



201708160011

Skagit County Auditor

8/16/2017 Page

1 of

\$36.00

3 11:18AM

Return Address:

Geoff Garrett PLLC
11820 Northup Way Ste. E200
Bellevue, WA 98005

Please print or type information **WASHINGTON STATE RECORDER'S Cover Sheet** (RCW 65.04)

Document Title(s) (or transactions contained therein): (all areas applicable to your document **must** be filled in)
1. Death Certificate 2. _____
3. _____ 4. _____

Reference Number(s) of Documents assigned or released:
Additional reference #'s on page _____ of document

Grantor(s) Exactly as name(s) appear on document
1. Lewis, Vernon C, deceased
2. _____
Additional names on page _____ of document

Grantee(s) Exactly as name(s) appear on document
1. PUBLIC
2. _____
Additional names on page _____ of document

Legal description (abbreviated: i.e. lot, block, plat or section, township, range)
Spinks Add. to Anacortes Lot
Additional legal is on page _____ of document.

Assessor's Property Tax Parcel/Account Number assigned 3832-000-007-0001 Assessor Tax # not yet

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

"I am signing below and paying an additional \$50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."
Signature of Requesting Party

Note to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements

ORIGINAL

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-037035

DATE ISSUED: 09/14/2016

FEE NUMBER: 000000029

GIVEN NAMES: VERNON CHARLES
LAST NAME: LEWIS

COUNTY OF DEATH: KING
DATE OF DEATH: SEPTEMBER 03, 2016
HOUR OF DEATH: 07:00 P.M.
SEX: MALE
AGE: 84 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: ANACORTES, SKAGIT CNTY, WASHINGTON

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: SUPERINTENDENT
INDUSTRY: INDUSTRIAL CONSTRUCTION
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES? NO

INFORMANT: VERNON H. LEWIS
RELATIONSHIP: SON
ADDRESS: 22367 NE 6TH CT., SAMMAMISH, WA 98074

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: 212 -153RD PLACE SE
CITY, STATE, ZIP: BELLEVUE, WASHINGTON 98007

RESIDENCE STREET: 610 LONGVIEW AVENUE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 28 YEARS

FATHER/PARENT: HENRY LEWIS
MOTHER/PARENT:

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: GRAND VIEW CEMETERY
CITY, STATE: ANACORTES, WA
DISPOSITION DATE: SEPTEMBER 15, 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. BILATERAL PNEUMONIA
INTERVAL: DAYS

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE

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

LOCATION OF INJURY:

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

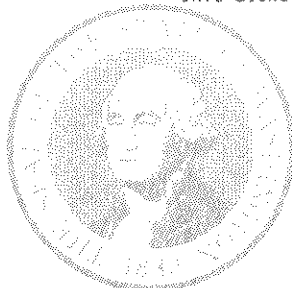
MANNER OF DEATH: NATURAL
AUTOPSY: YES
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? YES
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: NORMAN THIERSCH MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 3527 NW 60TH ST
CITY, STATE, ZIP: SEATTLE WA 98107
DATE SIGNED: SEPTEMBER 09, 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: NOT APPLICABLE
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
RUTH ROBERSON
DATE RECEIVED: SEPTEMBER 14, 2016

Affidavit for Correction

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

STATE OFFICE USE ONLY

Form 3600-01-0001 (Rev. 12/15)

Request	Required information must match current information on record				
	Residence	Birth	Death	Marriage	Dissolution (Divorce)
1. Name					
4. Father's name					4. Affidavit required
8. Family name					8. Affidavit required

7. Return Affidavit to: Registrar Health Officer

8. Proposed Effective Date: _____

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

1. The record shows _____ The correct entry is _____

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

INSTRUCTIONS

This is a sworn statement. Statements made on this form cannot be used as proof.

- Request:
 - 1. Name
 - 2. Birth
 - 3. Death
- Birth Certificates:
 - 1. Date of birth
 - 2. The parents' names (M, A, P, A, S, I, D)
 - 3. Date of birth
- Child List:
 - 1. Name
 - 2. Date of birth
 - 3. Date of death
 - 4. Date of marriage
 - 5. Date of divorce
 - 6. Date of remarriage
- Death Certificates:
 - 1. Name
 - 2. Date of birth
 - 3. Date of death
 - 4. Cause of death
 - 5. Date of marriage
- Marriage Dissolution (Divorce) Certificates:
 - 1. Date of marriage
 - 2. Date of divorce

CERTIFIED

SEP 14 2016

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

6600095459