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11/15/2021 12:14 PM Pages: 1 of 3 Fees: \$41.00 Skagit County Auditor

When Recorded Please Return To: LAWRENCE A. PIRKLE P.O. Box 1788 Mount Vernon, WA 98273 (360) 336-6587

DOCUMENT TITLE:CERTIFICATE OF DEATHREFERENCE NUMBER:SKAGIT COUNTY CAUSE NO. 21-4-00260-29GRANTOR:STATE OF WASHINGTONGRANTEE:LELAND E. DAWES (DECEASED)ASSESSOR'S PARCEL NO.:4193-000-033-0000 (P77841)
4907-009-1000 (P129792)

LEGAL DESCRIPTIONS:

Assessor's Parcel Number: 4193-000-033-0000 (P77841)

Lot 33, SKYLINE NO. 16, according to the plat thereof recorded in Volume 10 of Plats, pages 23 through 25, records of Skagit County, Washington.

Assessor's Parcel Number: 4907-009-009-1000 (P129792)

Unit 9-9 of 48° North Hangar Condominium, according to the Declaration of Condominium recorded in Skagit County, Washington on October 6, 2006 under Auditor's Number 200610060089, records of Skagit County, Washington and the Survey Map and Plans thereof recorded October 6, 2006, under Auditor's File No. 200610060088, records of Skagit County, Washington.

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STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



FIRST AND MIDDLE NAME(S): LELAND EARL LAST NAME(S): DAWES

COUNTY OF DEATH: SKAGIT DATE OF DEATH: MAY 27, 2021 HOUR OF DEATH: 03:31 AM SEX: MALE SOCIAL SECURITY NUMBER:

AGE: 92 YEARS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO RACE: WHITE

BIRTH DATE BIRTHPLACE: BOZEMAN, MT

MARITAL STATUS: WIDOWED SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: PILOT INDUSTRY: AIRLINE INDUSTRY EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE US ARMED FORCES: YES

INFORMANT: DANIEL DAWES RELATIONSHIP: SON ADDRESS: 1757 POINT WOODWORTH DRIVE NE, TACOMA, WA 98422

CAUSE OF DEATH:

- A: HYPOVENTILATION SYNDROME INTERVAL: < 2 MONTHS
- B: PNEUMONIA INTERVAL: >1 MONTH
- C: RECURRENT ASPIRATION SECONDARY TO DYSPHAGIA INTERVAL: <1 MONTH
- D:
 - INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC ANEMIA, DIASTOLIC HEART FAILURE, HYPERTENSION, CORONARY ARTERY DISEASE, HYPERLIPIDEMIA, PULMONARY EMBOLISM

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

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY FACILITY OR ADDRESS: SOUNDVIEW REHAB AND HEALTH CARE CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

DATE ISSUED: 06/02/2021 FEE NUMBER

RESIDENCE STREET: 6136 PARKSIDE DRIVE CITY, STATE, ZIP: ANACORTES, WA 98221 INSIDE CITY LIMITS: YES COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 26 YEARS

FATHER: ROBERT EARL DAWES

METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON DISPOSITION DATE: MAY 29, 2021

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221 FUNERAL DIRECTOR: JOSEPH J. WAHAM

MANNER OF DEATH: NATURAL AUTOPSY: NO WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH: NOT APPLICABLE DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: COREEN WILLIAMS, ARNP TITLE: ARNP CERTIFIER ADDRESS: 1201 PACIFIC AVENUE #400 CITY, STATE, ZIP: TACOMA, WASHINGTON 98402 DATE SIGNED: MAY 27, 2021

CASE REFERRED TO ME/CORONER: NO FILE NUMBER: NOT APPLICABLE ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ DATE RECEIVED: MAY 28, 2021

DOH 422-132 (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED

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| State | e File Number | F | ee Number | | Initials | Date | Affidavit Number | |
| 14 | | | Required info | rmation must | match current info | mation on reco | nd | |
| 7 | Record Type: 1. Name on Record; | Birth | Deat | thI | Marriage | 2. Date of Event: | 3. Place of Event: | |
| 2 | First | Middle | | Last | | MM/DD/YYYY | | |
| Required | 4. Father/Parent Full | Birth Name (Spo | use A for Marriag | e or Dissolution) | 5. Mother/Parent Fu | ull Birth Name (Spo | use B for Marriage or Dissolution | n) |
| 2 | First | Middle | | Laubanna | | Middle | Last/Maiden | |
| | 6. Name of Person Re | equesting Correc | tion: | Relationship Person on R | to Self ecord: Parent(s) | Guardian Guardian | Informant Hc | ospi |
| 7. Re | eturn Mailing Address: | | | | | | | |
| | O Box or Street Addres phone Number: | 35 | | | Email Address; | | State Zip | |
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| 14a. | Signature: | penany or | p sijary anaor | | | nd parent (if required | | |
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Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

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

