202507240045
07/24/2025 01:27 PM Pages: 1 of 4 Fees: $21.00
Skagit County Auditor, WA

WHEN RECORDED RETURN TO:
Karen B. Robinson
1611 Grand Ave
Mount Vernon WA 98273

Chicago Title
620058793

DOCUMENT TITLE(S) Certified Copy of Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR(S): ~~Franklin M. Strohecker, Deceased~~
State of Washington

GRANTEE(S): ~~Public~~ Franklin M. Strohecker

Abbr. Legal : LT 48, BIG FIR NORTH P.U.D. PHASE 1

TAX PARCEL NUMBER(S): P126031 / 4922-000-048-0000

LPB 01-05

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Public Health - Seattle & King County Vital Statistics

CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number: 4679 — Washington State Certificate of Death — State File Number:

1. Legal Name (Include AKA's if any) First: Franklin	Middle: M	LAST: Strohecker	Suffix:	2. Death Date: 5-1-2014
3. Sex (M/F): M	4a. Age - Last Birthday: 83	4b. Under 1 Year: Months / Days	4c. Under 1 Day: Hours / Minutes	5. Social Security Number: [redacted]
6. County of Death: King				
7. Birth[redacted]	7a. Birthplace (City, Town, or County): Seattle	8b. (State or Foreign Country): WA	9. Decedent's Education: Bachelor's, BS	
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?: YES	
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 1620 Grand Ave			13b. City or Town: Mount Vernon	
13c. Residence: County: Skagit	13d. Tribal Reservation Name (if applicable): NO	13e. State or Foreign Country: WA	13f. Zip Code + 4: 98274	13g. Inside City Limits? ☑ Yes ☐ No ☐ Unk
14. Estimated length of time at residence.: 5 Years	15. Marital Status at Time of Death: Married	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): Jane Fields		
17. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED): Sales Representative		18. Kind of Business/Industry (Do not use Company Name): Electrical Supply		
19. Father's Name (First, Middle, Last, Suffix): Franklin Augustus Strohecker		20. Mother's Name Before First Marriage (First, Middle, Last): Kathryn [redacted]		
21. Informant's Name: Jane Fields Strohecker	22. Relationship to Decedent: Wife	23. Mailing Address: Number and Street or RFD No. / City or Town / State / Zip: 1620 Grand AVE Mount Vernon WA 98274		
24. Place of Death, If Death Occurred in a Hospital: Hospital Inpatient		Place of Death, If Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (If not a facility, give number & street or location): Harborview Medical Center 325 9th Ave		26a. City, Town, or Location of Death: Seattle	26b. State: Wa	27. Zip Code: 98104
28. Method of Disposition: Cremation	29. Place of Final Disposition (Name of cemetery, crematory, other place): Mount Vernon Crematory		30. Location - City/Town, and State: Mount Vernon, WA	
31. Name and Complete Address of Funeral Facility: Kern Funeral Home 1122 S. 3rd Street Mount Vernon, WA 98273			32. Date of Disposition: MAY -6 2014	

33. Funeral Director Signature X: Rex E. Watt — Rex E. Watt

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.	Cerebral Herniation	hrs
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. Right Subdural Hemorrhage	hrs
	Due to (or as a consequence of): c. Ground Level Fall	hrs
	Due to (or as a consequence of): d.	

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: Hx) Atrial Fibrillation, Coumadin Therapy

36. Autopsy? ☐ Yes ☑ No

37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☐ No

38. Manner of Death: ☐ Natural ☐ Homicide ☑ Accident ☐ Undetermined ☐ Suicide ☐ Pending

39. If female: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

40. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☑ No ☐ Unknown

41. Date of Injury (MM/DD/YYYY): 4-30-14

42. Hour of Injury (24hrs): Approx 1500

43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area): Home

44. Injury at Work? ☐ Yes ☐ No ☐ Unk

45. Location of Injury: Number & Street: 1620 Grand Ave — Apt No.: — City or Town: Mount Vernon — County: Skagit — State: WA — Zip Code: 98273

46. Describe how injury occurred: Fell in Bathroom At his Residence

47. If transportation injury, specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)

48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. X Elizabeth Hankinson

48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place and due to the cause(s) and manner stated. X

49. Name and Address of Certifier - Physician, Medical Examiner, or Coroner: Elizabeth E Hankinson MD [redacted] Seattle, WA 98104 Neurocritical Care

50. Hour of Death (24hrs): 1734

51. Name and Title of Attending Physician if other than Certifier (Type or Print): Miriam M Treggiari MD Attending Neurocritical Care

52. Date Signed (MM/DD/YYYY): 5-2-2014

53. Title of Certifier: Resident MD

54. License Number: MD00042738

55. [redacted] File Number: [redacted]783

56. Was case referred to ME/Coroner? ☑ Yes ☐ No

57. Registrar Signature X

58. Date Received (MM/DD/YYYY): MAY -6 2014

59. Amendments

DOH/CHS 003 March 2012
DOH 04-003 (1/14)

AA00031380

EXHIBIT A

Order No.: 620058793

For APN/Parcel ID(s): P126031 / 4922-000-048-0000

LOT 48, BIG FIR NORTH P.U.D. PHASE 1, ACCORDING TO THE PLAT THEREOF, RECORDED MARCH 23, 2007, UNDER AUDITOR'S FILE NO. 200703230073, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.