



201703170041

Skagit County Auditor

\$36.00

3/17/2017 Page

1 of

4 10:35AM

WHEN RECORDED RETURN TO:
Charlene Klockzien
201 Nickerson Street Apt. C.
Seattle, Wa. 98109

GUARDIAN NORTHWEST TITLE CO.

A113082

DOCUMENT TITLE(S):

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

State of Washington

GRANTEE:

Estate of Virginia Rose Klockzien, Deceased

ABBREVIATED LEGAL DESCRIPTION:

, , Cove on Fidalgo Bay Condo. Phase I, according to the Plat thereof filed in Volume 18 of Plats at Page(s) 578, records of Skagit County, Washington.

TAX PARCEL NUMBER(S):

P119504, 4800-000-003-0000

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-040922

DATE ISSUED: 10/14/2016

FEE NUMBER: 000000029

GIVEN NAMES: VIRGINIA ROSE
LAST NAME: KLOCKZIEN

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: OCTOBER 08, 2016
HOUR OF DEATH: 01:45 P.M.
SEX: FEMALE
AGE: 90 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: DETROIT, MICHIGAN

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? NO

INFORMANT: CHARLENE A. KLOCKZIEN
RELATIONSHIP: DAUGHTER
ADDRESS: 201 NICKERSON STREET, APT C, SEATTLE, WA 98109

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 4501 FIDALGO BAY ROAD UNIT 1003
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 4501 FIDALGO BAY ROAD 1003
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER/PARENT: WERNER MIKKOLA
MOTHER/PARENT: MATILDA LYDIA [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: WALLIN FUNERAL HOME & CREMATIO
CITY, STATE: OAK HARBOR, WA
DISPOSITION DATE: OCTOBER 11, 2016

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.
ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES WA 98221
FUNERAL DIRECTOR: JOSEPH J. WAHAM

- CAUSE OF DEATH:
- A. CARDIOPULMONARY ARREST
INTERVAL: MINUTES
 - B. FAILURE TO THRIVE
INTERVAL: DAYS
 - C. GENERALIZED WEAKNESS
INTERVAL: WEEKS
 - D. CONGESTIVE HEART FAILURE
INTERVAL: MONTHS

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

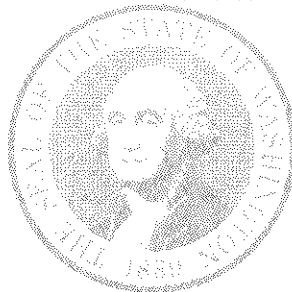
MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: MORGAN F. MERRILL, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 2511 M AVE STE B
CITY, STATE, ZIP: ANACORTES WA 98221
DATE SIGNED: OCTOBER 10, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA#511
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
CHERYL PETERSON
DATE RECEIVED: OCTOBER 11, 2016

Affidavit for Correction

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

STATE OFFICE USE ONLY

Slagit County Health Statistics

1000 1st Street

Skagit County, WA 98281

Phone: 360-835-3333

Fax: 360-835-3334

Website: www.skagitcounty.net

State of Washington

Required information must match current information on record

Required	Gender	Birth	Death	Marriage	Dissolution (Divorce)
1 Name					
2 Father's Name					
3 Name					

7 Reason: Missing, Incorrect, Incomplete

Temporary Number: _____

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

What is on the record now	What is the true fact is
8	
10	
12	
14	

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

15a Signature: _____

Printed Name: _____

INSTRUCTIONS: Driver's license, Social Security card or hospital discharge birth certificate cannot be used as proof.

- Required by statute:
- New Marriages
 - Corrections

- Birth Certificates:
- 1 Only a plain copy of the original birth certificate is acceptable.
 - 2 The proof must contain the name of the parent(s) as shown on the original birth certificate.
 - 3 The name of the parent(s) must be the same as on the original birth certificate.

- Child under 18:
- If born in state: Hospital discharge certificate, birth certificate, or affidavit of parentage.
 - If born out of state: Hospital discharge certificate, birth certificate, or affidavit of parentage.
 - Affidavit of parentage must be signed by both parents and notarized.
 - No proof of parentage for children born in state.
 - Evidence of parentage for children born out of state must be a sworn affidavit from the parent(s).
 - Affidavit must be signed by both parents and notarized.

16a The proof must be signed by the other parent(s) if the child is not a minor. This affidavit cannot be used to add a father to a birth certificate unless paternity is established (see form DOH 422-037).

- Death Certificates:
- 1 Only the original death certificate is acceptable. The original death certificate must be signed by the registrar and the physician or medical examiner.
 - 2 The name of the decedent must be the same as on the original death certificate.

- Marriage/Dissolution (Divorce) Certificates:
- 1 Must be signed by both parties and notarized.
 - 2 Must be signed by both parties and notarized.

CERTIFIED

OCT 14 2016

Howard Leibrand

FILED
KING COUNTY, WASHINGTON

JAN - 4 2017

SUPERIOR COURT CLERK

CERTIFIED
COPY

IN THE SUPERIOR COURT FOR THE STATE OF WASHINGTON
COUNTY OF KING

IN RE THE ESTATE OF VIRGINIA R. KLOCKZEIN DECEASED	NO: 17-4-00046-6 SEA LETTERS TESTAMENTARY (LTRTS)
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The last will of the above named decedent was duly exhibited, proven and filed on January 4, 2017. It appears in and by said will that: CHARLENE A. KLOCKZIEN is named Executor(s) and by order of this court is authorized to execute said will according to law.

WITNESS my hand and seal of said Court January 4, 2017:

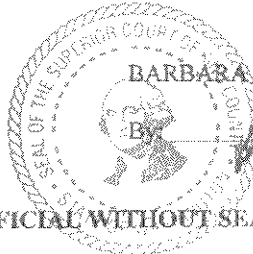


BARBARA MINER
King County Superior Court Clerk

By: N. CAMPBELL, Deputy Clerk

STATE OF WASHINGTON)
County of King)

I, BARBARA MINER, Clerk of the Superior Court of the State of Washington, for the County of King, do hereby certify that I have compared the foregoing copy with the original instrument as the same appears on file and of record in my office, and that the same is a true and perfect transcript of said original and of the whole thereof. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Seal of said Superior Court at my office at Seattle on this date MAR 09 2017



BARBARA MINER, Superior Court Clerk

By: L. MEAD, Deputy Clerk

• NOT OFFICIAL WITHOUT SEAL •