

When recorded return to:

Todd Jay Peltzer
Todd Jay Peltzer, Successor Trustee of the Gloria
Mae Fraser Survivor's Trust u/a dated July 19,
1994
99-146 Holo Pl
Aiea, HI 96701

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 07/27/2023

Filed for record at the request of:



CHICAGO TITLE
COMPANY OF WASHINGTON

425 Commercial St
Mount Vernon, WA 98273

Escrow No.: 620054339

CHICAGO TITLE

DOCUMENT TITLE(S)

620054339

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED: _____

Additional reference numbers on page _____ of document

GRANTOR(S)

Washington, State of

☐ Additional names on page _____ of document**GRANTEE(S)**

Fraser, William Graham

☐ Additional names on page _____ of document**ABBREVIATED LEGAL DESCRIPTION**

LT 1, SKYLINE DIV. NO. 14

Complete legal description is on page _____ of document

TAX PARCEL NUMBER(S)

P102731 / 4600-000-001-0000

Additional Tax Accounts are on page _____ of document

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

"I am signing below and paying an additional \$50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

Signature of Requesting Party

Note to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 762-08		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) - First Middle LAST Suffix William Graham Fraser		2. Death Date 09/02/2008			
3. Sex (M/F) M	4a. Age - Last Birthday 81	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death Skagit
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Falkirk	8b. (State or Foreign Country) Scotland	9. Decedent's Education Bachelor's Degree		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No			11. Decedent's Race(s) Caucasian		12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g. 624 SE 5th St.) (Include Apt. No.) 4306 Kingsway				13b. City or Town Anacortes	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98221
14. Estimated length of time at residence. 14 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Gloria Mae Mattson	
17. Usual Occupation (Indicate type of work done during most of working life. (Do NOT use RETIRED).) Naval Architect			18. Kind of Business/Industry (Do not use Company Name) Marine		
19. Father's Name (First, Middle, Last, Suffix) Alexander Moffat Fraser			20. Mother's Name Before First Marriage (First, Middle, Last) Christina [REDACTED]		
21. Informant's Name Karen Fraser-Middletton		22. Relationship to Decedent Daughter		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 4852 Jessie Lane Loomis CA 95650	
24. Place of Death, if Death Occurred in a Hospital: Nursing Home					
25. Facility Name (if not a facility, give number & street or location) Life Care Center of Mount Vernon				26a. City, Town, or Location of Death Mount Vernon	26b. State WA
27. Zip Code 98274		28. Method of Disposition Cremation			
29. Place of Final Disposition (Name of cemetery, crematory, other place) Hawthorne Memorial Park				30. Location-City/Town, and State Mount Vernon, WA	
31. Name and Complete Address of Funeral Facility Hawthorne Funeral Home 1825 E. College Way Mount Vernon WA 98273-0398				32. Date of Disposition September 3, 2008	
33. Funeral Director Signature X <i>[Signature]</i>					
Cause of Death (See instructions and examples)					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. <i>probable sepsis</i>		Interval between Onset & Death <i>hours</i>	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death). LAST		b. <i>chronic foot ulcer</i>		Interval between Onset & Death <i>months</i>	
		c. <i>severe peripheral vascular disease</i>		Interval between Onset & Death <i>years</i>	
		d.		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		45. Location of Injury: Number & Street: Apt. No. City or Town: County: State: Zip Code + 4:			
46. Describe how injury occurred					
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)					
48a. Certifying Physician - To be filled out by physician who certifies cause of death, coordinates information, and provides information to the medical examiner or coroner.			48b. Medical Examiner/Coroner - To be filled out by medical examiner or coroner who investigates the death and issues the death certificate.		
X <i>[Signature]</i>			X <i>[Signature]</i>		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Jonathan Fish, Dr. 1990 Hospital Drive, Suite 100 Sedro Woolley, WA 98284				50. Hour of Death (24hrs) 0205	
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)				52. Date Signed (mm/dd/yyyy) 09/02/2008	
53. Title of Certifier Dr.		54. License Number 1000000000		55. ME/Coroner File Number NJA# 403	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				57. Date Received (mm/dd/yyyy) SEP -3 2008	
58. Registrar Signature <i>Betty Jo Angell</i>					
59. Amendments					





Affidavit for Correction

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

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4200

STATE OFFICE USE ONLY				
State File Number	Fee Number	Initials	Date	Affidavit Number
Use the section below for requesting any changes on the record.				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution				
1. Name on record:		2. Date of Event:		3. Place of Event: (City or County)
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)		5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)		
The Record is Incorrect or Incomplete as follows:				
6. The Record now shows:		7. The True fact is:		
8.		9.		
10.		11.		
12.		13.		
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)				Telephone Number:
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.				
15. Signature:		16. Date:		17. Address:
<p>All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within <u>one year</u> of the date it was issued to receive a replacement copy free of charge.</p> <p>All changes must be established by documentary proof submitted with the affidavit</p> <p>Examples of documentary proof: Certificate of Naturalization Medical Record School Record Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date) Insurance Records Birth Record Alien Registration Card (front and back) Marriage/Divorce Records Passport</p>				
Birth Certificates:				
<p>1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.</p> <p>2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.</p> <p>3. Proof must be five (or more) years old or have been established within five years of birth.</p> <p>4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:</p> <ul style="list-style-type: none"> - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change. - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two. - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof. <p>5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).</p> <p>6. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)</p>				
Death Certificates:				
<p>1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.</p> <p>2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.</p> <p>3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.</p>				
Marriage/Dissolution (Divorce) Certificates:				
<p>1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.</p> <p>2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.</p>				

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

SEP 04 2008

MARK MIDDLETON
KAREN FRASER-MIDDLETON
4852 JESSIE LANE
LOOMIS, CA 95668

Skagit County Public Health Department
Howard Fairhead M.D., Health Officer

QQ00159619