

Names of All Heirs of the Decedent

3. That all the heirs at law and next of kin of the decedent that were living at the time of the Decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:

- (a) a spouse or registered domestic partner, and
- (b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent).

The heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

<u>Full Name</u>	<u>Age</u>	<u>Relationship to Decedent</u>
Kelsey Palmer 1300 Elgin Street Longview, TX 75604	legal	son

Description of the Property

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

All that part of the following tract lying East of the East line of Second Street and North of the North line of Brunswick Street in the "TOWN OF AVON" as per plat recorded in Volume 1 of plats, page 2, records of Skagit County, described as follows:

Beginning at a point where the North line of Brunswick Street extended, intersects the right bank of the Skagit River;
Thence North 21° East 66 feet;
Thence North 69° West 660 feet;
Thence South 20° West 66 feet;
Thence North along the North line of Brunswick Street 660 feet to the place of beginning;

EXCEPTING right-of-way for Dike District No.12, all in Government Lot 4, Section 12, Township 34 North, Range 3 East of W.M.

Situate in Skagit County, Washington.

STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

GREGG COUNTY

DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

April 28 2021

STATE OF TEXAS		CERTIFICATE OF DEATH		STATE FILE NUMBER 142-21-085346	
1 LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) RONALD D PALMER			(Before Marriage)		2 DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) APRIL 16, 2021
3 SEX MALE	4 DATE OF BIRTH (mm-dd-yyyy)	5 AGE-Last Birthday (Years) 73	6 UNDER 1 YR Mo Days	7 UNDER 1 DAY Hours Min	8 BIRTHPLACE (City & State or Foreign Country) OMAK, WA
7 SOCIAL SECURITY NUMBER	8 MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Widowed (and not remarried) <input checked="" type="checkbox"/> Divorced (and not remarried) <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		9 SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage)		
10a. RESIDENCE STREET ADDRESS 17285 BENNETT RD			10b. APT. NO.	10c. CITY OR TOWN MOUNT VERNON	
10d COUNTY SKAGIT	10e STATE WASHINGTON	10f ZIP CODE 98273	10g INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
11 FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE LIONEL PALMER			12 MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE OLYMPIA		
13. PLACE OF DEATH (CHECK ONLY ONE) <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
14. COUNTY OF DEATH GREGG		15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO) LONGVIEW, 75605		16 FACILITY NAME (If not institution, give street address) LONGVIEW REGIONAL MEDICAL CENTER	
17 INFORMANT'S NAME & RELATIONSHIP TO DECEASED KELSEY PALMER - SON			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 1300 ELGIN ST, LONGVIEW, TX 75604		
19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Mausoleum <input type="checkbox"/> Other (Specify)		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH KHADIJAH ANNTONETTE ANDERSON BY ELECTRONIC SIGNATURE - 117607		21. Section <input checked="" type="checkbox"/> Unknown Block _____ Lot _____ Space _____	
22 PLACE OF DISPOSITION (Name of cemetery, crematory, other place) ALLEN DAVE FH & CREMATORIUM		23 LOCATION (City/Town, and State) CARTHAGE, TX			
24 NAME OF FUNERAL FACILITY ROSEWOOD MEMORIAL FUNERAL HOME - LONGVIEW		25 COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 401 NORTH 5TH STREET, LONGVIEW, TX 75601			
26 CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Justice of the Peace - 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					
27 SIGNATURE OF CERTIFIER GLENN GENOVESE, BY ELECTRONIC SIGNATURE		28 DATE CERTIFIED (mm-dd-yyyy) APRIL 28, 2021	29. LICENSE NUMBER H7302	30. TIME OF DEATH (Actual or presumed) 01 45 PM	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) GLENN GENOVESE 2901 N 4TH STREET, LONGVIEW, TX 75650				32. TITLE OF CERTIFIER MD	
33 PART 1. 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. ENTER ONLY ONE CAUSE ON EACH					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. SEPSIS DUE TO ESCHERICHIA COLI Due to (or as a consequence of):		Approximate interval Onset to death 1 DAY	
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. BACTERIAL PNEUMONIA Due to (or as a consequence of):		1 DAY	
		c. MULTIPLE MYELOMA Due to (or as a consequence of):		2 YEARS	
		d.			
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.				34 WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				35 WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
36 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined	37 DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Previously <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	38. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year		39. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
40a DATE OF INJURY (mm-dd-yyyy)	40b. TIME OF INJURY	40c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)		
40e. LOCATION (Street and Number, City, State, Zip Code)			40f COUNTY OF INJURY		
41 DESCRIBE HOW INJURY OCCURRED					
42a. REGISTRAR FILE NO. 02000794 EDR NUMBER 00004445014771	42b. DATE RECEIVED BY LOCAL REGISTRAR APRIL 29, 2021	42c. REGISTRAR REGISTRAR - GREGG COUNTY CLERK, ELECTRONICALLY FILED			

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 191.159)



This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

ISSUED 04-30-2021

Michelle Giley

Michelle Giley
County Clerk



WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE