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07/08/2021 01:35 PM Pages: 1 of 5 Fees: \$43.00
Skagit County Auditor

RETURN DOCUMENT TO:

Use dark black ink and print legibly. Documents not legible will be rejected per RCW 65.04.045 & 65.04.047

DOCUMENT TITLE(S):

Death Certificate

**AUDITOR FILE NUMBER & VOL. & PG. NUMBERS OF DOCUMENT(S)
BEING ASSIGNED OR RELEASED:**

Additional reference numbers can be found on page _____ of document.

GRANTOR(S)

State of Washington

Additional grantor(s) can be found on page _____ of document.

GRANTEE(S):

Christopher R. Lessard

Additional grantee(s) can be found on page _____ of document.

**ABBREVIATED LEGAL DESCRIPTION: (Lot, block, plat name OR; qtr/qtr, section,
township and range OR; unit, building and condo name.)**

Lt 11-15 Blk 240 Julius Plotter Plat
of Fidalgo City

Additional legal(s) can be found on page _____ of document.

ASSESSOR'S 16-DIGIT GEO-PARCEL NUMBER:

P73422, P20550

Additional numbers can be found on page _____

The Auditor/Recorder will rely on the information provided on this form. The responsibility for the accuracy of the indexing information is that of the document preparer.



STATE OF WASHINGTON

DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-008854

DATE ISSUED: 02/23/2021

FEE NUMBER:

FIRST AND MIDDLE NAME(S): CHRISTOPHER R.

LAST NAME(S): LESOURD

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: FEBRUARY 19, 2021

HOUR OF DEATH: 12:50 PM

SEX: MALE

AGE: 79 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: RUTH E LOFTS

OCCUPATION: CONSULTANT

INDUSTRY: HOSPITALITY

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: RUTH ELLEN LESOURD

RELATIONSHIP: WIFE

ADDRESS: 15599 YOKEKO DRIVE, ANACORTES, WA 98221

CAUSE OF DEATH:

A: ASPIRATION PNEUMONIA

INTERVAL: UNKNOWN

B: HYPERCAPNIC HYPOXIC RESPIRATORY FAILURE

INTERVAL: UNKNOWN

C: CHRONIC OBSTRUCTIVE PULMONARY DISEASE

INTERVAL: UNKNOWN

D: OBSTRUCTIVE SLEEP APNEA

INTERVAL: UNKNOWN

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION, PARKINSON'S

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: ISLAND HOSPITAL

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 15599 YOKEKO DRIVE

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 7 YEARS

FATHER: FRANCES A LESOURD

MOTHER: ELIZABETH [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: FEBRUARY 23, 2021

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: JEREMIAH T. LESOURD

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: KIMBERLY A. BELL, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1211 24TH STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

DATE SIGNED: FEBRUARY 23, 2021

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ

DATE RECEIVED: FEBRUARY 23, 2021

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

Affidavit for Correction

07/08/2021 01:35 PM Page 3 of 5
 Mail To: Center for Health Statistics
 P.O. Box 47814
 Olympia, WA 98504-7814
 360-236-4300

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

STATE OFFICE USE ONLY				
State File Number	Fee Number	Initials	Date	Affidavit Number
Required information must match current information on record				
Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: (City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
	6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____			
	7. Return Mailing Address: PO Box or Street Address City State Zip Telephone Number: () Email Address:			
Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:				
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;">The record currently shows:</div> <div style="width: 48%;">The true fact is:</div> </div>				
8. _____ 9. _____				
10. _____ 11. _____				
12. _____ 13. _____				
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.				
14a. Signature: _____		14b. Signature of 2 nd parent (if required): _____		
Printed name: _____ Date: _____		Printed name: _____ Date: _____		
INSTRUCTIONS – go to www.doh.wa.gov for more information				
Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:				
<ul style="list-style-type: none"> • Birth/Marriage/Divorce record • Military record (DD-214) • School transcripts • Social Security Numident Report • Certificate of Naturalization • Hospital/medical record • Copy of Passport / Enhanced ID • Green/Permanent Resident card (I-551) 				
You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.				
Birth Certificates				
1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.				
2. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.				
3. Proof documentation must be five or more years old or established within five years of birth.				
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).				
<div style="display: flex;"> <div style="width: 48%;"> Child under 18 <ul style="list-style-type: none"> • If legal guardian(s), include certified court order proving guardianship. • Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, a court order is required to change the last name. • No proof is required to change the first or middle name.* • To correct parent's information, one proof documentation is required. • To correct the sex of the child, one proof documentation from a medical provider is required. </div> <div style="width: 48%;"> Adult (18 years or older) <ul style="list-style-type: none"> • Only the adult can change his or her birth certificate. • If the first or middle name is missing, three pieces of proof documentation are required. • If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required. • To correct parent's birth date, place of birth, or name, one proof documentation is required. </div> </div>				
*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.				
Death Certificates				
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.				
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.				
Marriage/Dissolution (Divorce) Certificates				
1. Personal facts (minor spelling changes in name, date or place of birth, or residence) may be changed by the person with one piece of proof documentation.				
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.				



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

CERTIFIED

FEB 23 2021

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



0 4 4 9 5 6 5 8

COPY**COMMUNITY PROPERTY AGREEMENT**

THIS AGREEMENT, made by and between CHRISTOPHER R. LeSOURD and RUTH E. LeSOURD, husband and wife, pursuant to the provisions of the laws of the State of Washington concerning the status and disposition of our community property to take effect upon the death of either.

WITNESSETH:

In consideration of the love and affection that we have for each other, and the mutual benefit to be derived, it is hereby agreed as follows:

1. All property of whatever nature or description, whether real or personal, and wherever situate, which has been acquired by us since our marriage shall be considered and is hereby declared to be our community property, excluding any property clearly identified as separate property. Specific reference is made to our residence, and we declare that such residence shall be considered to be our community property. All property hereafter acquired by either of us, except under circumstances clearly establishing it as separate property, shall be considered and is hereby declared to be our community property.

2. Upon the death of either of us, if the survivor survives for a period of thirty (30) days, the title and ownership of all the said community property as defined in the preceding paragraph shall vest absolutely in the survivor.

3. This Agreement shall terminate (the "Termination") upon the earlier to occur of: (i) the termination of our marital community; or (ii) the filing by either party of a petition for dissolution of our marriage, for divorce, or for the annulment of our marriage. Following the

Termination, property acquired by either of us shall be the acquiring spouse's separate property, and the income, rents, issues, profits, gains, and appreciation attributable to property which was our community property shall be our respective separate property in equal shares. Any property which was community property at the Termination shall not cease to be such merely by reason of the Termination.

4. By execution of this Agreement, we revoke any prior Community Property Agreements which may have been executed by us.

EXECUTED this 27 day of August, 2012.

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

JUL 08 2021

Amount Paid \$ 0
By ML Skagit Co. Treasurer Deputy

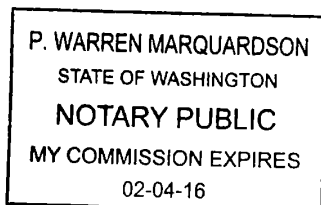
Christopher R. LeSourd
CHRISTOPHER R. LeSOURD

Ruth E. LeSourd
RUTH E. LeSOURD

STATE OF WASHINGTON)
) ss.
COUNTY OF KING)

On this date, before me, personally appeared CHRISTOPHER R. LeSOURD and RUTH E. LeSOURD, husband and wife, to me known to be the individuals described in and who executed the within COMMUNITY PROPERTY AGREEMENT, and acknowledged that they signed and sealed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER MY HAND AND SEAL on August 27, 2012.



P. Warren Marquardson
Print Name: P. Warren Marquardson
NOTARY PUBLIC in and for the State of Washington
My commission expires: 2-11-2016