202009010043
09/01/2020 09:23 AM Pages: 1 of 2 Fees: $40.00
Skagit County Auditor, WA

WHEN RECORDED RETURN TO:

Gary Sadler
34413 28th Place SW
Federal Way, WA 98023

COPY

01-177474-OE, 01-177474-OE

DOCUMENT TITLE(S):
Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
STATE OF WASHINGTON

GRANTEE:
Sadler, Sue P.

ABBREVIATED LEGAL DESCRIPTION:
Lot 3, Survey 'Day Creek Meadows', AF#8706050019, (Ptn W ½, 21-35-6).

TAX PARCEL NUMBER(S):
P41752 & P103372

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Public Health - Seattle & King County Vital Statistics

CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number 10204 — Washington State Certificate of Death — State File Number

1. Legal Name: Sue P. SADLER
2. Death Date: 9/29/2014
3. Sex: Female
4a. Age – Last Birthday: 56
4b. Under 1 Year: Months / Days
4c. Under 1 Day: Hours / Minutes
5. Social Security Number: [redacted]
6. County of Death: King
7a. Birthplace (City, Town, or County): Bonne Terre
7b. (State or Foreign Country): MO
8. Decedent's Education: Some College, no degree
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? No
13a. Residence: Number and Street (e.g. 624 SE 8th St.) (Include Apt. No.): 31003 14th Avenue S. #G-8
13b. City or Town: Federal Way
13c. Residence: County: King
13d. Tribal Reservation Name (if applicable)
13e. State or Foreign Country: WA
13f. Zip Code + 4: 98003
13g. Inside City Limits? ☒ Yes ☐ No ☐ Unk
14. Estimated length of time at residence: 2 years
15. Marital Status at Time of Death: Divorced
16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): [redacted]
17. Usual Occupation (Indicate type of work done during most of working life. Do not use Retired): Food Service
18. Kind of Business/Industry (Do not use Company Name): Education
19. Father's Name (First, Middle, Last, Suffix): Ivar Glen Hendrickson
20. Mother's Name Before First Marriage (First, Middle, Last): Doris [redacted]
21. Informant's Name: Gary Sadler
22. Relationship to Decedent: Ex-spouse
23. Mailing Address: 34413 28th Pl. SW Federal Way, WA 98023
24. Place of Death, if Death Occurred in a Hospital: Hospital Inpatient
Place of Death, if Death Occurred Somewhere Other than a Hospital:
25. Facility Name (If not a facility, give number & street or location): St. Francis Hospital
25b. City, Town, or Location of Death: Federal Way
25c. State: WA
27. Zip Code: 98003
28. Method of Disposition: Cremation
29. Place of Final Disposition (Name of cemetery, crematory, other place): Washelli Crematory
30. Location-City/Town, and State: Seattle, WA
31. Name and Complete Address of Funeral Facility: Cascade Memorial- Federal Way 1109 South 348th St. Suite A Federal Way, WA 98003
32. Date of Disposition: 10/8/2014
33. Funeral Director Signature X

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.	Acute Renal Failure	3 weeks
Due to (or as a consequence of):		
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.	Alcohol Liver disease	Unknown
Due to (or as a consequence of):		
c.	Sepsis	3 weeks
Due to (or as a consequence of):		
d.	Illness	3 weeks

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 (24hr)
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 place and due to the cause(s) and manner stated. X
48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, death occurred at the time, date, and place, and due to the cause(s) and manner stated. X
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): CUONG NGUYEN. STTC 1717 S J ST TACOMA 78405
50. Hour of Death (24hrs): 08:16
51. Name and Title of Attending Physician if other than Certifier (Type or Print)
52. Date Signed (MM/DD/YYYY): 10/1/2014
53. Title of Certifier: MD
54. License Number: MD 00040802
55. ME/Coroner File Number: 14-01765
56. Was case referred to ME/Coroner? ☒ Yes ☐ No
57. Registrar Signature X
58. Date Received (MM/DD/YYYY): OCT 07 2014
59. Amendments

DOH 422-024 January 2013 DOH 01-003 (1/14)