

WHEN RECORDED RETURN TO:

COPY

02-174405-OE, 02-174405-OE Land Title and Escrow

DOCUMENT TITLE(S):
Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
STATE OF WASHINGTON

GRANTEE:
CAROL FERN SPRY

ABBREVIATED LEGAL DESCRIPTION:
Lots 4, 5 & 6, Blk 4, J M Moores Add. To Anacortes.

TAX PARCEL NUMBER(S):
3804-004-006-0008, P57916

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number: **515-08** Washington State Certificate of Death State File Number: **8 59560**

1. Legal Name (include initials) First: **Carol Fern** Middle: **SPRY** LAST: **SPRY** Suffix: _____ 2. Death Date: **Jun 26, 2008**

3. Sex (M/F): **F** 4a. Age - Use Birthdate: **59** 4b. Under 1 Year: _____ 4c. Under 1 Day: _____ 5. Social Security Number: _____ 6. County of Death: **Skagit**

7. Birthdate: _____ 8a. Birthplace (City, Town, or County): **Anacortes** 8b. (State or Foreign Country): **Washington** 9. Education & Occupation: **High School Graduate**

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 5th St.) (Include Apt. No.): **1217 - 32nd Street** 13b. City or Town: **Anacortes**

13c. Residence County: **Skagit** 13d. Tribal Reservation Name (if applicable): _____ 13e. State or Foreign Country: **Washington** 13f. Zip Code + 4: **98221** 13g. Inside City Limits? Yes No Unk

14. Estimated length of time at residence: **35 years** 15. Marital Status at Time of Death: **Married** 16. Surviving Spouse's Name (Give name prior to first marriage): **Gary Lee Spry**

17. Usual Occupation (Indicate type of work done during most of working life. Do not use RETIRED): **Waitress** 18. Kind of Business/Industry (Do not use Company Name): **Restaurant**

19. Father's Name (First, Middle, Last, Suffix): **Jack W. Santoford** 20. Mother's Name Before First Marriage (First, Middle, Last): **June L.**

21. Informant's Name: **Gary Spry** 22. Relationship to Decedent: **Husband** 23. Mailing Address: Number and Street: **1217 - 32nd Street** City or Town: **Anacortes** State: **WA** Zip: **98221**

24. Place of Death, if Death Occurred in a Hospital: _____ Place of Death, if Death Occurred Somewhere Other than a Hospital: **Decedent's Residence**

25. Facility Name (if not a facility, give number & street or location): **1217 - 32nd Street** 25a. City/Town or Location of Death: **Anacortes** 25b. State: **WA** 27. Zip Code: **98221**

26. Method of Disposition: **Cremation** 29. Place of Final Disposition (Name of cemetery, crematory, other place): **Northwest Crematory** 30. Location-City/Town, and State: **Anacortes, Washington**

31. Name and Complete Address of Funeral Facility: **Evans Funeral Chapel & Crematory, Inc. 1105 32nd St. Anacortes, WA 98221-** 32. Date of Disposition: **Jun 27, 2008**

33. Funeral Director Signature: **Renard A. Hele**

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → **a. Respiratory Arrest** Interval between Onset & Death: **1 hour**

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. Lung Cancer** Due to (or as a consequence of): **2 months**

c. Cigarette Smoking Due to (or as a consequence of): **Unknown**

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: **Cigarette Smoke**

36. Autopsy? Yes No 37. Were autopsy findings available to corroborate the Cause of Death? Yes No

38. Manner of Death: Natural Homicide Undetermined Accident Suicide Pending 39. If female: Not pregnant within past year Not pregnant, but pregnant within 42 days before death Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year 40. Did tobacco use contribute to death? Yes Probably No Unknown

41. Date of Injury (if applicable): _____ 42. Hour of Injury (24hrs): _____ 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area): _____ 44. Injury at Work? Yes No Unk

45. Location of Injury: Number & Street: _____ City or Town: _____ County: _____ State: _____ Zip Code: _____

46. Describe how injury occurred: _____ 47. If transportation injury, specify: Driver/Operator Pedestrian Passenger Other (Specify): _____

48a. Certifying Physician (To certify death, a physician, medical examiner, or coroner must sign this certificate): **Andrew Alexander** 48b. Medical Examiner/Coroner - On this form, if a transportation death investigation, or any other investigation occurred to the fatal incident, indicate if the cause for and manner of death is: X

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): **Andrew Alexander, M.D., 2511 N Avenue, Suite B, Anacortes, WA 98221** 50. Hour of Death (24hrs): **07:10 AM**

51. Name and Title of Attending Physician (if other than Certifier (Type or Print): _____ 52. Date Signed (month/day/year): **June 26, 2008**

53. Title of Certifier: **MD** 54. License Number: **MD00048981** 55. ME/Coroner File Number: **NJA # 292** 56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature: **Connee Anderson, Deputy** 58. Date Received (month/day/year): **JUN 26 2008**

59. Amendments: _____