

When recorded, please return to:

Law Office of Alan R. Souders

913 7th Street

Post Office Box 1950

Anacortes, WA 98221



200901150034
Skagit County Auditor

1/15/2009 Page 1 of 3 10:59AM

Document Title:

Death Certificate

Reference Number:

N/A

Grantor(s):

Additional Grantor(s) names on page ____.

1. Rudy Michael Franulovich

2.

Grantee(s):

Additional Grantee(s) names on page ____.

1. The Public

2.

Abbreviated Legal Description:

Full legal on page(s) ____.

N/A

Assessor Parcel/Tax ID Number(s):

Additional tax parcel number(s) on page ____.

3772-101-014-000/P55647

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 1076-08 Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any): First Middle LAST			2. Death Date		
Rudy Michael Franulovich			Nov. 29, 2008		
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
M	71			[REDACTED]	Skagit
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education		
[REDACTED]	Anacortes	Washington	Associate of Arts Degree		
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 5 th St.) (include Apt. No.)				13b. City or Town	
1318 7th 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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)	
10 Years		Divorced			
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)		
Manager			Public Utility		
19. Father's Name (First, Middle, Last, Suffix)			20. Mother's Name Before First Marriage (First, Middle, Last)		
Paul Nilo Franulovich			Katherine rmi [REDACTED]		
21. Informant's Name		22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No. City or Town State Zip		
Evan D. Franulovich		Son	1410 25th Street Anacortes WA 98221		
24. Place of Death, if Death Occurred in a Hospital:			25. Facility Name (if not a facility, give number & street or location)		
Decedent's Residence			1318 7th Street		
26a. City, Town, or Location of Death		26b. State	27. Zip Code		
Anacortes		WA	98221		
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State	
Cremation		Northwest Crematory		Anacortes, WA	
31. Name and Complete Address of Funeral Facility			32. Date of Disposition		
Evans Funeral Chapel & Crematory, Inc 1105 32nd Street Anacortes, WA 98221			Dec. 4, 2008		
33. Funeral Director Signature X <i>Joseph Johnson</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. <u>Cardiac Arrest</u>		Interval between Onset & Death <u>in minutes</u>	
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. <u>Failure to Thrive</u>		Interval between Onset & Death <u>Weeks</u>	
		c. <u>Diabetes</u>		Interval between Onset & Death <u>Years</u>	
		d.		Interval between Onset & Death	
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?
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Not pregnant within past year. <input type="checkbox"/> Pregnant at time of death.		<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unk
45. Location of Injury: Number & Street				46. Describe how injury occurred	
47a. 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.		47b. 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 <i>James Ostlund MD</i>		X			
48. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)			49. Hour of Death (24hrs)		50. Date Signed (mm/dd/yyyy)
James Ostlund MD 1119 11th St. Anacortes, WA 98221			Late PM Hours		12/3/2008
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			52. Was case referred to ME/Coroner?		53. Title of Certifier
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		WA0005884
54. License Number		55. ME/Coroner File Number		56. Date Received (mm/dd/yyyy)	
WA0005884		237-08		DEC -4 2008	
57. Registrar Signature				58. Date Received (mm/dd/yyyy)	
X <i>Betty J. ...</i>				DEC -4 2008	
59. Amendments					



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Affidavit for Correction

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

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

The Record now shows:		The True fact is:	
6.		7.	
8.		9.	
10.		11.	
12.		13.	

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
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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 one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

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	

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- 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.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - 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.
- 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).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- 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.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)



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Skagit County Auditor

CERTIFIED

DEC 08 2008

Howard Leibrand

Skagit County Health Department
Howard Leibrand M.D., Health Officer

QQ00317316