



202411070024

11/07/2024 10:53 AM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2024 2848
NOV 07 2024

Amount Paid \$ 0
Skagit Co. Treasurer
By Deputy

LT

Document Title:

Death Certificate

Reference Number :

Grantor(s):

☐ additional grantor names on page ____.

1. State of Washington

2.

Grantee(s):

☐ additional grantee names on page ____.

1. LJUBICA SEPAROVICH

2.

Abbreviated legal description:

☐ full legal on page(s) ____.

LTS 3 & 4, BLK 164, MAP OF THE CITY OF ANACORTES

Assessor Parcel / Tax ID Number:

P56035

☐ additional tax parcel number(s) on page ____.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
999-11							
1. Legal Name (include AKA's if any) First Middle LAST		Ljubica (nmi) Separovich		2. Death Date		Jul 10, 2011	
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death		
MF	83	Months Days	Hours Minutes		Skagit		
7. Birthdate	8a. Birthplace (City, Town, or County)		8b. (State or Foreign Country)		9. Decedent's Education		
	Blato		Dalmatia		Grade 8 or less		
10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify.				11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces?	
No				Caucasian		No	
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)				13b. City or Town			
1807 - 7th Street				Anacortes			
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?	
Skagit				Washington	98221	☒ Yes ☐ No ☐ Unk	
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)			
35 Years		Married		Robert John Separovich			
17. Usual Occupation (Indicate type of work done during most of working life. (Do not use RETIRED))				18. Kind of Business/Industry (Do not use Company Name)			
Laborer				Seafood Industry			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Lovre (nmi) Damjanovic				Marija			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No.		City or Town	State
Karmen M. Separovich Hardy		Daughter		920 G Avenue		Anacortes	WA
24. Place of Death, if Death Occurred in a Hospital:		25. Facility Name (if not a facility, give number & street or location)		26a. City, Town, or Location of Death		26b. State	27. Zip Code
Decedent's Residence		1807 - 7th Street		Anacortes		WA	98221
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State			
Burial		Grand View Cemetery		Anacortes, Washington			
31. Name and Complete Address of Funeral Facility				32. Date of Disposition			
Evans Funeral Chapel & Crematory, Inc., 1105 32nd Street Anacortes Washington 98221				Jul 15, 2011			
33. Funeral Director Signature							
Joseph J. Williams							
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. Old age general decline							
Due to (or as a consequence of):							
b. Cerebral vascular disease							
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							
Atrial Fibrillation, Aneurysm							
36. Autopsy?		37. Were autopsy findings available to complete the Cause of Death?		38. Manner of Death		39. If female	
☐ Yes ☒ No		☐ Yes ☒ No		☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Pending		☒ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days before 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?		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)	
☐ Yes ☒ No							
44. Injury at Work?		45. Location of Injury: - Number & Street:		Apt. No.		City or Town:	
☐ Yes ☐ No ☐ Unk							
46. Describe how injury occurred		47. If transportation injury, specify:		48a. 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.		48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.	
		☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)		49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)		50. Hour of Death (24hrs)	
				Charles S. Blackadar, M.D. 2511 M Avenue, Suite B Anacortes, WA 98221		1502	
				51. Name and Title of Attending Physician if other than Certifier (Type or Print)		52. Date Signed (mm/dd/yyyy)	
						Jul 12, 2011	
53. Title of Certifier		54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner?	
Dr.		MD00037686		NJA #: 372		☒ Yes ☐ No	
57. Registrar Signature		58. Date Received (mm/dd/yyyy)		59. Amendments			
Dentys Pajon		JUL 13 2011					



DOH/CHS 003 Rev 07/03/07

DOH 01-003 (6/10)



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Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 236-4300

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
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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)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

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

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify):	Telephone Number:
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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:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order.

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

Examples of documentary proof: Certificate of Naturalization Medical Record School Transcripts
Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date)
Insurance Records Birth Record Alien Registration Card (front and back)
Marriage/Divorce Records Passport We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). 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 birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This 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.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- ~~This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOR/CHS-021)~~

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (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 certifying physician or the coroner/medical examiner.
- If it is 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 fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023a 6/11/10

CERTIFIED

JUL 14 2011

H. Leibrand

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

UU00451119