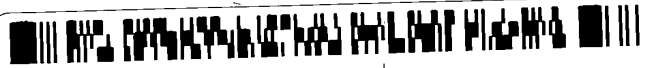


WHEN RECORDED RETURN TO:

Evangeline M. Forrester
29119 40th Avenue NW
Stanwood, WA 98292
Land Title and Escrow



201911220129

11/22/2019 03:29 PM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

01-174057-OE, 01-174057-OE

DOCUMENT TITLE(S):
Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
STATE OF WASHINGTON

GRANTEE:
Forrester, John Patrick

ABBREVIATED LEGAL DESCRIPTION:
Lot 647, Shelter Bay Div. #4.

TAX PARCEL NUMBER(S):
S3302020330(P129376)

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number: 568-10 Washington State Certificate of Death State File Number: _____

1. Legal Name (including AKA's if any) First Middle LAST Suffix: John Patrick Forrester 2. Death Date: June 17, 2010

3. Sex (M/F): Male 4a. Age - Last Birthday: 81 4b. Under 1 Year: _____ 4c. Under 1 Day: _____ 5. Social Security Number: _____ 6. County of Death: Skagit

7a. Birthdate: _____ 8a. Birthplace (City, Town, or County): Seattle 8b. (State or Foreign Country): Washington 9. Decedent's Education: B.A.

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? Yes

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 647 Muckleshoot Circle 13b. City or Town: LaConner

13c. Residence: County: Skagit 13d. Tribal Reservation Name (if applicable): _____ 13e. State or Foreign Country: Washington 13f. Zip Code + 4: 98257 13g. Inside City Limits? Yes No Unk

14. Estimated length of time at residence: 15 Years 15. Marital Status at Time of Death: Married 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): Evangeline Webster

17. Usual Occupation (Indicate type of work done during most of working life. (Do not use RETIRED)): Office Manager 18. Kind of Business/Industry (Do not use Company Name): Insurance

19. Father's Name (First, Middle, Last, Suffix): James Patrick Forrester 20. Mother's Name Before First Marriage (First, Middle, Last): Hazel

21. Informant's Name: Evangeline Forrester 22. Relationship to Decedent: Wife 23. Mailing Address: Number and Street or RFD No. City or Town State Zip: 647 Muckleshoot Circle LaConner WA 98257

24. Place of Death, if Death Occurred in a Hospital: _____ 25. Facility Name (If not a facility, give number & street or location): 647 Muckleshoot Circle 26a. City, Town, or Location of Death: LaConner 26b. State: WA 27. Zip Code: 98257

28. Method of Disposition: Cremation 29. Place of Final Disposition (Name of cemetery, crematory, other place): Moles Greenacres Crematory 30. Location-City/Town, and State: Ferndale, Washington

31. Name and Complete Address of Funeral Facility: Good Steward Funeral 1907 Front Street, Lynden, WA 98264 32. Date of Disposition: 06/25/2010

33. Funeral Director's Signature: Steve Hortegas

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. Abdominal Peritoneal Carcinomatosis Interval between Onset & Death: weeks

Due to (or as a consequence of): b. Probable Gastric Cancer Interval between Onset & Death: months

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

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: _____ 36. Autopsy? Yes No 37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death: Natural Homicide Accident Undetermined Suicide Pending 39. If female: Not pregnant within past year Not pregnant, but pregnant within 42 days before death Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year 40. Did tobacco use contribute to death? Yes No Probably Unknown

41. Date of Injury (mm/dd/yyyy): _____ 42. Hour of Injury (24hrs): _____ 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area): _____ 44. Injury at Work? Yes No Unk

45. Location of Injury: Number & Street: _____ Apt. No.: _____ City or Town: _____ County: _____ State: _____ Zip Code + 4: _____

46. Describe how injury occurred: _____ 47. If transportation injury, specify: Driver/Operator Pedestrian Passenger Other (Specify): _____

48a. Certifying Physician - (On basis of my knowledge, death occurred at the time, date, and place, and due to the cause(s) stated): Paul D. Johnson 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): Paul D. Johnson

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Paul D. Johnson 819 S 13th Mt. Vernon WA 98271 50. Hour of Death (24hrs): 2150

51. Name and Title of Attending Physician (if other than Certifier) (Type or Print): _____ 52. Date Signed (mm/dd/yyyy): 06/22/2010

53. Title of Certifier: Physician 54. License Number: MD00016435 55. ME/Coroner File Number: NJA 292 56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature: Conie Anderson Deputy Registrar 58. Date Received (mm/dd/yyyy): June 25, 2010

59. Amendments: _____



