



201412090058

Skagit County Auditor

\$34.00

12/9/2014 Page

1 of

3 12:18PM

AFTER RECORDING RETURN TO:  
Ocwen Loan Servicing, LLC  
1661 Worthington Road  
West Palm Beach, FL 33409

140162853

DOCUMENT TITLE(S): DEATH CERTIFICATE

GRANTOR(S): RICHARD ARNOLD HUBBARD

GRANTEE(S): GENERAL PUBLIC

**"This instrument is being recorded as an  
ACCOMMODATION ONLY, with no  
Representation as to its effect upon title"**

LEGAL DESCRIPTION: LOT 15, FIDALGO COMMONS PUD

ASSESSOR'S PROPERTY TAX PARCEL ACCOUNT NUMBER(S):  
P120463

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

Signature of Document Preparer

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

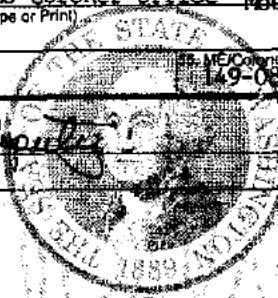
Local File Number **670-08** Washington State Certificate of Death State File Number **8 70586**

1. Legal Name (include AKA's if any) First Middle LAST <b>RICHARD ARNOLD HUBBARD</b>			2. Death Date <b>Aug 7, 2008</b>		
3. Sex (M/F) <b>Male</b>	4a. Age - Last Birthday <b>56</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death <b>Skagit</b>
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) <b>Long Beach</b>	8b. (State or Foreign Country) <b>California</b>		8. Decedent's Education <b>High School Graduate</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify. <b>No</b>			11. Decedent's Race(s) <b>Caucasian</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>
13a. Residence: Number and Street (e.g. 524-SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>1258 Fidalgo Place</b>				13b. City or Town <b>Sedro-Woolley</b>	
13c. Residence: County <b>Skagit</b>		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country <b>Washington</b>	13f. Zip Code + 4 <b>98284</b>	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence <b>5 months</b>		15. Marital Status at Time of Death <b>Divorced</b>		16. Surviving Spouse'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)) <b>Supervisor</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Casino Industry</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Dell Hubbard</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Aletha</b>		
21. Informant's Name <b>Stephen R. Hubbard</b>		22. Relationship to Decedent <b>Son</b>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>4 Via Madera Rancho Santo Margarita, CA 92688</b>		
24. Place of Death, if Death Occurred in a Hospital: <b>1258 Fidalgo Place</b>			24. Place of Death, if Death Occurred Somewhere Other than a Hospital: <b>Decedent's Residence</b>		
25. Facility Name (If not a facility, give number & street or location) <b>1258 Fidalgo Place</b>		25a. City, Town, or Location of Death <b>Sedro-Woolley</b>		25b. State <b>WA</b>	27. Zip Code <b>98284</b>
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Mount Vernon Cemetery Crematory</b>		30. Location-City/Town, and State <b>Mount Vernon, WA</b>	
31. Name and Complete Address of Funeral Facility <b>Lemley Chapel Inc 1008 Third St Sedro-Woolley, WA 98284</b>				32. Date of Disposition <b>Aug 11, 2008</b>	
33. Funeral Director Signature <i>[Signature]</i>					

**Part 1 completed by Funeral Director**

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. <b>ACUTE IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. PROPOXYPHENE &amp; ACETAMINOPHEN INTOXICATION</b> Interval between Onset & Death <b>HOURS</b> Due to (or as a consequence of):					
b. _____ Interval between Onset & Death _____ Due to (or as a consequence of):					
c. _____ Interval between Onset & Death _____ Due to (or as a consequence of):					
d. _____ Interval between Onset & Death _____ 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			37. Were autopsy findings available to complete the Cause of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
38. Manner of Death <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input checked="" 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 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, 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			48b. Medical Examiner/Coroner-On the basis of examination, autopsy investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Arthur Dick, Dep. Coroner Skagit Co Coroner Office PO Box 1306 Mount Vernon, WA</b>			50. Hour of Death (24hrs) <b>Early AM hrs</b>		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			52. Date Signed (mm/dd/yyyy) <b>8/9/2008</b>		
53. Title of Certifier <b>Deputy Coroner</b>		54. License Number <b>149-08</b>		55. MEX/Coroner File Number <b>149-08</b>	
57. Registrar Signature <i>[Signature]</i>			58. Date Received (mm/dd/yyyy) <b>AUG 11 2008</b>		
59. Amendments					

**Part 2 completed by Certifier**



201412090058

UNOFFICIAL DOCUMENT

1. Name of the person whose name is being changed:

2. Date of birth:

Affidavit Number:

3. Date of the event (marriage, divorce, etc.):

4. Place of Event:

5. Place of Event:

6. Signature of the person making the affidavit:

7. Signature of the official:

8. Date:

9. Telephone Number:

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

Signature of Affiant

This affidavit is subject to the provisions of the affidavit.

It is the duty of the affiant to provide documentary proof.

For a complete list of documents to file, see the instructions to file.

(File a separate affidavit on front and back)

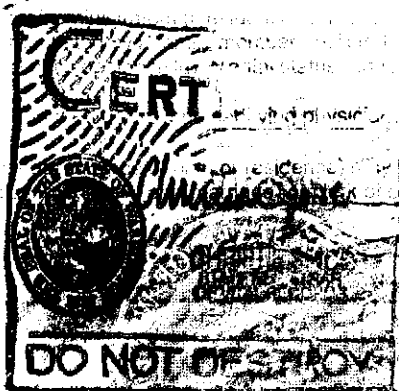
10. If the name is being changed from a name that is not the name of the person's father, mother, or spouse, the proof must show the name of the person whose name is being changed.

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3 of

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