

**WHEN RECORDED RETURN TO:**

Name: PATRICIA LOVE  
Address: 16170 TANEA DR  
RENO, NV 89511

LAND TITLE AND ESCROW  
01-179450-S

Escrow Number: 776644RT  
Filed for Record at Request of: Rainier Title LLC

<p><b>DOCUMENT TITLE(S)</b></p> <p><b>DEATH CERTIFICATE</b></p> <p><b>REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:</b></p> <p>N/A</p> <p><b>GRANTOR(S):</b></p> <p><b>WASHINGTON STATE DEPARTMENT OF HEALTH</b></p> <p><b>GRANTEE(S):</b></p> <p><b>HENRY KING LOVE</b></p> <p><b>ABBREVIATED LEGAL DESCRIPTION:</b></p> <p>Ptn Lots 6 &amp; 7, Blk 11, Calhoun Add. To LaConner</p> <p><b>TAX PARCEL NUMBER(S):</b></p> <p><b>P102680 / 4124-011-007-0201</b></p>
--

STATE OF WASHINGTON DEPARTMENT OF HEALTH

7/9/2006 12:27 PM

Local File Number 562-06 Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First Middle LAST Suffix: **Henry King LOVE** 2. Death Date: **Jul 2, 2006**

3. Sex (M/F): **M** 4a. Age - Last Birthday: **80** 4b. Under 1 Year: Months Days 4c. Under 1 Day: Hours Minutes 5. Social Security Number: **98257-** 6. County of Death: **Skagit**

7. Birthdate: **Seattle** 8a. Birthplace (City, Town, or County): **Washington** 8b. (State or Foreign Country) 9. Decedent's Education: **Bachelor of Arts**

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? **Yes**

13a. Residence: Number and Street (e.g. 524 SE 5<sup>th</sup> St.) (Include Apt. No.): **205 N 5th Street** 13b. City or Town: **La Conner**

13c. Residence: County: **Skagit** 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country: **Washington** 13f. Zip Code + 4: **98257-** 13g. Inside City Limits?  Yes  No  Unk

14. Estimated length of time at residence: **6 years** 15. Marital Status at Time of Death: **Married** 16. Surviving Spouse's Name (Give name prior to first marriage): **Patricia Adele McEniry**

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) **Owner/Vice President** 18. Kind of Business/Industry (Do not use Company Name): **Commercial Kitchen Manufacturing**

19. Father's Name (First, Middle, Last Suffix): **Henry King Love III** 20. Mother's Name Before First Marriage (First, Middle, Last): **Marjoria**

21. Informant's Name: **Patricia** 22. Relationship to Decedent: **Wife** 23. Mailing Address (Number and Street & P.O. Box, City, Town, State, Zip): **PO Box 491 La Conner WA 98257-**

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

25. Facility Name (if not a facility, give number & street or location): **205 N 5th Street** 26a. City, Town, or Location of Death: **La Conner** 26b. State: **WA** 27. Zip Code: **98257-**

28. 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: **July 6, 2006**

33. Funeral Director Signature: *Joseph J. Wahram*

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. **metastatic pancreatic cancer** Interval between Onset & Death: **6 mo**

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. Due to (or as a consequence of) Interval between Onset & Death:

c. Due to (or as a consequence of) Interval between Onset & Death:

d. Due to (or as a consequence of) Interval between Onset & Death:

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

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

38. Manner of Death:  Natural  Homicide  Accident  Undetermined  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: **7/1/06** 42. Hour of Injury (24hrs): **12:00** 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 + 4:**

46. Describe how injury occurred

47. If transportation injury, specify:  Driver/Operator  Pedestrian  Passenger  Other (Specify)

48a. Certifying Physician (Type of physician, medical examiner or coroner): **Robert Raish** 48b. Medical Examiner/Coroner (Type of physician, medical examiner or coroner): **Robert Raish**

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): **Robert Raish M.D. 1415 E. Kincaid, Mount Vernon, WA 98274** 50. Hour of Death (24hrs): **08:55 AM**

51. Name and Title of Attending Physician (if other than Certifier) (Type or Print): 52. Date Signed (month/day/year): **07/05/2006**

53. Title of Certifier: **M. D.** 54. License Number: **MD00026289** 55. ME/Coroner File Number: **NJA #197** 56. Was case referred to ME/Coroner?  Yes  No

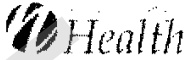
57. Registrar Signature: *Courcie Anderson, Deputee* 58. Date Received (month/day/year): **JUL - 5 2006**

59. Amendments



DOHCHS 001 Rev. 2006-2004

DOI101-003 (5-99)



### Affidavit for Correction

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

#### STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
-------------------	------------	----------	------	------------------

Use the section below for requesting any changes on the record.

Record Type:  Birth  Death  Marriage  Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)		5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)

The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as:  Self  Parent  Guardian Informant  Funeral Director  Other (Specify) Telephone Number:

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

15. Signature: 16. Date: 17. Address:

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

**All changes must be established by documentary proof submitted with the affidavit**

Examples include documentary proof:	Certificate of Naturalization	Marital Record	School Record
	Hospital Records	Military Record (DD-4)	Voter's Registration Card (if it bears an effective date)
	Insurance Records	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Records	Passport	

**Birth Certificates:**

- Only a parent, legal guardian of the child (under 18) or the child themselves (if 17 or older) may change the birth certificate.
- The proof submitted must match exactly the asserted facts. For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe, Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of item.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided there is a one-time only change. Subsequent changes will require a certified copy of a court-ordered name change. The new last name may be the mother's maiden name or father's name, if present on the certificate) or any combination of the two. After age one, last name changes require a certified copy of a court-ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Father(s) may change their child's first or middle name by completing and signing an affidavit for a practice, until their child's 18th birthday.
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH CHS 021)

**Death Certificates:**

- Only the informant, the funeral director, or executor/administrator (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the county health department or the physician/medical examiner.
- If less than sixty days from date of death please contact the county health department where the death occurred to make changes.

**Marriage/Dissolution/Divorce Certificates:**

- Personal facts (minor spelling changes in name, date of date of birth) and date may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution of the affidavit must be signed by the official who performed the ceremony. The official must sign the affidavit.

# \*CERTIFIED\*

JUL 06 2006

*Howard Leibrand*

NN00933402

Skagit County Public Health Department  
Howard Leibrand M.D., Health Officer