When recorded return to:
Donna Reed
Chicago Title Company of Washington
425 Commercial St
Mount Vernon, WA 98273

201608100069
Skagit County Auditor $34.00
8/10/2016 Page 1 of 2 2:00PM

Filed for record at the request of:

CHICAGO TITLE
COMPANY OF WASHINGTON

425 Commercial St
Mount Vernon, WA 98273

Escrow No.: 620027634

DOCUMENT TITLE(S) CHICAGO TITLE 620027634

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED: _____

Additional reference numbers on page _____ of document

GRANTOR(S)

Washington, State of

☐ Additional names on page _____ of document

GRANTEE(S)

Anthony Luis Malo, Sr

☐ Additional names on page _____ of document

ABBREVIATED LEGAL DESCRIPTION

Lot(s): Ptn Lots 14 & 17 & all Lots 15 & 16 Block: 1120 Northern Pacific Add

Complete legal description is on page _____ of document

TAX PARCEL NUMBER(S)

P122507/ 3809-120-017-0000

Additional Tax Accounts are on page _____ of document

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

"I am signing below and paying an additional $50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

_____ Signature of Requesting Party

Note to submitter: Do not sign above nor pay additional $50 fee if the document meets margin/formatting requirements

CERTIFICATION OF VITAL RECORDS

STATE OF ARIZONA

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

State File NO. 102- 2016-010523

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST)	2. AKA'S (IF ANY)			3. DATE OF DEATH
ANTHONY LUIS MALO SR.				03/03/2016

4. SEX	5. SOCIAL SECURITY NUMBER:	6. DATE OF BIRTH	7. AGE	UNDER 1 YEAR		UNDER 1 DAY	
				8. MONTHS	9. DAYS	10. HOURS	11. MINUTES
MALE	[redacted]	[redacted]	90				

12. PLACE OF DEATH - HOSPITAL: ☒ INPATIENT ☐ E.R./OUTPATIENT ☐ DEAD ON ARRIVAL

13. PLACE OF DEATH - OTHER THAN HOSPITAL: ☐ NURSING HOME OR LONG TERM CARE FACILITY ☐ RESIDENCE ☐ HOSPICE FACILITY ☐ OTHER

14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY):	15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH:	16. COUNTY OF DEATH:
MAYO CLINIC HOSPITAL	PHOENIX 85054	MARICOPA

17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	18. MARITAL STATUS AT TIME OF DEATH:	19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)
SASABE, ARIZONA	MARRIED	DELORES MAE GREENE

20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS:	21. CITY AND COUNTY:	22. STATE	23. ZIP CODE	24. EVER IN THE ARMED FORCES
16008 E THISTLE DR	FOUNTAIN HILLS, MARICOPA	ARIZONA	85268	YES

25. WAS DECEDENT OF HISPANIC ORIGIN?
☐ NO, NOT SPANISH, HISPANIC OR LATINO
☒ YES, MEXICAN, MEXICAN AMERICAN, CHICANO
☐ YES, PUERTO RICAN
☐ YES, CUBAN
☐ YES, OTHER (SPECIFY)
☐ UNKNOWN

26. DECEDENT'S RACE(S):
☒ WHITE
☐ BLACK, AFRICAN AMERICAN
☐ NATIVE HAWAIIAN
☐ ASIAN INDIAN
☐ CHINESE
☐ FILIPINO
☐ JAPANESE
☐ GUAMANIAN OR CHAMORRO
☐ KOREAN
☐ VIETNAMESE
☐ SAMOAN
☐ AMERICAN INDIAN OR ALASKA NATIVE
☐ OTHER ASIAN (SPECIFY)
☐ OTHER PACIFIC ISLANDER (SPECIFY)
☐ OTHER (SPECIFY)
☐ UNKNOWN

27. IF AMERICAN INDIAN OR ALASKA NATIVE, SPECIFY UP TO 4 TRIBES.
PRIMARY OR ENROLLED TRIBE:
ADDITIONAL TRIBE:
ADDITIONAL TRIBE:
ADDITIONAL TRIBE:

28. OCCUPATION: PROFESSOR

29. FATHER'S NAME (FIRST, MIDDLE, LAST)	30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE)
LUIS MALO	MERCEDES [redacted]

31. INFORMANT'S NAME	32. RELATIONSHIP	33. INFORMANT'S MAILING ADDRESS:
DELORES MAE MALO	SPOUSE	16008 E THISTLE DR, FOUNTAIN HILLS, ARIZONA 85268

34. NAME AND ADDRESS OF FUNERAL FACILITY:	35. FUNERAL DIRECTOR:	36. LICENSE NUMBER:
MESSINGER FOUNTAIN HILLS MORTUARY 12065 NORTH SAGUARO BLVD., FOUNTAIN HILLS, AZ	ALLAN H RUBY, FUNERAL DIRECTOR	F1025

37. METHOD(S) OF DISPOSITION:	38. NAME AND LOCATION OF 1st DISPOSITION FACILITY:	39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY:
REMOVAL/BURIAL	ALTA MESA MEMORIAL PARK, PALO ALTO, CALIFORNIA	NONE

MEDICAL CERTIFICATION SECTION - CAUSE OF DEATH PART I

IMMEDIATE CAUSE OF DEATH	40. A: END STAGE CONGESTIVE (SYSTOLIC) HEART FAILURE	41. APPROXIMATE INTERVAL: UNKNOWN
DUE TO OR AS A CONSEQUENCE OF:	42. B: ISCHEMIC HEART DISEASE	43. APPROXIMATE INTERVAL: UNKNOWN
DUE TO OR AS A CONSEQUENCE OF:	44. C: HYPERTENSION / DIABETES MELLITUS	45. APPROXIMATE INTERVAL: UNKNOWN
DUE TO OR AS A CONSEQUENCE OF:	46. D:	47. APPROXIMATE INTERVAL:

CAUSE OF DEATH PART II

48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE:	49. INJURY?	50. INJURY AT WORK?	51. MANNER OF DEATH	52. TIME OF DEATH
ACUTE PNEUMONIA, HEMOPTYSIS, ATRIAL FIBRILLATION	NO	NO	NATURAL DEATH	1000
	53. WAS AN AUTOPSY PERFORMED? NO		54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	

CAUSE AND MANNER OF DEATH CERTIFICATION

☒ Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
☐ Medical Examiner/Tribal Law Enforcement Authority - 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.

55. NAME OF PERSON COMPLETING CAUSE OF DEATH:	56. DATE CERTIFIED:
JOSEPH CHRISTOPHER FARMER, M.D.	03/04/2016
57. CERTIFIER'S ADDRESS: PHOENIX, AZ 85054	58. NAME OF REGISTRAR: MICHELE CASTANEDA-MARTINEZ
	59. DATE REGISTERED: 03/12/2016

DATE ISSUED: 03/14/2016

1017982

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA
Revised 07/2015

KRYSTAL COLBURN
ASSISTANT STATE REGISTRAR

This copy not valid unless prepared on a form displaying the State Seal.

Arizona Department of Health Services