

WHEN RECORDED RETURN TO:

Land Title and Escrow Company
3010 Commercial Avenue
Anacortes, WA 98221

202936-LT, Land Title and Escrow

DOCUMENT TITLE(S):

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

CECIL WEYRICH

ABBREVIATED LEGAL DESCRIPTION:

Lot 23 & Ptn Lot 24, Blk 1, Hensler's 2nd Add to Anacortes

TAX PARCEL NUMBER(S):

3795-001-025-0102/P57384

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Health

CERTIFICATE OF DEATH

477-03 LOCAL FILE NUMBER 146 STATE FILE NUMBER

1. NAME First: Cecil Middle: Henry Last: Weyrich		2. SEX (M/F): M	3. DEATH DATE (Mo, Day, Yr): Jun 3, 2003
4. AGE LAST BIRTH DAY (Yr): 95	5. UNDER 1 YEAR: MOB 6. UNDER 1 DAY: EDGES 7. BIRTH DATE (Mo, Day, Yr): 1908	8. BIRTHPLACE (City, State or Foreign Country): Bayview, WA	9. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes/No): No
11. CITY, TOWN OR LOCATION OF DEATH: Anacortes		10. COUNTY OF DEATH: Skagit	
12. PLACE OF DEATH - BUILDING OR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME (If home, 2. If hospital, 3. If nursing home, 4. If hospice, 5. If other place): 2023 N Avenue		13. SUCCEEDING IN LAST 15 YEARS? (Yes/No): No	
14. MARITAL STATUS - Married, Never married, Widowed, Divorced (Specify): Widowed		15. SURVIVING SPOUSE (If wife, give maiden name):	16. SOCIAL SECURITY NO.:
17. DECEDENT'S EDUCATION (Specify only highest grade completed): 12		18. DECEDENT'S OCCUPATION (Give kind of work done during most of working life, DO NOT USE RETIRED): Ferry Captain	
19. KIND OF BUSINESS OR INDUSTRY: Transportation		20. Was Decedent of Hispanic origin or descent? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.): No	
21. RACE (Specify): White		22. RESIDENCE - NUMBER AND STREET: 2023 N Avenue	
23. CITY/TOWN OR LOCATION: Anacortes		24. MIDDLE CITY (If Yes/No): Yes	25. COUNTY: Skagit
26. STATE: WA		27. ZIP CODE: 98221	28. LENGTH OF RES. IN CO.:
29. FATHER'S NAME - FIRST, MIDDLE, LAST: Henry (nmn) Weyrich		30. MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME: Maude Anna	
31. INFORMANT - NAME: Richard A. Weyrich		32. MAILING ADDRESS - STREET OR RFD NO., CITY OR TOWN, STATE, ZIP: P.O. Box 337, Mount Vernon, WA 98273	
33. BURIAL CREATION (Specify, Other (Specify)): Burial		34. DATE (Mo, Day, Yr): Jun 9, 2003	35. CEMETERY/CREMATORY - NAME: Grand View Cemetery
36. FUNERAL HOME OR SIGNATURE: Evans Funeral Chapel		37. ADDRESS OF FACILITY: 1105 32nd Street Anacortes, WA 98221	
38. SIGNATURE OF CERTIFYING PHYSICIAN: <i>Mark S. Backman MD</i>		39. SIGNATURE AND TITLE OF MEDICAL EXAMINER OR CORONER: <i>Mark S. Backman MD</i>	
40. DATE SIGNED (Mo, Day, Yr): 6-6-03		41. HOUR OF DEATH (24 Hrs.): 11:45 AM	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Mark S. Backman M.D. 1213 24th Street, Suite 100, Anacortes, WA 98221		43. PRONOUNCED DEAD (Mo, Day, Yr):	
44. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Mark S. Backman M.D. 1213 24th Street, Suite 100, Anacortes, WA 98221		45. HOUR OF DEATH (24 Hrs.):	
46. MEDICORNER FILE NUMBER: NJA# 154		47. HOURS PRONOUNCED DEAD (24 Hrs.):	
80. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:			
IMMEDIATE CAUSE (Final disease or condition resulting in death): Pneumonia		INTERVAL BETWEEN ONSET AND DEATH: days	
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE, LIST ONLY ONE CAUSE ON EACH LINE. Separately list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which included events leading to death) LAST.		DUE TO, OR AS A CONSEQUENCE OF: Recurrent Aspiration	
		INTERVAL BETWEEN ONSET AND DEATH: one year	
		DUE TO, OR AS A CONSEQUENCE OF:	
		INTERVAL BETWEEN ONSET AND DEATH:	
51. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE ONE ABOVE: Diabetes, Prostate Cancer, Colon Cancer		52. AUTOPSY? (Yes/No): No	
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No): Yes		54. ACC. SUICIDE NOM. (LMB) OR PENDING INQUIRY (24 Hrs.):	
55. INJURY DATE (Mo, Day, Yr):		56. HOUR OF INJURY (24 Hrs.):	
57. DESCRIBE HOW INJURY OCCURRED:		58. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE (Blood, Etc. Specify):	
59. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE:		60. RECORD AMENDMENT (Problem with copy? Item, Date Reviewed by):	
61. SIGNATURE: x Dorothy Epps, deputy		62. DATE RECEIVED (Mo, Day, Yr): June 6, 2003	



Affidavit for Correction

San Joaquin County Health Department
1000 N. Street
Stockton, CA 95210
(209) 946-2000

This is a legal document. Do not file with any court or other
agency without the proper instructions.

Use the sections below for making any changes to the return.

Personal Information: Name, Address, City, State, Zip, Telephone, Social Security Number, Date of Birth, Sex, Marital Status, Race, Ethnicity, Religion, Occupation, Education, and other identifying information.

Declaration: I declare under penalty of perjury that the information provided is true and correct to the best of my knowledge and belief.

Signature and Notarization: Signature of the declarant, Notary Public name and commission number, and the date of signing.

Witness Information: Name and address of a witness who observed the signing of the affidavit.

Declaration of Accuracy: A statement affirming that the information provided is true and correct to the best of the declarant's knowledge.

Declaration of Understanding: A statement affirming that the declarant understands the contents of the affidavit and the consequences of providing false information.

Declaration of Truthfulness: A statement affirming that the declarant has not provided any false or misleading information.

Declaration of Intent: A statement affirming that the declarant intends to provide accurate information.

CERTIFIED

JUN 09 2003

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

KK00018291

