

NOT AS OF CDS  
RECEIVED  
09/15/2025

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number **9014** Washington State Certificate of Death State File Number

1. Legal Name (Include AKA's if any) First Middle LAST Suffix  
**HELEN MARIE KENT**

2. Death Date  
**Sept. 15, 2010**

3. Sex (M/F)  
**Female**

4a. Age - Last Birthday  
**91**

4b. Under 1 Year  
Months Days

4c. Under 1 Day  
Hours Minutes

5. Social Security Number  
[REDACTED]

6. County of Death  
**King**

7. Birthdate  
**March 28, 1919**

8a. Birthplace (City, Town, or County)  
**Washington**

8b. (State or Foreign Country)

9. Decedent's Education  
**9th Grade**

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.  
**No**

11. Decedent's Race(s)  
**Caucasian**

12. Was Decedent ever in U.S. Armed Forces? **No**

13a. Residence: Number and Street (e.g., 624 SE 5<sup>th</sup> St.) (Include Apt. No.)  
**6081 E. Lake Sammamish Parkway NE**

13b. City or Town  
**Redmond**

13c. Residence: County  
**King**

13d. Tribal Reservation Name (if applicable)

13e. State or Foreign Country  
**Washington**

13f. Zip Code + 4  
**98052**

13g. Inside City Limits?  Yes  No  Unk...

14. Estimated length of time at residence.  
**30 Years**

15. Marital Status at Time of Death  
**Widowed**

16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).  
**Homemaker**

18. Kind of Business/Industry (Do not use Company Name)  
**Own Home**

19. Father's Name (First, Middle, Last, Suffix)  
**Otto Sundholm**

20. Mother's Name Before First Marriage (First, Middle, Last)  
**Hilda Nielson**

21. Informant's Name  
**Leon Charles Kent**

22. Relationship to Decedent  
**Son**

23. Mailing Address: Number and Street or RFD No. City or Town: State Zip  
**6081 E. Lake Sammamish Pkwy. NE Redmond, WA 98052**

24. Place of Death, if Death Occurred in a Hospital:  
**Inpatient**

24. Place of Death, if Death Occurred Somewhere Other than a Hospital:

25. Facility Name (If not a facility, give number & street or location)  
**Overlake Hospital**

26a. City, Town, or Location of Death  
**Bellevue**

26b. State  
**WA**

27. Zip Code

28. Method of Disposition  
**Burial**

29. Place of Final Disposition (Name of cemetery, crematory, other place)  
**Cedar Lawns Memorial Park**

30. Location-City/Town, and State  
**Redmond, WA**

31. Name and Complete Address of Funeral Facility  
**Cedar Lawn Funeral Home 7200 180th Ave NE Redmond, WA 98052**

32. Date of Disposition  
**September 24, 2010**

33. Funeral Director Signature X  
*[Signature]*

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) → **Cerebrovascular accident** 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

**atrial fibrillation** Interval between Onset & Death **unknown**

Due to (or as a consequence of):

**hypertension** Interval between Onset & Death **unknown**

Due to (or as a consequence of):

35. Other significant conditions contributing to death but not resulting in the underlying cause given above  
**hyperlipidemia, coronary artery disease**

36. Autopsy?  Yes  No

37. Were autopsy findings available to complete the Cause of Death?  Yes  No

38. Manner of Death  
 Natural  Homicide  
 Accident  Undetermined  
 Suicide  Pending

39. If female  
 Not pregnant within past year  Not pregnant, but pregnant within 42 days before death  
 Pregnant at time of 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?  
 Yes  Probably  
 No  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?  
 Yes  No  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:  
 Driver/Operator  Pedestrian  
 Passenger  Other (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.

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)  
**Jennifer Chavel, MD 1035 116th Ave NE Bellevue, WA**

50. Hour of Death (24hrs)  
**1240**

51. Name and Title of Attending Physician (Type or Print)  
**[Signature]**

52. Date Signed (MM/DD/YYYY)  
**09/17/2010**

53. Title of Certifier  
**MD**

54. License Number  
**W000046884**

55. ME/Coroner File Number  
**78009**

56. Was case referred to ME/Coroner?  
 Yes  No

57. Registrar Signature  
*[Signature]*

58. Date Received (MM/DD/YYYY)  
**SEP 22 2010**

59. Amendments