UNOFFICIAL DOCUMENT

WHEN RECORDED RETURN TO:

Murdel Neely
3330 Village Court
Mount Vernon, WA 98273

201706120162
Skagit County Auditor $35.00
6/12/2017 Page 1 of 3 3:46PM

01-160765-SE, 01-160765-SE ✓

DOCUMENT TITLE(S):
Death Certificate

Land Title and Escrow

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
STATE OF WASHINGTON

GRANTEE:
ALICE CARELL EGELKRAUT SQUIRES

ABBREVIATED LEGAL DESCRIPTION:
Ptn Gov. Lot 2, 25-34-2 E W.M. (Aka Lot 4, J.T. Squires North Samish Beach Tracts (Unrecorded)).

TAX PARCEL NUMBER(S):
P46988/360225-0-029-0012

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number 372

Washington State Certificate of Death

State File Number

1. Legal Name (Include AKA's if any) First Middle LAST Suffix: Carell Squires
2. Death Date: 01/17/2013
3. Sex (M/F): F
4a. Age – Last Birthday: 101
4b. Under 1 Year: Months Days
4c. Under 1 Day: Hours Minutes
5. Social Security Number: [redacted]
6. County of Death: Snohomish
7. Birthdate: [redacted]
8a. Birthplace (City, Town, or County): Sedro-Woolley
8b. (State or Foreign Country): WA
9. Decedent's Education: High School Graduate
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No
11. Decedent's Race(s): White
12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 9901 - 272nd Place NW
13b. City or Town: Stanwood
13c. Residence: County: Snohomish
13d. Tribal Reservation Name (if applicable):
13e. State or Foreign Country: WA
13f. Zip Code + 4: 98292
13g. Inside City Limits? ☒ Yes ☐ No ☐ Unk
14. Estimated length of time at residence: 7 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): Family Home
19. Father's Name (First, Middle, Last, Suffix): John Egelkrout
20. Mother's Name Before First Marriage (First, Middle, Last): Myrtle Mary [redacted]
21. Informant's Name: Carol Muriel Neely
22. Relationship to Decedent: Daughter
23. Mailing Address: Number and Street or RFD No. City or Town State Zip: 3900 Dogwood Place, Mount Vernon, WA 98274
24. Place of Death, if Death Occurred in a Hospital:
Place of Death, if Death Occurred Somewhere Other than a Hospital: Nursing Home
25. Facility Name (If not a facility, give number & street or location): Josephine Sunset Home
26a. City, Town, or Location of Death: Stanwood
26b. State: WA
27. Zip Code: 98292
28. Method of Disposition: Cremation
29. Place of Final Disposition (Name of cemetery, crematory, other place): Mount Vernon Cemetery Crematory
30. Location-City/Town, and State: Mount Vernon, WA
31. Name and Complete Address of Funeral Facility: Hulbush Funeral Home 281 So. Burlington Blvd., Burlington, WA 98233
32. Date of Disposition: 01/22/2013
33. Funeral Director Signature X [signature]

Part 1 completed by Funeral Director

Cause of Death (See instructions and examples)

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.

			Interval between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a.	Congestive heart failure (acute)	12 hours
		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	b.	Aortic Stenosis	years
		Due to (or as a consequence of):	
	c.		
		Due to (or as a consequence of):	
	d.		

35. Other significant conditions contributing to death but not resulting in the underlying cause given above:
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 ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before 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.
X Lynn Handy ARNP
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.
X
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Lynn Handy 9631 269th Street NW Stanwood, WA 98292
50. Hour of Death (24hrs): 1630
51. Name and Title of Attending Physician if other than Certifier (Type or Print):
52. Date Signed (MM/DD/YYYY): 01/18/2013
53. Title of Certifier: ARNP
54. License Number:
55. ME/Coroner File Number: NJA 13SN0266
56. Was case referred to ME/Coroner? ☐ Yes ☒ No
57. Registrar Signature X [signature] MD, MPH
58. Date Received (MM/DD/YYYY): JAN 22 2013
59. Amendments

Part 2 completed by Certifier

DOH 01-003 (12/11)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL

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.

Birth Death Marriage Dissolution

As Recorded/Shown | The True Facts

Self Parent Guardian Informant

Funeral Director Other

Most changes must be established by documentary evidence

Child (under 18) Adult (18 years or older)

UNOFFICIAL DOCUMENT

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