

WHEN RECORDED RETURN TO:

Muriel Neely
3330 Village Court
Mount Vernon, WA 98273



201706120164

Skagit County Auditor

6/12/2017 Page

1 of

3

\$35.00
3:47PM

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:

FLOYD GILES 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

**OFFICE
USE
ONLY**

1. DISTRICT

TYPE OR PRINT IN PERMANENT BLACK INK

455

LOCAL FILE NUMBER

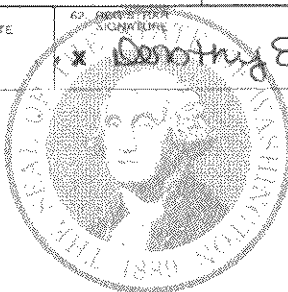
Health CERTIFICATE OF DEATH

146 1 21909
STATE FILE NUMBER

2 COPIES	1. NAME First: Floyd Middle: Giles Last: Squires										2. SEX (M / F) Male		3. DEATH DATE (Mo., Day, Yr) 06/12/2001			
3 HOSPITAL	4. AGE LAST BIRTHDAY (Yrs) 92		5. UNDER 1 YEAR MO: 06 DAYS: 12 HOURS: 00 MINS: 00		6. UNDER 1 DAY HOURS: 00 MINS: 00		7. BIRTHDATE (Mo., Day, Yr) [REDACTED]		8. BIRTHPLACE (City, State or Foreign Country) Samish Island, WA		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		10. COUNTY OF DEATH Skagit			
4 OCCURRENCE	11. CITY, TOWN OR LOCATION OF DEATH Mount Vernon						12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. ABOUT PTN 4. HOSP 5. INUR HOME 6. OTHER PLACE Skagit Valley Hospital						13. SMOKING IN LAST 15 YEARS? (Yes / No) No			
5. RESIDENCE	14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married				15. SURVIVING SPOUSE (If wife, give maiden name) Alice Carell Egelkroat				16. SOCIAL SECURITY NO. [REDACTED]				17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-16 or 17-19) Postgraduate (20-23) 1			
6 TRACT	18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Farmer						19. KIND OF BUSINESS OR INDUSTRY Agriculture				20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No, if Yes, specify Cuban, Mexican, Puerto Rican, etc.) No		21. RACE (Specify) White			
7 OCCUPATION	22. RESIDENCE — NUMBER AND STREET 9901 - 272nd Place NW				23. CITY/TOWN OR LOCATION Stanwood		24. INSIDE CITY LIMITS? (Yes / No) Yes		25A. COUNTY Snohomish		25B. LENGTH OF RES. IN CO 2 years		26. STATE WA			
8	27. ZIP CODE 98292				28. FATHER'S NAME — FIRST, MIDDLE, LAST James Thomas Squires				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Theodosia Ernest [REDACTED]							
9	30. INFORMANT — NAME Carell E. Squires						31. MAILING ADDRESS STREET OR RFD NO. 9901 - 272nd Place NW, Stanwood, WA 98292 CITY OR TOWN STATE ZIP									
10	32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation				33. DATE (Mo., Day, Yr) 06/13/2001		34. CEMETERY/CREMATORY — NAME Mount Vernon Cemetery				35. LOCATION — CITY/TOWN STATE Mount Vernon, WA					
11	36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>						37. NAME OF FACILITY Hulbush Funeral Home				38. ADDRESS OF FACILITY 281 S. Burlington Blvd., Burlington, WA, 98233					
12	39. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>[Signature]</i> X 40. DATE SIGNED (Mo., Day, Yr) 06/13/2001 41. HOUR OF DEATH (24 Hrs) 1410 42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Robert R. Jacobsen, MD, 9631 - 269th Street SW, Stanwood WA 98292 43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>[Signature]</i> X 44. DATE SIGNED (Mo., Day, Yr) 45. HOUR OF DEATH (24 Hrs.) 46. PRONOUNCED DEAD (Mo., Day, Yr) 47. HOUR PRONOUNCED DEAD (24 Hrs.) 48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) 49. ME/CORONER FILE NUMBER															
13	50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"> IMMEDIATE CAUSE (Final disease or condition resulting in death): Mycocardial Infarction DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST a. Coronary Artery Disease b. Due to, or as a consequence of c. Due to, or as a consequence of d. Due to, or as a consequence of </td> <td style="width: 30%;"> INTERVAL BETWEEN ONSET AND DEATH 2 days INTERVAL BETWEEN ONSET AND DEATH INTERVAL BETWEEN ONSET AND DEATH INTERVAL BETWEEN ONSET AND DEATH </td> </tr> </table>														IMMEDIATE CAUSE (Final disease or condition resulting in death): Mycocardial Infarction DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST a. Coronary Artery Disease b. Due to, or as a consequence of c. Due to, or as a consequence of d. Due to, or as a consequence of	INTERVAL BETWEEN ONSET AND DEATH 2 days INTERVAL BETWEEN ONSET AND DEATH INTERVAL BETWEEN ONSET AND DEATH INTERVAL BETWEEN ONSET AND DEATH
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14	51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE 52. AUTOPSY? (Yes / No) No 53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No															
15	54. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST (Specify)				55. INJURY DATE (Mo., Day, Yr)		56. HOUR OF INJURY (24 Hrs)		57. DESCRIBE HOW INJURY OCCURRED							
16	58. INJURY AT WORK? (Yes / No)				59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)				60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE							
17	61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE				62. DEATH CERTIFICATE SIGNATURE <i>[Signature]</i>				63. DATE RECEIVED (Mo., Day, Yr) JUN 19 2001							

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 6/01) (formerly DSHS 9-150)



DOH 01-003 (12/11)

STATE OFFICE USE ONLY

.....

Dissolution

The Time factor is

•

Telephone Number

Other :Specs:

Signature: _____

Age 15 years: 0.90%

Journal of Management Education 36(8) 907-924

...the following: (1) the number of employees; (2) the number of employees who are members of the union; (3) the number of employees who are not members of the union; (4) the number of employees who are not members of the union and are not members of the union; and (5) the number of employees who are not members of the union and are not members of the union.

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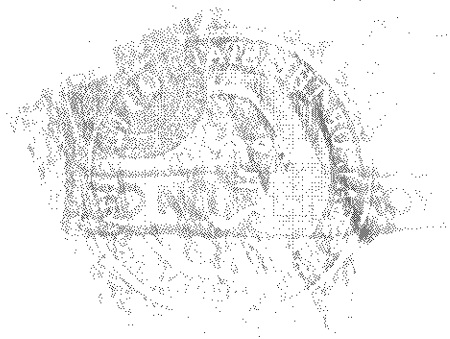
11. *Journal of the American Medical Association*, 2000; 283: 2689-2694.

Figure 1

_____ by the certifying physician or the coroner.

1. The name of the person(s) who is/are the owner(s) of the property, and the address of the property, shall be stated in the affidavit.

_____ #total marriage or date of court judgment _____



W00660473