

After Recording Return To:

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Attorney at Law, P.S.
1101 8th St., Ste. A
Anacortes, WA 98221



201012030001
Skagit County Auditor

12/3/2010 Page 1 of 3 9:29AM

Document Title:

Death Certificate

Reference Number: 9508220004

Grantor(s):

additional grantor names on page ___.

1. Vernon F. Peterson, Deceased

2.

Grantee(s):

additional grantee names on page ___.

1. The Public

2.

Abbreviated legal description:

full legal on page(s) ___.

Lot 56, "the Plat of Island View Park" as per Plat recorded in Volume 7 of Plats, page 38, in the Records of Skagit County, State of Washington.

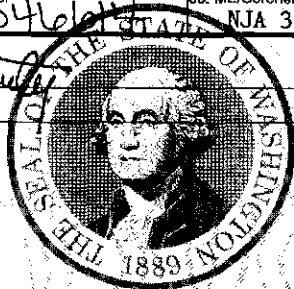
Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page ___.

3798-000-056-0003 / P57587

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 539-10		Washington State Certificate of Death			State File Number	
1. Legal Name (include AKA's if any) (First Middle LAST Suffix) Vernon Fredrick Peterson				2. Death Date 06/27/2010		
3. Sex (M/F) Male	4a. Age - Last Birthday 88	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Skagit	
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Bismarck	8b. (State or Foreign Country) ND		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 5 th St.) (Include Apt. No.) 1905 22nd St				13b. City or Town Anacortes		
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country WA	13f. Zip Code + 4 98221	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 7 Years		15. Marital Status at Time of Death Widowed		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) Broker				18. Kind of Business/Industry (Do not use Company Name) Petroleum Products		
19. Father's Name (First, Middle, Last, Suffix) John L. Peterson				20. Mother's Name Before First Marriage (First, Middle, Last) Tillie		
21. Informant's Name Paula Peterson		22. Relationship to Decedent Daughter		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1905 22nd St 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 Home						
25. Facility Name (if not a facility, give number & street or location). 1905 22nd St				26a. City, Town, or Location of Death Anacortes		26b. State WA
27. Zip Code 98221		28. Method of Disposition Cremation				
29. Place of Final Disposition (Name of cemetery, crematory, other place) Neptune Society Cremation Services				30. Location-City/Town, and State Kent, WA		
31. Name and Complete Address of Funeral Facility Neptune Society, 19324 40th Ave W, Ste A, Lynnwood, WA 98036						32. Date of Disposition 07/02/2010
33. Funeral Director Signature X Les Lippitt						
Cause of Death (See instructions and examples)						
34. Enter the <u>chain of events</u> - 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. multiple myeloma				Interval between Onset & Death YEARS
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. _____				Interval between Onset & Death
		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. Prostate Cancer				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 checked="" 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"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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. 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 the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. [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. [Signature]		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Jason Rogge MD 1212 24th St Suite 100 Anacortes WA 98221				50. Hour of Death (24hrs) 0920		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) 6/30/10		
53. Title of Certifier MO		54. License Number M00004664		55. ME/Coroner File Number NJA 314		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature [Signature]				58. Date Received (MM/DD/YYYY) JUL 02 2010		
59. Amendments						



201012030001
Skagit County Auditor

DH/CHS 003 Rev 07/09/07

Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

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

STATE OFFICE USE ONLY

1. Name of Person	2. Age Number	3. Initials	4. Date	Affidavit Number
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Section below for requesting any changes on the record.

1. Death Marriage Dissolution

1. Name of Person	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth or 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 incorrect information:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. My relationship to the person is: Self Parent Guardian Informant Telephone Number: _____
 Siblings Director Other (Specify) _____

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

15. Signature: _____ 16. Address: _____

All information on this form is subject to change only once. Subsequent changes must be made by court order. The incorrect certificate must be replaced with a replacement copy free of charge.

Medical Record	School Record
Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
Birth Record	Alien Registration Card (front and back)
Passport	

1. Any parent (or guardian under 18), or the adult themselves (if 18 or older), may change the birth certificate.
2. The person making the change must assert true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name is Mary Ann Doe. If A.A. Doe does not prove the name is Mary Ann Doe.
3. Parents or legal guardians 18 years old or have been established within five years of birth.
4. Marriage does not allow a legal guardian to change the child's last name with an affidavit for correction, provided:
 - a. The name was changed. Subsequent changes will require a certified copy of a court ordered name change.
 - b. The change may be to the mother's maiden name or father's name (if present on the certificate); or any combination of the two.
 - c. The change to the name changed require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and supporting proof.
5. The birth name of a child may be changed by completing and signing an affidavit for correction (until their child's 18th birthday).
6. Paternity does not allow a father to add a name to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)
7. A physician (or coroner/medical examiner) who is a medical administrator (if evidence confirming such position is presented) may change the non-medical information on the record.
8. The medical information on the record (death) may be changed only by the certifying physician or the coroner/medical examiner.
9. If you lose that information, you should contact the county health department where the death occurred to make changes.

Marriage Dissolution: The name, date or place of birth or residence) may be changed by affidavit (with proof) by the person. Subsequent changes to the name, date and location of the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

CERTIFIED*

JUL 08 2010

Hubendrus

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

TT00274792


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Skagit County Auditor