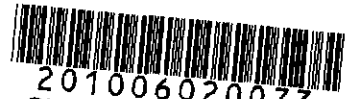


When Recorded Return to:
LAWRENCE A. PIRKLE
321 W. Washington, Suite 300
Mount Vernon, WA 98273
(360) 336-6587



201006020073
Skagit County Auditor

6/2/2010 Page

1 of

3 3:51PM

DOCUMENT TITLE:

Washington State Certificate of Death Certificate for Edmund Thomas Watson

Reference Number:

Grantor(s):

additional Grantor names on page _____.

State of Washington

Grantee(s):

additional Grantor names on page _____.

Edmund Thomas Watson

Abbreviated legal description:

full legal on page(s) _____.

Lot 61, Nookchamp Hills PUD, Phase II A, as per plat recorded September 15, 2003 under Skagit County Auditor's File No. 200309150157.

Assessor's Parcel / Tax ID Number:

additional tax parcel number(s) on page _____.

P120741

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 236 10 Washington State Certificate of Death State File Number _____

1. Legal Name (include AKA's if any) - First Middle LAST Suffix Edmund Thomas Watson				2. Death Date 03/21/2010	
3. Sex (M/F) M		4a. Age - Last Birthday 77		5. Social Security Number 571-54-4546	
7. Birthdate 03/22/1932		8a. Birthplace (City, Town, or County) Paisley		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	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 23765 Nookachamps Hills Drive				13b. City or Town Mount Vernon	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	
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) Emily Vann	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Sales				18. Kind of Business/Industry (Do not use Company Name) Photo Equipment	
19. Father's Name (First, Middle, Last, Suffix) James Watson				20. Mother's Name Before First Marriage (First, Middle, Last) Margaret Calderwood	
21. Informant's Name Emily Watson		22. Relationship to Decedent Wife		23. Mailing Address* Number and Street or RFD No. City or Town State Zip 23765 Nookachamps Hills Dr Mount Vernon WA 98274	
24. Place of Death, if Death Occurred in a Hospital: Inpatient				24. Place of Death, if Death Occurred Somewhere Other than a Hospital:	
25. Facility Name (if not a facility, give number & street or location) Skagit Valley Hospital				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	
31. Name and Complete Address of Funeral Facility Hawthorne Funeral Home 1825 E. College Way Mount Vernon WA 98273-0398				32. Date of Disposition March 26, 2010	
33. Funeral Director Signature X					

Part 1 completed by Funeral Director

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. <u>Myocardial infarction with underlying natural causes</u>	Interval between Onset & Death <u>over 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>Myocardial infarction</u>	Interval between Onset & Death <u>days</u>
	c. _____	Interval between Onset & Death
	d. _____	Interval between Onset & Death

35. Other significant conditions contributing to death but not resulting in the underlying cause given above
Progressive neurovascular disease, unknown etiology, DM, CAD

36. Autopsy? Yes No

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

38. Manner of Death

<input checked="" type="checkbox"/> Natural	<input type="checkbox"/> Homicide	<input type="checkbox"/> Not pregnant within past year	<input type="checkbox"/> Not pregnant, but pregnant within 42 days before death	40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/> Accident	<input type="checkbox"/> Undetermined	<input type="checkbox"/> Pregnant at time of death	<input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death	
<input type="checkbox"/> Suicide	<input type="checkbox"/> Pending	<input type="checkbox"/> Unknown if pregnant within the past year		

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? 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 at the time, date, and place and due to the cause(s) and manner stated.
X Dr. [Signature]

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 (Type or Print)
Randall Randuawa 1415 E Kincaid Mount Vernon WA 98274

50. Hour of Death (24hrs)
2200

51. Name and Address of Certifier II (Type or Print) (Type or Print)

52. Date Signed (MM/DD/YYYY)
03-24-2010

53. Title of Certifier
Dr.

54. License Number
MR 00045355

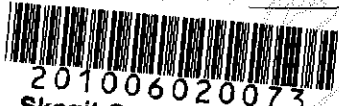
55. ME/Coroner File Number

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

57. Registrar Signature
X Cornie Anderson

58. Date Received (MM/DD/YYYY)
MAR 26 2010

59. Amendments



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:

6. The Record now shows:	7. The True fact is:
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 Hospital Records Insurance Records Marriage/Divorce Records	Medical Record Military Record (DD-214) Birth Record Passport	School Record Voter's Registration Card (if it bears an effective date) Alien Registration Card (front and back)
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Birth Certificates:

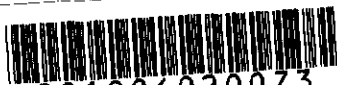
1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. 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.
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).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
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.

Marriage/Dissolution (Divorce) Certificates:

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



201006020073
 Skagit County Auditor

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