

**AFTER RECORDING RETURN TO:**

Jorlyn L. Tiemessen  
PO Box 241534  
Anchorage AK 99524

SCR 32406

**Document Title(s):** Death Certificate

**Reference Number(s) of Documents assigned or released:**

**Grantor(s): (Last name first, then first name and initials)**

Tiemessen, John J

**Grantee(s): (Last name first, then first name and initials)**

The Public

**Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter**

☐ Complete legal description is on page \_\_\_\_ of document

**Assessor's Property Tax Parcel/Account Number(s):**

The County Auditor will rely on the information provided on this form. The Staff will not read the document to verify the accuracy and completeness of the indexing information provided herein.

# STATE OF ALASKA

## CERTIFICATION OF VITAL RECORD

# STATE OF ALASKA

Form VS-101  
REV. 1-78

150



STATE FILE NUMBER

TYPE OR PRINT IN  
PERMANENT INK

### CERTIFICATE OF DEATH

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
BUREAU OF VITAL STATISTICS — JUNEAU, ALASKA 99811DATE RECEIVED  
JUL 11 1986RECORDER'S NO.  
V86-1626

DECEASED — NAME 1 <b>JOHN</b> <b>JOSEPH</b> <b>TIEMESSEN</b>	
SEX 2 <b>MALE</b>	RACE (SPECIFY) 3 <b>CAUCASIAN</b>
DATE OF DEATH (MONTH, DAY, YEAR) 4 <b>JUNE 20 1986</b>	
AGE — LAST BIRTHDAY 5a <b>61</b> YEARS 5b MONTH DAYS 5c HOURS MINUTES	DATE OF BIRTH (MONTH, DAY, YEAR) 6 <b>MARCH 28 1925</b>
PLACE OF DEATH 7a <b>ALASKA</b>	RECORDING DISTRICT 7b <b>FOURTH</b>
CITY, VILLAGE OR LOCATION 7c <b>FAIRBANKS</b>	
STREET AND NUMBER 7d <b>414 JUNEAU ST</b>	
HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) 7e	
7f <b>IF HOSP. OR INST. INDICATE — D.O.A., OUTPATIENT, EMER. RM., INPATIENT (SPECIFY).</b>	
7g <b>WAS DECEASED EVER IN U.S. ARMED FORCES?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
LENGTH OF STAY IN ALASKA 10 <b>33 YEARS</b>	STATE OF BIRTH (IF NOT U.S.A. NAME COUNTRY) 11 <b>IOWA</b>
CITIZEN OF WHAT COUNTRY 12 <b>USA</b>	
MARITAL STATUS 13 <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 14 <b>JORLYN LAUTMAN</b>
SOCIAL SECURITY NUMBER 15	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED) 16a <b>ENGINEER</b>
RESIDENCE — STATE 17a <b>ALASKA</b>	RECORDING DISTRICT OR COUNTY 17b <b>FOURTH</b>
CITY, VILLAGE OR LOCATION 17c <b>FAIRBANKS</b>	STREET AND NUMBER 17d <b>414 JUNEAU ST</b>
FATHER — NAME FIRST MIDDLE LAST 18 <b>JOHN GERHARDT TIEMESSEN</b>	MOTHER — MAIDEN NAME FIRST MIDDLE LAST 19 <b>HELENA GLASER</b>
INFORMANT — NAME 20 <b>JORLYN TIEMESSEN</b>	MAILING ADDRESS — STREET OR P.O. BOX NO., CITY, VILLAGE, STATE, ZIP CODE 21 <b>414 JUNEAU ST FAIRBANKS ALASKA 99701</b>
22a <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> REMOVAL <input type="checkbox"/> CREMATION <input type="checkbox"/> DONATED	DATE (MONTH, DAY, YEAR) 22b <b>6-23-86</b>
CEMETERY OR CREMATORY — NAME AND LOCATION (CITY OR VILLAGE, STATE) 22c <b>NORTHERN LIGHTS CREMATORY FBKS AK</b>	
PERMIT ISSUED BY: 23 <b>Arlys K. Borjesson</b>	FUNERAL DIRECTOR — SIGNATURE 24 <b>DAVID L. TRAL</b>
FUNERAL HOME — NAME AND ADDRESS (CITY OR VILLAGE, STATE, ZIP CODE) 24b <b>CHAPEL OF CHIMES 415 ILLINOIS ST FBKS 99701</b>	
DATE PRONOUNCED DEAD 25 MONTH DAY YEAR HOUR 25a <b>6</b> 25b <b>20</b> 25c <b>86</b> 25d <b>M</b>	
SIGNATURE 27a <b>DR. J. Michael Carroll</b>	
DATE SIGNED (MONTH, DAY, YEAR) 27c <b>6/26/86</b>	MAILING ADDRESS — STREET OR P.O. BOX NO., CITY OR VILLAGE, STATE, ZIP CODE 27d <b>1919 Lathrop St. Fairbanks, Ak. 99701</b>
RECORDER'S SIGNATURE 28a <b>Arlys K. Borjesson</b>	ADDRESS 28b <b>Fairbanks, Alaska</b>
DATE RECORDED (MONTH, DAY, YEAR) 28c <b>June 26, 1986</b>	
29. PART I DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)	
IMMEDIATE CAUSE (PRINT OR TYPE) (Metastatic Small Cell Carcinoma of Lung) 30a <b>Metastatic Small Cell Carcinoma of Lung</b>	
30b <b>1629</b>	
30c <b>1yr.</b>	
30d <b>1629</b>	
PART II. OTHER SIGNIFICANT CONDITIONS: (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I.)	
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