



201706070055

Skagit County Auditor

6/7/2017 Page

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3

\$35.00

3:32PM

WHEN RECORDED RETURN TO:

NANCY MAAS
1934 S Wall Street
Mount Vernon, WA 98273

01-162292-OE, 01-162292-OE

DOCUMENT TITLE(S):

Death Certificate

Lead Title and Escrow

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

WALLACE DALE MAAS

ABBREVIATED LEGAL DESCRIPTION:

Lots B & C, SP #69-78; Ptn NW 1/4 of NE 1/4 & Ptn NE 1/4 NW 1/4, 31-34-4 E W.M.

TAX PARCEL NUMBER(S):

340431-0-035-0107

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2012-003909

DATE ISSUED: 04/09/2012

FEE NUMBER: 000000029

GIVEN NAMES: WALLACE DALE
LAST NAME: MAAS

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 05, 2012
HOUR OF DEATH: 07:40 A.M.
SEX: MALE
AGE: 64 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: NEW HOLLAND, SOUTH DAKOTA

MARITAL STATUS: MARRIED
SPOUSE: NANCY B. VANDER WOUDE

OCCUPATION: RETIREMENT COMMUNITY DIRECTOR
INDUSTRY: RETIREMENT COMMUNITY
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? YES

INFORMANT: NANCY B. MAAS
RELATIONSHIP: WIFE
ADDRESS: 1934 S. WALL STREET, MOUNT VERNON, WA, 98273

PLACE OF DEATH: OTHER PLACE
FACILITY OR ADDRESS: BIRCHVIEW MEMORY CARE, 925 DUNLOP A
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 1934 S. WALL STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 16 YEARS

FATHER: CHARLEY MAAS
MOTHER: HELEN [REDACTED]

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: MOUNT VERNON CEMETERY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: APRIL 09, 2012

FUNERAL FACILITY: KERN FUNERAL HOME
ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON WA 98273
FUNERAL DIRECTOR: REX E. WATT

- CAUSE OF DEATH:
- A. DEMENTIA
INTERVAL: YEARS
 - B. INTERVAL:
 - C. INTERVAL:
 - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

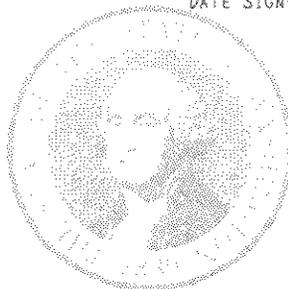
CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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

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CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: N/A# 215

ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MARIA VIVANCO
DATE RECEIVED: APRIL 06, 2012

Affidavit for Correction

This is a legal Document! Complete in ink and do not alter
STATE OFFICE USE ONLY

Use the section below for requesting any changes on the record.

Death

Marriage

Dissolution

Self
Funeral Director

Guardian
Other (Specify)

Informant

CERTIFIED

APR 09 2012

Howard Leibrand

Skagit County Health Department
Howard Leibrand M.D., Health Officer

VV00263186

UNOFFICIAL DOCUMENT