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02/04/2022 03:58 PM Pages: 1 of 2 Fees: \$40.00
Skagit County Auditor

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 2.4.22

Document Title:

Death Certificate

Reference Number:

Grantor(s):

additional grantor names on page ____.

1. Jon Michelle Messer

2.

Grantee(s):

additional grantee names on page ____.

1.

2.

Abbreviated legal description:

full legal on page(s) ____.

Ptn NE 8.35.6

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page ____.

P40842

UNOFFICIAL DOCUMENT

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

983764

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-2021-042653

I.D. TAG NO

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name		First Jon	Middle Michele	Last Messer	Suffix	Death Date December 13, 2021		
	Sex Female	Age 79 years	Social Security Number		County of Death Lane		Was Decedent Ever in U.S. Armed Forces? No		
	Birthdate		Birthplace Glendale, California						
	Residence 31933 Carpenter Road				City/Town Lyman				
	Residence County Skagit		State or Foreign Country Washington		Zip Code + 4 98263		Inside City Limits? No		
	Marital Status at Time of Death Divorced		Spouse's Name Prior to First Marriage						
	Father's Name George Leon Appel				Mother's Name Prior to First Marriage Helen Ruth				
	Informant's Name Robin Ferrin		Telephone Number Not Available	Relationship to Decedent Daughter		Mailing Address PO Box 1326, Lyman, WA 98263			
	Place of Death Other - Families Residence		Facility Name						
	Location of Death 43270 McKenzie Highway			City/Town of Location of Death Leaburg		State Oregon		Zip Code + 4 97489	
	Method of Disposition Cremation		Place of Disposition Andreason's Springfield Cremation Center			Location (City/Town and State) Springfield, Oregon			
	Name and Complete Address of Funeral Facility Andreason's Cremation & Burial Services, Springfield 320 N 6th Street, Springfield, Oregon 97477								
	Date of Disposition TBD		Funeral Director's Signature <i>Shannon C.R. Smith</i>			Electronically Signed		OR License Number CO-4008	
	Registrar's Signature <i>Jennifer A. Woodward</i>		Date Received December 29, 2021			Local File Number			
	Amendment								
TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner? No		Autopsy? No		Were autopsy findings available to complete the cause of death?		Time of Death 2300		
	CAUSE OF DEATH						Approximate Interval Onset to Death		
	IMMEDIATE CAUSE ↓ a. cancer of appendix						months		
	Due to (or as a consequence of) ↓ b.								
	Due to (or as a consequence of) ↓ c.								
	Due to (or as a consequence of) ↓ d.								
	Other significant conditions contributing to death coronary disease, congestive heart failure, chronic obstructive lung disease								
	Manner of Death Natural		If Female Not Applicable		Did tobacco use contribute to death? No				
	Date of Injury		Time of Injury		Place of Injury		Injury at Work?		
	Location of Injury								
Describe how injury occurred									
If transportation injury, specify									
Name and Address of Certifier Thomas Reynolds Patterson 677 E 12th Avenue, Eugene, Oregon 97401									
Name and Title of Attending Physician if Other than Certifier						Date Signed December 16, 2021			
Medical Certifier <i>Thomas Reynolds Patterson</i>		Electronically Signed		Title of Certifier M.D.		License Number MD163934			
Amendment									



45-2CC (01/06)

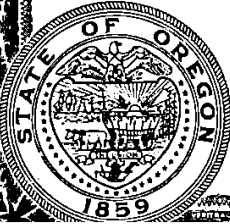
I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

January 06, 2022

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTACT OREGON STATE SEAL AND BORDER.

Jennifer A. Woodward
JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE