202008310115
08/31/2020 10:27 AM Pages: 1 of 3 Fees: $41.00
Skagit County Auditor, WA

WHEN RECORDED RETURN TO:
Name: Rainier Title
Address: 12721 Bel-Red Rd, ste 2
Bellevue, WA 98005

LAND TITLE AND ESCROW
01-179340-O

Escrow Number: 778224RT
Filed for Record at Request of: Rainier Title LLC

DOCUMENT TITLE(S) Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR(S):Knutson, Gerald

GRANTEE(S): Knutson, Gerald

ABBREVIATED LEGAL DESCRIPTION:

Lot 114, Revised Shelter Bay Div. 2.

TAX PARCEL NUMBER(S):

P128985, 5100-002-114-0000

LPB 01-05 (l)

202008310115

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number 03-04

Washington State Certificate of Death

State File Number

1. Legal Name (Include AKA's if any) — First: Gerald; Middle: Richard; LAST: Knutson; Suffix:

2. Death Date: January 19, 2004

3. Sex (M/F): M

4a. Age - Last Birthday: 70

4b. Under 1 Year — Months / Days:

4c. Under 1 Day — Hours / Minutes:

5. Social Security Number:

6. County of Death: Skagit

7. Birthdate:

8a. Birthplace (City, Town, or County): Seattle

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): White

12. Was Decedent ever in U.S. Armed Forces? Yes

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 114 Lummi Drive

13b. City or Town: La Conner

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: 2y

15. Marital Status at Time of Death: Married

16. Surviving Spouse's Name (Give name prior to first marriage): Joanne B Odan

17. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED): Carpenter

18. Kind of Business/Industry (Do not use Company Name): Commercial Construction

19. Father's Name (First, Middle, Last, Suffix): Carl Everett Knutson

20. Mother's Name Before First Marriage (First, Middle, Last): Dorothy

21. Informant's Name: Joanne B. Knutson

22. Relationship to Decedent: Wife

23. Mailing Address (Number & Street or RFD No., City or Town, State, Zip): 114 Lummi Drive La Conner, WA 98257

24. Place of Death, if Death Occurred in a Hospital:

Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Residence

25. Facility Name (If not a facility, give number & street): 114 Lummi Drive

26a. City, Town, or Location of Death: La Conner

26b. State: WA

27. Zip Code: 98257

28. Method of Disposition: Cremation

29. Place of Disposition (Name of cemetery, crematory, other place): Northwest Crematory

30. Location-City/Town, and State: Anacortes, Washington

31. Name and Complete Address of Funeral Facility: Evans Funeral Chapel 1105 32nd Street Anacortes, WA 98221-

32. Date of Disposition: Jan 22,2004

33. Funeral Director Signature X: R. L. Simms

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.

			Interval between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. CAD, PE	Due to (or as a consequence of):	> 1y
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. Dermatomyositis, DVT	Due to (or as a consequence of):	
	c. HTN	Due to (or as a consequence of):	
	d.		

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 ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before 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 ☐ Probably ☒ No ☐ 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 — To the best of my knowledge, death occurred at the time, date, 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 due to the cause(s) and manner stated. X

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Kim H. Ly, D.O. 2511 N Avenue, Suite C, Anacortes, WA 98221

50. Hour of Death (24hrs): 20:15 PM

51. Name and Title of Attending Physician if other than Certifier (Type or Print):

52. Date Certified (MM/DD/YYYY): Jan 21 2004

53. Title of Certifier: M.D.

54. License Number: OP0000 1825

55. ME/Coroner File Number: NJA 019

56. Was case referred to medical examiner? ☒ Yes ☐ No

Registrar Use Only — Registrar Use Only — Registrar Use Only

57. Registrar Signature X: Dorothy Eppa, deputy

58. Date Received (MM/DD/YYYY): 01-21-2004

59. Record Amendment — Item; Documentary Evidence; Reviewed By; Date

DOH/CHS 003 Rev. 3/24/2003

DOH 01-003 (5/99)

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

Health

Affidavit for Correction

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

STATE OFFICE USE ONLY

Use this section below for requesting any changes on the record.

Record Type: Birth | Death | Marriage | Dissolution

1. Name of record

2. Date of Event

3. Place of Event (City or County)

4. Father's Full Name

5. Mother's Full Name (Prior to Marriage or Dissolution)

6.

7.

8.

12.

14. I represent this person as: Self | Parent | Guardian | Informant | Funeral Director | 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

15b. Date

CERTIFIED

JAN 26 2004

LL00288264

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