202405290061
05/29/2024 11:07 AM Pages: 1 of 2 Fees: $19.00
Skagit County Auditor, WA

When recorded return to:
Karla VanPay
c/o Fidelity National Title
5006 Center St # J
Tacoma, WA 98409

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 05/29/2024

Filed for record at the request of:
Fidelity National Title
COMPANY OF WASHINGTON, INC.
5006 Center Street, Suite J
Tacoma, WA 98409-2314

Escrow No.: 611339656

DOCUMENT TITLE(S)

Certificate of Death

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

Additional reference numbers on page _____ of document

GRANTOR(S)

State of Washington Department of Health

☐ Additional names on page _____ of document

☐ Additional names on page _____ of document

GRANTEE(S)

Peck, Shirley Mae

☐ Additional names on page _____ of document

☐ Additional names on page _____ of document

ABBREVIATED LEGAL DESCRIPTION

Tax/Map ID(s): T 1, PLAT OF SHANNON HEIGHTS TO ANACORTES, WASHINGTON

Complete legal description is on page _____ of document

TAX PARCEL NUMBER(S)

P58905 / 3815-000-001-0008

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 1015-07

Washington State Certificate of Death

State File Number

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) – First	Middle	LAST	Suffix	2. Death Date
Shirley	Mae	PECK		Dec 23, 2007

3. Sex (M/F)	4a. Age – Last Birthday	4b. Under 1 Year Months / Days	4c. Under 1 Day Hours / Minutes	5. Social Security Number	6. County of Death
F	72			[redacted]	Skagit

7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education
[redacted]	Great Falls	Montana	High School Graduate

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.	11. Decedent's Race(s)	12. Was Decedent ever in U.S. Armed Forces?
No	Caucasian	No

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)	13b. City or Town
1802 37th Street	Anacortes

13c. Residence: County	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?
Skagit		Washington	98221	☒ Yes ☐ No ☐ Unk

14. Estimated length of time at residence.	15. Marital Status at Time of Death	16. Surviving Spouse's Name (Give name prior to first marriage)
46 Years	Married	Herbert Marcus Peck

17. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED.)	18. Kind of Business/Industry (Do not use Company Name)
Home Maker	Own Home

19. Father's Name (First, Middle, Last, Suffix)	20. Mother's Name Before First Marriage (First, Middle, Last)
George Frank Kugelard	Helene Ann [redacted]

21. Informant's Name	22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No.	City or Town	State	Zip
Herbert Marcus Peck	Husband	1802 37th Street	Anacortes	WA	98221

24. Place of Death, if Death Occurred in a Hospital:	Place of Death, if Death Occurred Somewhere Other than a Hospital:
	Decedent's Residence

25. Facility Name (If not a facility, give number & street or location)	26a. City, Town, or Location of Death	26b. State	27. Zip Code
1807 37th Street	Anacortes	WA	98221-

28. Method of Disposition	29. Place of Final Disposition (Name of cemetery, crematory, other place)	30. Location-City/Town, and State
Burial	Grand View Cemetery	Anacortes, Washington

31. Name and Complete Address of Funeral Facility	32. Date of Disposition
Evans Funeral Chapel & Crematory, Inc. 1105 32nd St. Anacortes, WA 98221-	Dec 29, 2007

33. Funeral Director Signature X Joseph Wahamm

Part 2 completed by Certifier

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.

		Interval between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. metastatic pancreatic cancer	4 YR
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	Due to (or as a consequence of):	
	b. HTN	10 YR
	Due to (or as a consequence of):	
	c.	
	Due to (or as a consequence of):	
	d.	
	Due to (or as a consequence of):	

35. Other significant conditions contributing to death but not resulting in the underlying cause given above	36. Autopsy?	37. Were autopsy findings available to complete the Cause of Death?
	☐ Yes ☒ No	☐ Yes ☒ No

38. Manner of Death	39. If female	40. Did tobacco use contribute to death?
☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending	☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year	☐ Yes ☐ Probably ☒ No ☐ Unknown

41. Date of Injury	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	44. Injury at Work?
			☐ Yes ☐ No ☐ 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:
	☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)

48a. Certifying Physician – To the best of my knowledge, death occurred due to the cause(s) and manner stated.	48b. Medical Examiner/Coroner – On the basis of examination, and/or investigation, in my opinion, death occurred due to the cause(s) and manner stated.
X Margaret Sweeney MD	X

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)	50. Hour of Death (24hrs)
Margaret Sweeney, M.D. 2511 M Avenue Suite A, Anacortes, WA 98221	16:45 PM

51. Name and Title of Attending Physician if other than Certifier (Type or Print)	52. Date Signed
Franklin F. Bjorseth. MD	December 26, 2007

53. Title of Certifier	54. License Number	55. ME/Coroner File Number	56. Was case referred to ME/Coroner?
MD	MD00037885	NJA-462	☒ Yes ☐ No

57. Registrar Signature	58. Date Received
X Connie Anderson, Deputy	DEC 27 2007

59. Amendments

THE SEAL OF THE STATE OF WASHINGTON 1889

DOH/CHS 003 Rev. 2/06/2004

DOH 01-003 (5/39)