

WHEN RECORDED RETURN TO:

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

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 09/30/2022

207244-LT, Land Title and Escrow

**DOCUMENT TITLE(S):
Death Certificate**

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

**GRANTOR:
STATE OF WASHINGTON**

**GRANTEE:
EARL DONOVAN COOLEY**

**ABBREVIATED LEGAL DESCRIPTION:
Lots 15-20, Blk 12, Kellogg & Ford's Add. to Anacortes**

**TAX PARCEL NUMBER(S):
3800-012-020-0007/P57758**

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number USD-11		Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any): First Middle LAST Earl Dorman Cooley Sr.					2. Death Date Aug 10, 2011		
3. Sex (M/F) M	4a. Age - Last Birthday 87	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number		6. County of Death Skagit	
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Glenora		8b. (State or Foreign Country) Louisiana		8. Decedent's Education High School Graduate		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify				11. Decedent's Race(s) Caucasian		12. Was Decedent ever in U.S. Armed Forces? Yes	
13a. Residence: Number and Street (e.g. 624 SE 5 th St.) (Include Apt. No.) 2120 - 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 60 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Nancy Ann Stineff			
17. Usual Occupation (Indicate type of work done during most of working life. (Do not use retires)) Owner/Operator				18. Kind of Business/Industry (Do not use Company Name) Plumbing/Pipe Fitting			
19. Father's Name (First, Middle, Last, Suffix) Iutress (UNK) Cooley				20. Mother's Name (First, Middle, Last) Bertha			
21. Informant's Name Nancy Ann Cooley		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No 2120 - 32nd Street		City or Town Anacortes	State WA
24. Place of Death, if Death Occurred in a Hospital:		Place of Death, if Death Occurred Somewhere Other than a Hospital Residence					
25. Facility Name (If not a facility, give number & street or location) 2120 - 32nd Street				26a. City, Town, or Location of Death Anacortes		26b. State WA	27. Zip Code 98221
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Fernhill Cemetery				30. Location: City/Town, and State Anacortes, Washington	
31. Name and Complete Address of Funeral Facility Evans Funeral Chapel & Crematory, Inc. 1105 32nd Street Anacortes Washington 98221						32. Date of Disposition Aug 13, 2011	
33. Funeral Director Signature X <i>Janice Thelion</i>							
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. unexpected natural causes Interval between Onset & Death: 1 day Due to (or as a consequence of): 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): c. Due to (or as a consequence of): d.							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Severe Aortic Stenosis ASCAD COPD DM type II						36. Autopsy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		41. Date of Injury (mm/yyyy)	
42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
45. Location of Injury: Number & Street City or Town: _____ County: _____ State: _____ Zip Code + 4: _____						47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) _____	
46. Describe how injury occurred				48. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. Oliver L. Stalsbrot M.D.			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Oliver L. Stalsbrot, M.D. 2511 M Avenue, Suite B Anacortes, WA 98221				50. Hour of Death (24hrs) 1043		51. Name and Title of Attending Physician if other than Certifier (Type or Print)	
53. Title of Certifier Dr.				54. License Number MD00018028		55. ME/Coroner File Number NJA #422	56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature <i>Debra Payne</i>						58. Date Received (mm/yyyy) AUG 12 2011	
59. Amendments							



DOH/CHS 003 Rev 07/06/07

DOH 003 (8/10)

