

201703170042

Skagit County Auditor

\$35.00

3/17/2017 Page

1 of

3 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:

Vernon George 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: 2016-009977

DATE ISSUED: 03/10/2016

FEE NUMBER: 000000029

GIVEN NAMES: VERNON GEORGE
LAST NAME: KLOCKZIEN

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 06, 2016
HOUR OF DEATH: 01:05 P.M.
SEX: MALE
AGE: 94 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: CHICAGO, ILLINOIS

MARITAL STATUS: MARRIED
SPOUSE: VIRGINIA ROSE MIKKOLA

OCCUPATION: ENGINEER
INDUSTRY: AEROSPACE
EDUCATION: MASTER'S DEGREE
US ARMED FORCES? YES

INFORMANT: VIRGINIA KLOCKZIEN
RELATIONSHIP: WIFE
ADDRESS: 4501 FIDALGO BAY ROAD #1003, ANACORTES, WA 98221

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 4501 FIDALGO BAY ROAD #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: GEORGE ANTHONY KLOCKZEIN
MOTHER/PARENT: ESTHER MARIE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY
CITY, STATE, ZIP: ANACORTES, WA
DISPOSITION DATE: MARCH 11, 2016

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

- CAUSE OF DEATH:
- A. ATHEROSCLEROTIC CARDIOVASCULAR DISEASE
INTERVAL: YEARS
 - B. DEGENERATIVE JOINT DISEASE
INTERVAL: YEARS
 - C. GASTROPARESIS
INTERVAL: MONTHS
 - D.
INTERVAL:

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:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

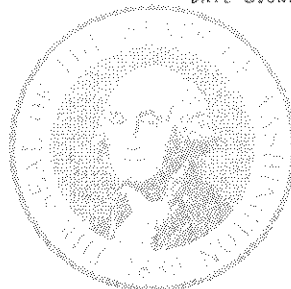
NUMBER(S): NONE
DATE(S): NONE

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: CLAUDE LES CONWAY, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1213 24TH STREET, SUITE 100
CITY, STATE, ZIP: ANACORTES WA 98221
DATE SIGNED: MARCH 10, 2016

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA #153
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: MARCH 10, 2016



Affidavit for Correction

Mar 10 Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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

STATE OFFICE USE ONLY

State (see notes)	File Number	Index	Date
			Affidavit Number

Required	Required information must match current information on record					
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)					
	1 Name on Birth		2 Date of Event		3 Place of Event	
	4 Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) 5 Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)					
6 Name of Person Requesting Correction		Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parents <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)				
7 Return Mailing Address						
Telephone Number			Email Address			

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

The record now shows:	The true fact is:
8	9
10	11
12	13
14	15

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

16a Signature _____ (If Signature of 2 (parent if required))

Printed name _____ Date _____ Printed name _____ Date _____

INSTRUCTIONS go to _____ for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth Affidavit (overseas only)
- Military records (DD 214)
- School transcripts
- Social Security Numident Report
- Certificate of marriage
- Hospital medical record
- Census
- Green/Permanent Resident card (I-951)

Birth Certificates

- Only a parent or legal guardian of the child is under 18 or the named individual (if 18 or older) may change the birth certificate
- The proof(s) must match the asserted facts. For example, if the affidavit says the infant should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe
- Doc. (documentary) proof must be two or more years old or established within five years of birth

Child under 18

- If legal guardian (if under 18) or legal guardian (over 18) is providing guardianship
- Up to age one, last name can be changed once to either parents' name or mother's name on any combination of the first, middle or last names
- After age one, a court order is required to change the last name
- No proof is required to change the first or middle name
- To correct parent's information, one documentary proof is required
- To correct the sex of child, two or more documentary proofs from a medical provider is required

Adult (18 years or older)

- Only the adult will change his or her birth certificate
- If the first or middle name is missing, three pieces of documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, sex of birth, or name, one documentary proof is required

For the legal part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, you must obtain a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates


- Only the informant, the funeral director, or examiner/administrators of available confirming such positions presented to change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order. If someone other than the informant is requesting the change
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner

Marriage/Dissolution (Divorce) Certificates

- Personal data (except the legal change of name, date or place of birth or residence) may be changed by the person with one piece of documentary proof
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

CERTIFIED

MAR 10 2010


 Heather Anderson
 State County Public Health Department
 Olympia, WA

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