202306220069
06/22/2023 03:30 PM Pages: 1 of 2 Fees: $40.00
Skagit County Auditor, WA

WHEN RECORDED RETURN TO:

Land Title and Escrow Company
3010 Commercial Avenue
Anacortes, WA 98221

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 06/22/2023

208335-LT

DOCUMENT TITLE(S):
CERTIFICATE OF DEATH

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
State of California

GRANTEE:
Charles Carlo Michelotti

ABBREVIATED LEGAL DESCRIPTION:
Lot 4, Blk 3, Holiday Hideaway #1

TAX PARCEL NUMBER(S):
3926-003-004-0005/P65836

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY

PUBLIC HEALTH DEPARTMENT

3052022201059 — STATE FILE NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA — USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS — VS-11 (REV 3/06)

3202201006885 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

Field	Entry
1. NAME OF DECEDENT - FIRST (Given)	CHARLES
2. MIDDLE	CARLO
3. LAST (Family)	MICHELOTTI
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)	CARL MICHELOTTI
4. DATE OF BIRTH mm/dd/ccyy	
5. AGE Yrs.	84
IF UNDER ONE YEAR (Months / Days)	
IF UNDER 24 HOURS (Hours / Minutes)	
6. SEX	M
9. BIRTH STATE/FOREIGN COUNTRY	WA
10. SOCIAL SECURITY NUMBER	
11. EVER IN U.S. ARMED FORCES?	[X] YES [ ] NO [ ] UNK
12. MARITAL STATUS/SRDP (at Time of Death)	MARRIED
7. DATE OF DEATH mm/dd/ccyy	08/21/2022
8. HOUR (24 Hours)	1335
13. EDUCATION - Highest Level/Degree (see worksheet on back)	BACHELOR
14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back)	[ ] YES [X] NO
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	ITALIAN
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED	SALES MANAGER
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	CERAMIC TILE
19. YEARS IN OCCUPATION	40

USUAL RESIDENCE

Field	Entry
20. DECEDENT'S RESIDENCE (Street and number, or location)	7873 OLIVE COURT
21. CITY	PLEASANTON
22. COUNTY/PROVINCE	ALAMEDA
23. ZIP CODE	94588
24. YEARS IN COUNTY	46
25. STATE/FOREIGN COUNTRY	CA

INFORMANT

Field	Entry
26. INFORMANT'S NAME, RELATIONSHIP	SHARRELL DIANE MICHELOTTI, WIFE
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)	7873 OLIVE COURT, PLEASANTON, CA 94588

SPOUSE/SRDP AND PARENT INFORMATION

Field	Entry
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST	SHARRELL
29. MIDDLE	DIANE
30. LAST (BIRTH NAME)	BURKE
31. NAME OF FATHER/PARENT - FIRST	CHARLES
32. MIDDLE	CLETO
33. LAST	MICHELOTTI
34. BIRTH STATE	ITALY
35. NAME OF MOTHER/PARENT - FIRST	JOSEPHINE
36. MIDDLE	AGNES
37. LAST (BIRTH NAME)	
38. BIRTH STATE	OR

FUNERAL DIRECTOR / LOCAL REGISTRAR

Field	Entry
39. DISPOSITION DATE mm/dd/ccyy	09/07/2022
40. PLACE OF FINAL DISPOSITION	ST. AUGUSTINE CEMETERY 5750 SUNOL BLVD, PLEASANTON, CA 94566
41. TYPE OF DISPOSITION(S)	BURIAL
42. SIGNATURE OF EMBALMER	▶ ALAN PAUL HALEY
43. LICENSE NUMBER	EMB8048
44. NAME OF FUNERAL ESTABLISHMENT	GRAHAM-HITCH MORTUARY
45. LICENSE NUMBER	FD429
46. SIGNATURE OF LOCAL REGISTRAR	▶ NICHOLAS J. MOSS, MD, MPH
47. DATE mm/dd/ccyy	08/30/2022

PLACE OF DEATH

Field	Entry
101. PLACE OF DEATH	RESIDENCE
102. IF HOSPITAL, SPECIFY ONE	[ ] IP [ ] ER/OP [ ] DOA
103. IF OTHER THAN HOSPITAL, SPECIFY ONE	[ ] Hospice [ ] Nursing Home/LTC [X] Decedent's Home [ ] Other
104. COUNTY	ALAMEDA
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	7873 OLIVE COURT
106. CITY	PLEASANTON

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

	Cause	Time Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) (A)	END STAGE RENAL FAILURE	YRS
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B)		
(C)		
(D)		

Field	Entry
108. DEATH REPORTED TO CORONER?	[ ] YES [X] NO
109. BIOPSY PERFORMED?	[ ] YES [X] NO
110. AUTOPSY PERFORMED?	[ ] YES [X] NO
111. USED IN DETERMINING CAUSE?	[ ] YES [ ] NO
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107	NONE
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)	NO
113A. IF FEMALE, PREGNANT IN LAST YEAR?	[ ] YES [X] NO [ ] UNK

PHYSICIAN'S CERTIFICATION

Field	Entry
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. (A) Decedent Attended Since mm/dd/ccyy	08/04/2022
(B) Decedent Last Seen Alive mm/dd/ccyy	08/20/2022
115. SIGNATURE AND TITLE OF CERTIFIER	▶ YUSUF S RUHULLAH, MD
116. LICENSE NUMBER	A128203
117. DATE mm/dd/ccyy	08/30/2022
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	YUSUF S RUHULLAH, MD 7788 DUBLIN BLVD, DUBLIN, CA 94568

CORONER'S USE ONLY

Field	Entry
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH	[ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined
120. INJURED AT WORK?	[ ] YES [ ] NO [ ] UNK
121. INJURY DATE mm/dd/ccyy	
122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)	
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)	
126. SIGNATURE OF CORONER / DEPUTY CORONER	▶
127. DATE mm/dd/ccyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

STATE REGISTRAR	A	B	C	D	E	FAX AUTH.#	CENSUS TRACT

1 of 1

CAALAMED01

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF ALAMEDA

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED **SEP 02 2022**

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HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA

THE GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA