

**When Recorded-Return To:**  
**Skagit Law Group, PLLC**  
**P. O. Box 336**  
**Mount Vernon, WA 98273**

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Kaylee Oudman  
DATE 02/12/2024

**DOCUMENT TITLE(s):** *(or transactions contained therein)*

**DEATH CERTIFICATE**

**GRANTOR(s):** *(last name, first name and initials)*

**STATE OF CALIFORNIA**

*Additional names on page \_\_\_\_\_ of document*

**GRANTEE(s):** *(Last name, first name and initials)*

**JEDLICKA, BRIAN RANDALL**

*Additional names on page \_\_\_\_\_ of document*

**ABBREVIATED LEGAL DESCRIPTION:** (i.e., lot, block, plat or quarter, quarter, section, township and range):

LOTS 12, 13, 14 AND 15, BLOCK 42, MAP OF THE CITY OF ANACORTES, AS PER PLAT RECORDED IN VOLUME 2 OF PLATS, PAGE 4, RECORDS OF SKAGIT COUNTY, WASHINGTON. TOGETHER WITH THAT PORTION OF THE VACATED ALLEY AS WOULD ATTACH BY THE OPERATION OF LAW.

*Additional legal on page \_\_\_\_\_ of document*

**ASSESSOR'S PARCEL/TAX I.D. NUMBER:** P55122

**REFERENCE NUMBER(s) OF DOCUMENTS ASSIGNED OR RELEASED:**

*Additional reference numbers on page \_\_\_\_\_ of document*

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF RIVERSIDE**  
**RIVERSIDE, CALIFORNIA**

3052021172766

**CERTIFICATE OF DEATH**

3202133011435

1. NAME OF DECEDENT-- FIRST (Given) <b>BRIAN</b>		2. MIDDLE <b>RANDALL</b>		3. LAST (Family) <b>JEDLIKA</b>	
4. DATE OF BIRTH mm/dd/yyyy <b>74</b>				6. AGE Yrs. <b>74</b>	
5. AKA, ALSO KNOWN AS-- Include full AKA (FIRST, MIDDLE, LAST)		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP (at Time of Death) <b>MARRIED</b>	
8. BIRTH STATE/FOREIGN COUNTRY <b>WA</b>		10. SOCIAL SECURITY NUMBER [REDACTED]		7. DATE OF DEATH mm/dd/yyyy <b>07/01/2021</b>	
13. EDUCATION-- Highest Level (Degree) (see worksheet on back) <b>BACHELOR</b>		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>SOCIAL WORKER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>STATE GOVERNMENT</b>		19. YEARS IN OCCUPATION <b>10</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>39274 CAMINO PISCINA</b>					
21. CITY <b>INDIO</b>		22. COUNTY/PROVINCE <b>RIVERSIDE</b>		23. ZIP CODE <b>92203</b>	
24. YEARS IN COUNTY <b>2</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>PAMELA J. JEDLIKA, DAUGHTER</b>			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>39274 CAMINO PISCINA, INDIO, CA 92203</b>		
28. NAME OF SURVIVING SPOUSE/SRDP--FIRST <b>PAMELA</b>		29. MIDDLE <b>JO</b>		30. LAST (BIRTH NAME) <b>KIRKEVOLD</b>	
31. NAME OF FATHER/PARENT--FIRST <b>JOHN</b>		32. MIDDLE <b>DAY</b>		33. LAST <b>DONLEY</b>	
34. BIRTH STATE <b>WA</b>		35. NAME OF MOTHER/PARENT--FIRST <b>MILDRED</b>		36. MIDDLE [REDACTED]	
37. LAST (BIRTH NAME) [REDACTED]		38. BIRTH STATE <b>WA</b>			
39. DISPOSITION DATE mm/dd/yyyy <b>07/09/2021</b>		40. PLACE OF FINAL DISPOSITION <b>RES: PAMELA J. JEDLIKA 39274 CAMINO PISCINA, INDIO, CA 92203</b>			
41. TYPE OF DISPOSITION(S) <b>CR/RES</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT <b>TRIDENT SOCIETY</b>		45. LICENSE NUMBER <b>FD1902</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>GEOFFREY LEUNG, M.D., ED. M.</b>	
47. DATE mm/dd/yyyy <b>07/09/2021</b>					
101. PLACE OF DEATH <b>RESIDENCE</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> OCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY <b>RIVERSIDE</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>39274 CAMINO PISCINA</b>		109. CITY <b>INDIO</b>	
107. CAUSE OF DEATH Enter the chain of events -- Diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. <b>(A) ATHEROSCLEROTIC CARDIOVASCULAR DISEASE</b>		108. TIME INTERVAL BETWEEN (Date and Death) <b>YRS 2021-07-318</b>		109. DEATH REFERRED TO CORONER? (07) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
109. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>(B) [REDACTED]</b>		110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>HYPERTENSION</b>		113. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: [REDACTED] Decedent Last Seen Alive: [REDACTED]		115. SIGNATURE AND TITLE OF CERTIFIER <b>[REDACTED]</b>		116. LICENSE NUMBER [REDACTED]	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>[REDACTED]</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>[REDACTED]</b>			
119. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy [REDACTED]	
122. HOUR (24 Hours) [REDACTED]		122. HOUR (24 Hours) [REDACTED]			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) [REDACTED]					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) [REDACTED]					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip) [REDACTED]					
126. SIGNATURE OF CORONER / DEPUTY CORONER <b>STEPHANIE ANDERSON</b>		127. DATE mm/dd/yyyy <b>07/08/2021</b>		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>STEPHANIE ANDERSON, DEP CORONER</b>	
STATE REGISTRAR		A B C D E		FAX AUTH/L FAX AUTH/L CENSUS TRACT	

**CERTIFIED COPY OF VITAL RECORD**

STATE OF CALIFORNIA }  
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file by the Riverside University Health System, Department of Public Health.



DATE ISSUED **Aug 4, 2021** 1/2

Dr. Cameron Kaiser, M.D., County Health Officer  
RIVERSIDE COUNTY, CALIFORNIA

This copy is not valid unless prepared on an engraved border, displaying the date, seal, and signature of the Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052021172766

AFFIDAVIT TO AMEND A RECORD
NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

3202133011435

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

1.1 BIRTH [X] DEATH [ ] FETAL DEATH [ ]

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

Form with fields: 1A. NAME-FIRST (BRIAN), 1B. MIDDLE (RANDALL), 1C. LAST (JEDLIČKA), 2. SEX (M), 3. DATE OF EVENT (07/01/2021), 4. CITY OF EVENT (INDIO), 5. COUNTY OF EVENT (RIVERSIDE), 6. FULL NAME OF FATHER/PARENT (JOHN DAY DONLEY), 7. FULL NAME OF MOTHER/PARENT (MILDRED)

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

Table with 3 columns: 8. ITEM NUMBER TO BE CORRECTED (26), 9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD (PAMELA J. JEDLIČKA, DAUGHTER), 10. CORRECTED INFORMATION AS IT SHOULD APPEAR (PAMELA J. JEDLIČKA, SPOUSE)

REASON FOR CORRECTION: TO CORRECT #26

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

Affidavits and Signatures section with fields for 12A. SIGNATURE OF FIRST PERSON (CHRISTINA LOPEZ), 12B. PRINTED NAME (CHRISTINA LOPEZ), 12C. TITLE/RELATIONSHIP TO PERSON IN PART I (DEATH CERTIFICATE CLERK), 12D. ADDRESS (72-116 HIGHWAY 111 STE 1, RANCHO MIRAGE, CA 92270), 12E. DATE SIGNED (08/03/2021), 13A. SIGNATURE OF SECOND PERSON (YEIMI NUNEZ), 13B. PRINTED NAME (YEIMI NUNEZ), 13C. TITLE/RELATIONSHIP TO PERSON IN PART I (SUPERVISOR), 13D. ADDRESS (72-116 HIGHWAY 111 STE 1, RANCHO MIRAGE, CA 92270), 13E. DATE SIGNED (08/03/2021), 14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR (STATE REGISTRAR - OFFICE OF VITAL RECORDS), 15. DATE ACCEPTED FOR REGISTRATION (08/03/2021)

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS FORM VS 24e (REV. 1/08)

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