENT'S EDU	
		9 5	Never Married, Wick Ovorced (Specify) MARRIED	owed,	нет	EN P. C	) DREDSON				Elementary/Secondary	
		18. (	JSUAL OCCUPATION	ON (Give kind of w ing Sta. DO NOT U	ork done	19. KIND OF BUS	SINESS OR INDUSTRY		20 Was Decedent of Yes or No. If Yes.	specify Cuban, Mexica	ent? (Ancestry) (Specify n, Puerto Rican, etc.)	21. RACE (Specify)
			SALES PI				ESTATE OWN, OR LOCATION	24 INSIDE CIT	(Yes / No) Spe		GTH OF 26. STATE	WHITE
*	550		9901 272		N.W.	-   ' ·	NWOOD	YES (No)	SNOHOMI	RES	YRS WASH	98292
		P 28. I	FATHER'S NAME-	FIRST, MIDDLE, U	ST	1 :		29.	MOTHER'S NAME—FIR	ST, MIDDLE, MAIDEN S	URNAME	
		30. I	GEORGE 7		ON ENETT		31. MAILING ADDR		MARTHA TREET OR RED NO.	CITY OR		STATE ZIP
2		s I	HELEN P			DA CENETA	2221 E		RKWAY DR.		CRNON, WAS	HINGTON 98273
573		S REM	BURIAL CREMATIC OVAL OTHER (SO BURIAL	AUG	(Mo. Day, Yr) 21, 19	199 AI	NDERSON C		Υ	STAN	WOOD, WAS	HINGTON
		i sa g X	FUNERAL DIRECTO	OR SIGNATURE	Bulls		BERTSON	FUNERA1	_ HOME			INGTON 98292
			TO BE	COMPLETED ON	Y BY CERTIFY	INO PHYSICIAL	1				MEDICAL EXAMINER	OR CORONER PINION DEATH OCCURRED AT
			AND WAS DUE TO	THE CHOSE(S) ST	THE STATE OF	A V	AT THE TIME, DATE A	1	THE TIME, DATE AND SIGNATURE AND TITLE	D PLACE AND WAS DUE	TO THE CAUSE(S) STA	TEO.
- 1		40.	DATE SIGNED (Mo	Day, Yr)	7-9	I .	UR OF DEATH (24 Hrs	,	M. DATE SIGNED (Mo.,	Day, Yr)	-	45. HOUR OF DEATH (24 Hrs)
		1 E 42. R	NAME AND TITLE	OF ATTENDING PI	N'SICIAN IF OTH				18. PRONOUNCED DEA	D (Mo., Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs.)
							noncononentype 1 269th S		NWOOD, WAS	SHINGTON 9	98292	49. ME/CORONER FILE NUMBER
							HICH CAUSED THE				<del></del>	INTERVAL BETWEEN ONSET AND
		cond	EDIATE CAUSE (Fin Stion resulting in de	sh).	N	whi	infiret	On	intea			INTERVAL BETWEEN ONSET AND DEATH INTERVAL BETWEEN ONSET AND
		DYN	NOT ENTER THE MO NG; SUCH AS CARD PIRATORY ARREST,	MC OR	DUE TO, OR AS	ACONSEQUENC	ËO.					DEATH /
		A HEAU CAL	AT FAILURE. LIST ISE ON EACH LINE. Jentially list condition	ONLY ONE	DUE TO, OR AS	A CONSEQUENC	EOF:					INTERVAL BETWEEN ONSET AND DEATH
		O UNI	ing to immediate cau DERLYING CAUSE (C ny which initiated eye	use. Enter	DUE TO, OR AS	A CONSEQUENC	E OF:		- 7			INTERVAL BETWEEN ONSET AND DEATH
	ueed :	E - 51.	eath) LAST. OTHER SIGNIFICA MC	NT CONDITIONS	COMPITIONS C	ONTRIBUTING TO		CULTING IN THE	UNDERLYING CAUSE G	IVEN ABOVE: 52.	AUTOPSY? (Yes / No)	WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yee / No) NO
		54.	ACC. SUICIDE, HO OR PENDING INVE	DM., UNDET., 5	5. INJURY DATE	(Mo. Day, Yr)	58. HOUR OF INJI (24 Hrs)	JRY 57. DI	SCRIBE HOW INJURY O	OCCURRED:		
		54.	INJURY AT WORK (Yes / No)	? 59. PL	ACE OF INJURY DG, ETC. (Speci	—AT HOME, FARI			OCATION—STREET OR F	RFD NO., CITY/TOWN, S	TATE	
		61.	RECORD AMEND	MENT (Registrar us DOCUMENTARY	e only) REVIEWED BY	DATE	de REGISTRO	A75	1	· · · ·		83. DATE RECEIVED (Mo . Day, Yr.)
٠.٠		ļ	:=	EVIDENCE	. 、	1		10		Peti	Land	8-19-99

HEALTH STATISTICS & ASSESSMENT 3020 RÜCKER AVE. EVERETT, WA 98201 3900

CERTIFICATION ON BACK

NY CHANGES MADE B	IUMBER	INITIALS DA	TE .		AFFIDAVIT N	IUMBER		
;		•				,		
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