



3. That all the heirs at law and next of kin of the decedent that were living at the time decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:
- (a) a spouse or registered domestic partner, and
  - (b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of decedent).

[Use the reverse side or attaching a list if necessary]

Name & relationship Angelita Uson Young, surviving spouse

Name & relationship \_\_\_\_\_

Name & relationship \_\_\_\_\_

Name & relationship \_\_\_\_\_

**Description of the Property**

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

[INSERT either complete legal description, or refer to attachment for full legal description]

Parcel No.: P103786

**5. Status of the Will (if any)**

- The decedent left a Will that devises real property.
- The decedent left no Will that devises real property.

DATED: 3-22, 20 24

Angelita H. Young  
(Signature)

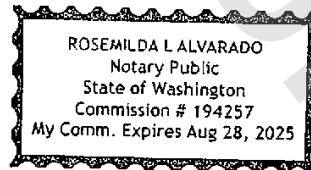
ANGELITA H. YOUNG  
(Print or type full name)

1320 N Fruitdale Rd Sedro Woolley, Wa. 860 755-6987  
(Full address and telephone number)

State of WA  
County of Skagit

SUBSCRIBED and SWORN TO before me this 22 day of March, 20 24  
by Angelita H. Young, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Rosalba  
Notary Public in and for the State of WA  
residing at Skagit



Local File Number

Washington State Certificate of Death

State File Number

1. Legal Name (Include AKAs if any): First Middle LAST Suffix <b>JOSEPH LLOYD YOUNG</b>				2. Death Date <b>July 4, 2009</b>	
3. Sex (M/F) <b>Male</b>	4a. Age - Last Birthday <b>73 Years</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	6. County of Death <b>Skagit</b>	
8a. Birthplace (City, Town, or County) <b>Van Horn</b>		8b. (State or Foreign Country) <b>Washington</b>		9. Decedent's Education <b>Some college, but no degree</b>	
11. Decedent's Race(s) <b>Caucasian</b>			12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>		
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>1320 Fruitdale Road</b>				13b. City or Town <b>Sedro-Woolley</b>	
13c. Residence: County <b>Skagit</b>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>Washington</b>	
13f. Zip Code + 4 <b>98284</b>		13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence: <b>13 Years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>Angelita Hilairo</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIREE)) <b>Laminator</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Boat Building</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Vernon Moore</b>			20. Mother's Name Before (First, Middle, Last) <b>Lola Margaret</b>		
21. Informant's Name <b>Angelita Young</b>		22. Relationship to Decedent <b>Spouse</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>1320 Fruitdale Rd., Sedro-Woolley, WA 98284</b>	
24. Place of Death, if Death Occurred in a Hospital: <b>Inpatient</b>			24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (If not a facility, give number & street or location) <b>Skagit Valley Hospital</b>			26a. City, Town, or Location of Death <b>Mt. Vernon</b>		26b. State <b>WA</b>
26c. Zip Code <b>98273</b>		27. Zip Code <b>98273</b>			
28. Method of Disposition <b>Burial</b>		28. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Saxon Cemetery</b>		29. Location-City/Town, and State <b>Acme, Washington</b>	
31. Name and Complete Address of Funeral Facility <b>Lemley Chapel, Inc., 1008 Third St., Sedro-Woolley, WA 98284</b>				32. Date of Disposition <b>July 8, 2009</b>	
33. Funeral Director Signature X 					
34. Cause of Death (See instructions and examples) 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. <b>RESPIRATORY FAILURE</b> Interval between Onset & Death: <b>WEEKS</b> 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. <b>END STAGE EMPHYSEMA</b> Interval between Onset & Death: <b>MONTHS</b> Due to (or as a consequence of): c. <b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b> Interval between Onset & Death: <b>YEARS</b> Due to (or as a consequence of): d. 35. Other significant conditions contributing to death but not resulting in the underlying cause given above: <b>DIABETES</b>					
36. Autopsy? <input type="checkbox"/> Yes <input checked="" 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"/> Undetermined <input type="checkbox"/> Accident <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/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: Apt No. City or Town: County: State: Zip Code + 4:					
46. Describe how injury occurred				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place, and in the manner stated.			48b. Medical Examiner/Coroner - On the basis of forensic, clinical investigation, or by common death occurred at the time, date, and place, and due to the causes and manner stated.		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Aloysius Yinug, MD 2116 E. Section, Mt. Vernon, WA 98273</b>				50. Hour of Death (24hrs) <b>1728 Hours</b>	
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)				52. Date Signed (mm/dd/yyyy)	
53. Title of Certifier <b>Physician</b>		54. License Number		55. ME/Coroner File Number <b>NJA #342</b>	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				57. Registrar Signature X	
58. Date Received (mm/dd/yyyy)				59. Amendments	