



202609090185

09/09/2026 01:43 PM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

File for record and return to:

Stiles & Lehr Inc., P.S.
P. O. Box 228
Sedro-Woolley, WA 98284

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2026.2947
SEP 09 2026

Amount Paid \$ ~~0~~
Skagit Co. Treasurer
By  Deputy

DOCUMENT TITLE:	Death Certificate
Reference Document:	Transfer on Death Deed -- #202511170047
Grantor(s):	Vicki J. Swan-Petrack
Grantee(s):	Katherine Church
Abbreviated legal:	LOT 1 OF SKAGIT COUNTY SHORT PLAT NUMBER PL01
Parcel / Tax ID Numbers:	P42706 / 350715-1-004-0108

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

DATE ISSUED: 07/28/2026
FEE NUMBER: 2715

CERTIFICATE NUMBER: 2026-036188

FIRST AND MIDDLE NAME(S): VICKI JOE
LAST NAME(S): SWAN-PETRICKCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: JULY 20, 2026 FOUND
HOUR OF DEATH: 07:12 AM
SEX: FEMALE AGE: 79 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE, NATIVE AMERICAN: LITTLE SHELL CHIPPEWABIRTH DATE: [REDACTED]
BIRTHPLACE: MUSSELSHELL, MONTANAMARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLEOCCUPATION: HOMEMAKER
INDUSTRY: HOME/PRIVATE HOUSEHOLD
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NOINFORMANT: KATHERINE MARGARET CHURCH
RELATIONSHIP: GOD DAUGHTER
ADDRESS: 342 GLORY VIEW LN, MANSON, WA 98831CAUSE OF DEATH:
A: SMALL CELL CANCER OF LUNG, RIGHT UPPER LOBE
INTERVAL: 2 YEARS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE
PULMONARY DISEASE, HYPERTENSION, CHRONIC PAIN, CHRONIC DIARRHEADATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 8344 EMMANUEL LN
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237RESIDENCE STREET: 8344 EMMANUEL LN
CITY, STATE, ZIP: CONCRETE, WA 98237
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARSFATHER: LEONARD JOSEPH SWAN
MOTHER: ELIZABETH [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CALL PLUS - KENTCITY, STATE: KENT, WASHINGTON
DISPOSITION DATE: JULY 28, 2026

FUNERAL FACILITY: AMERICAN MEMORIAL

ADDRESS: P O BOX 547
CITY, STATE, ZIP: RENTON, WASHINGTON 98057
FUNERAL DIRECTOR: STAN HARDINGMANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NOT APPLICABLECERTIFIER NAME: JONATHAN K. PLOUDRE, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 2116 EAST SECTION STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
DATE SIGNED: JULY 24, 2026CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: JULY 28, 2026

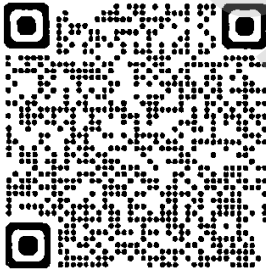
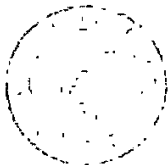
How do I change the information on my certificate?

The Washington State Department of Health can help. If there's a mistake on your certificate or you need to update information, you'll need to send us a request. An amendment request includes:

1. **An amendment request form**
2. **A copy of your photo ID**
3. **Documents that show the correct information**

For instructions and forms, go to: <https://doh.wa.gov/licenses-permits-and-certificates/vital-records/how-correct-record>.

If you have questions, email us at VitalRecordsCorrections@doh.wa.gov.



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of chapter 70.58A RCW.



Charlèe Harmon Reed, MS-HCM, Doula
DIRECTOR OF PUBLIC HEALTH

DO NOT DESTROY

CERTIFIED

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