

WHEN RECORDED RETURN TO:

**Arline Hotle Smith
PO Box 847
Healdsburg, CA 95448**

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 07/14/2023

209368-LT.

**DOCUMENT TITLE(S):
CERTIFICATE OF DEATH**

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

**GRANTOR:
State of California**

**GRANTEE:
William Williamson Smith**

**ABBREVIATED LEGAL DESCRIPTION:
Lot 26, Creekside Village, Ph. II**

**TAX PARCEL NUMBER(S):
4536-000-026-0005/P84001**

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SONOMA
SANTA ROSA, CALIFORNIA

3052022220691 **CERTIFICATE OF DEATH** 3202249003230
STATE FILE NUMBER LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT - FIRST (Given) WILLIAM		2. FAMILY NAME WILLIAMSON		3. LAST (Family) SMITH	
4A. ALSO KNOWN AS - Include full name (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 87		5. AGE Yrs Months Days Hours Minutes Seconds	
9. BIRTH STATE/FOREIGN COUNTRY SC		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION - Highest Grade BACHELOR		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? <input checked="" type="checkbox"/> NO		12. MARITAL STATUS (MARRIED) MARRIED	
17. USUAL OCCUPATION - Type of work (most of life) DO NOT USE RETIRED ENTREPRENEUR		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road repair, police, employment agency, etc.) FINANCIAL		7. DATE OF DEATH mm/dd/yyyy 09/19/2022	
20. DECEDENT'S RESIDENCE (Street and number, or location) 121 MONTE VISTA AVENUE		19. YEARS IN OCCUPATION 52		8. H.C.U.R. (24 Hours) 1203	
21. CITY HEALDSBURG		22. COUNTY/PROVINCE SONOMA		23. ZIP CODE 95448	
24. INFORMANT'S NAME, RELATIONSHIP ARLINE SMITH, SPOUSE		25. YEARS IN COUNTY 46		26. STATE/FOREIGN COUNTRY CA	
27. INFORMANT'S MAILING ADDRESS (Street and number, or P.O. box, or apartment, city or town, state and zip) 121 MONTE VISTA AVENUE, HEALDSBURG, CA 95448		28. NAME OF SURVIVING SPOUSE (SP)-FIRST ARLINE		29. MIDDLE -	
31. NAME OF FATHER/PARENT-FIRST WILLIAM		32. MIDDLE WHITAKER		30. LAST (BIRTH NAME) HOTLE	
35. NAME OF MOTHER/PARENT-FIRST		36. MIDDLE		33. LAST SMITH	
37. LAST (BIRTH NAME)		34. BIRTH STATE SC		38. BIRTH STATE SC	
39. DISPOSITION DATE mm/dd/yyyy 09/23/2022		40. PLACE OF FINAL DISPOSITION RES: ARLINE SMITH 121 MONTE VISTA AVENUE, HEALDSBURG, CA 95448		43. LICENSE NUMBER	
41. TYPE OF DISPOSITION(S) CREMATE/RESIDENCE		42. SIGNATURE OF EMBALMER NOT EMBALMED		47. DATE mm/dd/yyyy 09/23/2022	
44. NAME OF FUNERAL ESTABLISHMENT FRED YOUNG FUNERAL HOME		45. LICENSE NUMBER FD2212		48. SIGNATURE OF LOCAL REGISTRAR SUNDARI R. MASE, MD, MPH	
101. PLACE OF DEATH SUTTER SANTA ROSA REGIONAL HOSPITAL		102. IF HOSPITAL SPECIFY ONE: <input type="checkbox"/> IP <input checked="" type="checkbox"/> OF <input type="checkbox"/> OF <input type="checkbox"/> OF		103. IF OTHER THAN HOSPITAL SPECIFY ONE: <input type="checkbox"/> RESIDENCE <input type="checkbox"/> HOME <input type="checkbox"/> OTHER	
104. COUNTY SONOMA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or local only) 30 MARK WEST SPRINGS ROAD		106. CITY SANTA ROSA	
107. CAUSE OF DEATH Enter the most proximate cause, or type of complication of that cause, to have caused the death, as listed below, DO NOT abbreviate with initials or symbols. DO NOT REPEAT. IMMEDIATE CAUSE: CEREBRAL INFARCTION If not disease or condition resulting in death CEREBROVASCULAR DISEASE		108. REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. REPORTED TO POLICE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE LISTED IN 107 NONE	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? <input type="checkbox"/> YES (list type of operation and date) <input checked="" type="checkbox"/> NO		114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		115. SIGNATURE AND TITLE OF CERTIFIER BASIL COLIN HAMBLIN, MD	
116. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. (Decedent Alleged Sex) (Decedent Last Seen Alive)		117. LICENSE NUMBER A76893		118. DATE mm/dd/yyyy 09/22/2022	
119. I CERTIFY THAT MY CRIMINAL DEATH DECLARED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. HABITUAL OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicidal <input type="checkbox"/> Homicide <input type="checkbox"/> Unknown <input type="checkbox"/> Investigation <input type="checkbox"/> Other <input type="checkbox"/> Not Determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. DATE mm/dd/yyyy		124. HOUR (24 Hours)	
125. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)		126. SIGNATURE OF CORONER/DEPUTY CORONER		127. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
128. LOCATION OF INJURY (Street and number, or location, and city, and zip)		129. DATE mm/dd/yyyy		130. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA } 09/26/2022
COUNTY OF SONOMA } DATE ISSUED

This is true and exact reproduction of the document officially registered and placed on file in the Vital Statistics office, Sonoma County Department of Health Services.

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Sundari R. Mase

LOCAL REGISTRAR
SONOMA COUNTY, CALIFORNIA



This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE