

202010070134

10/07/2020 01:56 PM Pages: 1 of 2 Fees: \$40.00
Skagit County Auditor

Document Title:

Death Certificate

Reference Number : Transfer on Death Deed AF 201508070124

Grantor(s):

additional grantor names on page ____.

1. State of Arizona

2.

Grantee(s):

additional grantee names on page ____.

1. Killian, Kevin Ross

2.

Abbreviated legal description:

full legal on page(s) ____.

SW 1/4 SE 1/4 Sect 9 Township 35 N. R 6 E, W.M.

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page ____.

P40886

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20201008
OCT 07 2020

Amount Paid \$ 0
By *MS* Skagit Co. Treasurer Deputy

STATE OF ARIZONA
CERTIFICATION OF VITAL RECORD

ORIGINAL
STATE COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

State File Number
102-2020-047152

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) KEVIN, ROSS, KILLIAN		2. AKA'S (IF ANY)		3. DATE OF DEATH 08/15/2020	
4. SEX MALE		5. SOCIAL SECURITY NUMBER		6. DATE OF BIRTH 52 YEARS	
8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH GLENDALE, MARICOPA, 85304					
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS) HOSPICE FACILITY - HOSPICE OF THE VALLEY - THUNDERBIRD PCU					
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) EUGENE, OREGON		11. MARITAL STATUS DIVORCED		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) NOT LISTED	
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP) 14463 W REDFIELD ROAD, SURPRISE, MARICOPA, AZ, 85379					
14. DECEDENT'S HISPANIC ORIGIN(S): NO, NOT SPANISH/HISPANIC/LATINO		15. DECEDENT'S RACE(S): WHITE		16. EVER IN ARMED FORCES NO	
18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX) GERALD, KILLIAN		19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) DIANA		17. OCCUPATION OIL REFINERY LABORER	
20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX) SCOTT, A., GOLDMAN				21. RELATIONSHIP BROTHER-IN-LAW	
22. INFORMANT'S MAILING ADDRESS 14463 W REDFIELD ROAD, SURPRISE, AZ, 85379					
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON REGENCY MORTUARY 9850 W THUNDERBIRD ROAD, SUN CITY, AZ, 85351		24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON LA WANA, WILLBRAND		25. LICENSE NUMBER FUN-001593	
26. METHOD(S) OF DISPOSITION CREMATION		27. NAME AND LOCATION OF 1ST-DISPOSITION FACILITY REGENCY MORTUARY & CREMATION INC. SUN CITY, AZ, US		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I					
29. A. IMMEDIATE CAUSE OF DEATH STAGE IV PANCREATIC CANCER, CELL TYPE UNKNOWN				30. APPROXIMATE INTERVAL UNKNOWN	
31. B. DUE TO OR AS A CONSEQUENCE OF:				32. APPROXIMATE INTERVAL	
33. C. DUE TO OR AS A CONSEQUENCE OF:				34. APPROXIMATE INTERVAL	
35. D. DUE TO OR AS A CONSEQUENCE OF:				36. APPROXIMATE INTERVAL	
CAUSE OF DEATH PART II					
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:		38. INJURY? NO		39. INJURY AT WORK? NO	
		40. MANNER OF DEATH NATURAL DEATH		41. TIME OF DEATH 07:25	
		42. WAS AN AUTOPSY PERFORMED? NO		43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
CAUSE AND MANNER CERTIFICATION					
TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ABOVE IS CORRECT AND THE DEATH OCCURRED DUE TO THE CAUSE(S) AND MANNER STATED.		44. NAME OF PERSON COMPLETING CAUSE OF DEATH NISAL, SAMARASEKERA		45. DATE CERTIFIED 08/17/2020	
46. CERTIFIER'S ADDRESS 13614 N 59TH AVENUE, GLENDALE, AZ, 85304					

Date Registered: 08/24/2020

Date Issued: 08/28/2020

VS-49 Rev. 12/2017

J2348522

This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA.
Revised 07/2016

Krystal Colburn

KRYSTAL COLBURN
ASSISTANT STATE REGISTRAR

ARIZONA DEPARTMENT
OF HEALTH SERVICES

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE