



201705300181

WHEN RECORDED RETURN TO:

Skagit County Auditor

\$35.00

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3

3:57PM

01-162519-OE, 01-162519-OE ✓

**DOCUMENT TITLE(S):**

Death Certificate

*Land Title and Escrow*

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

**GRANTOR:**

STATE OF WASHINGTON

**GRANTEE**

Terrence Keith Russell

**ABBREVIATED LEGAL DESCRIPTION:**

**TAX PARCEL NUMBER(S):**

P38610

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-019852

DATE ISSUED: 07/20/2015

FEE NUMBER: 000000029

GIVEN NAMES: **TERRENCE KEITH**  
LAST NAME: **RUSSELL**

COUNTY OF DEATH: **SKAGIT**  
DATE OF DEATH: **JULY 16, 2015**  
HOUR OF DEATH: **02:50 P.M.**  
SEX: **MALE**  
AGE: **90 YEARS**

PLACE OF DEATH: **HOSPITAL**  
FACILITY OR ADDRESS: **SKAGIT VALLEY HOSPITAL**  
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98274**

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: **1501 COLLINS ROAD # 616**  
CITY, STATE, ZIP: **SEDRO WOOLLEY, WASHINGTON 98284**  
INSIDE CITY LIMITS? **YES**

HISPANIC ORIGIN: **NO, NOT HISPANIC**  
RACE: **WHITE**

COUNTY: **SKAGIT**  
TRIBAL RESERVATION: **NOT APPLICABLE**  
LENGTH OF TIME AT RESIDENCE: **5 MONTHS**

BIRTHDATE: [REDACTED]  
BIRTHPLACE: **BURLINGTON, SKAGIT CNTY, WASHINGTON**

FATHER: **CARL HENRY RUSSELL**  
MOTHER: **ETTA M [REDACTED]**

MARITAL STATUS: **MARRIED**  
SPOUSE: **VIVIAN DAVIDSON**

METHOD OF DISPOSITION: **BURIAL**  
PLACE OF DISPOSITION: **HAMILTON CEMETERY**  
CITY, STATE: **HAMILTON, WA**  
DISPOSITION DATE: **JULY 22, 2015**

OCCUPATION: **OWNER/OPERATOR**  
INDUSTRY: **SPORTING GOODS STORE**  
EDUCATION: **SOME COLLEGE CREDIT, BUT NO DEGREE**  
US ARMED FORCES? **YES**

FUNERAL FACILITY: **LEMLEY CHAPEL**  
ADDRESS: **1008 THIRD ST**  
CITY, STATE, ZIP: **SEDRO WOOLLEY WA 98284**  
FUNERAL DIRECTOR: **RICK B. LEMLEY**

INFORMANT: **VIVIAN RUSSELL**  
RELATIONSHIP: **WIFE**  
ADDRESS: **1501 COLLINS ROAD # 616 SEDRO-WOOLLEY, WA 98284**

CAUSE OF DEATH:

- A. **SUSPECTED MESENTERIC ISCHEMIA**  
INTERVAL: **DAYS**
- B. **VASCULAR DISEASE**  
INTERVAL: **YEARS**
- C. **INTERVAL:**
- D. **INTERVAL:**

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
**RENAL FAILURE CARDIOMYOPATHY**

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK?  
PLACE OF INJURY:

MANNER OF DEATH: **NATURAL**  
AUTOPSY: **UNKNOWN**  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? **UNKNOWN**  
DID TOBACCO USE CONTRIBUTE TO DEATH? **NO**  
PREGNANCY STATUS, IF FEMALE: **NOT APPLICABLE**

LOCATION OF INJURY:

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

CERTIFIER NAME: **DORIEN MCABEE, DO**  
TITLE: **OSTEOPATHIC PHYSICIAN**  
CERTIFIER  
ADDRESS: **1400 E. KINCAID STREET**  
CITY, STATE, ZIP: **MOUNT VERNON WA 98274**  
DATE SIGNED: **JULY 17, 2015**

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
**NOT APPLICABLE**

CASE REFERRED TO ME/CORONER: **NO**  
FILE NUMBER: **NOT APPLICABLE**  
ATTENDING PHYSICIAN:  
**NOT APPLICABLE**

ITEM(S) AMENDED: **NONE**

LOCAL DEPUTY REGISTRAR:  
**CHERYL PETERSON**  
DATE RECEIVED: **JULY 17, 2015**

NUMBER(S): **NONE**  
DATE(S): **NONE**



