201710160175
Skagit County Auditor $35.00
10/16/2017 Page 1 of 2 12:39PM

Return Address:

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20174852
OCT 16 2017
Amount Paid $ 0
Skagit Co. Treasurer
By BI Deputy

Document Title: Death Certificate / Transfer on death Deed

Reference Number (if applicable): 201611140149

Grantor(s): [_] additional grantor names on page __.

1) Julie L. Monson Estate

2)

Grantee(s): [_] additional grantor names on page __.

1) Denae M. Monson

2) Junell L. Haviland

Abbreviated Legal Description: [_] full legal on page(s) __.

Lt 40 Blk 1 and Lt 17 Blk 2
Lake Cavanaugh Div No. 1

Assessor Parcel /Tax ID Number: [_] additional parcel numbers on page __.

P66316
66358

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

3052017000383 — STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY - NO ERASURES, WHITEOUTS OR ALTERATIONS
(REV. 10/2016)

3201737000048 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT - FIRST (Given)	2. MIDDLE	3. LAST (Family)
JULIE	LYNN	MONSON

AKA - ALSO KNOWN AS - (Include full AKA if FIRST, MIDDLE, LAST)

4. DATE OF BIRTH (mm/dd/ccyy)	5. AGE (Yrs.)	If UNDER ONE YEAR (Months / Days)	If UNDER 24 HOURS (Hours / Minutes)	6. SEX
[redacted]	70			F

8. BIRTH STATE/FOREIGN COUNTRY	8a. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/RDP* at Time of Death	7. DATE OF DEATH (mm/dd/ccyy)	9. HOUR (24 HOURS)
WASHINGTON	[redacted]	☐ YES ☒ NO ☐ UNK	WIDOWED	01/01/2017	2240

13. EDUCATION - Highest Level/Degree (See worksheet on back)	14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (If yes, see worksheet on back)	16. DECEDENT'S RACE - Up to 5 races may be listed (see worksheet on back)
HS GRADUATE	☐ YES ☒ NO	CAUCASIAN

17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	19. YEARS IN OCCUPATION
HOMEMAKER	OWN HOME	45

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location)				
1901 169TH PLACE SE				
21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
BOTHELL	SNOHOMISH	98012	30	WASHINGTON

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)
DENAE M MONSON, DAUGHTER	6559 35TH AVENUE NE #212, SEATTLE, WA 98115

SPOUSE/RDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/RDP - FIRST	28a. MIDDLE	28b. LAST (BIRTH NAME)	
-	-	-	
31. NAME OF FATHER/PARENT - FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
JOHN	LLOYD	SHUBIC	MT
35. NAME OF MOTHER/PARENT - FIRST	36. MIDDLE	37. LAST (BIRTH NAME)	38. BIRTH STATE
NELLIE	CAROLINE	[redacted]	WA

FUNERAL DIRECTOR/LOCAL REGISTRAR

39. DISPOSITION DATE (mm/dd/ccyy)	40. PLACE OF FINAL DISPOSITION	
01/09/2017	ACACIA MEMORIAL PARK 14951 BOTHELL WAY NE, SEATTLE, WA 98155	
41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER
TR/BU	▶ DAVID MEITZLER	EMB9006
44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR
EL CAMINO MEMORIAL ENCINITAS CHAPEL	FD857	▶ WILMA J WOOTEN, MD MPH
		47. DATE (mm/dd/ccyy) 01/05/2017

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
RESIDENCE	☐ IP ☐ ER/OP ☐ DOA	☐ Hospice ☐ Nursing Home/SNF ☒ Decedent's Home ☐ Other	
104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	106. CITY	
SAN DIEGO	6790 CAURINA COURT	CARLSBAD	

CAUSE OF DEATH

107. CAUSE OF DEATH
Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

		Time Interval Between Onset and Death	108. DEATH REPORTED TO CORONER
IMMEDIATE CAUSE (Final disease or condition resulting in death)	(a) SQUAMOUS CELL CARCINOMA OF THE LUNG	(a) MOS	☐ YES ☒ NO
Sequentially list conditions, if any, leading to cause on line a. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	(b)	(b)	109. BIOPSY PERFORMED? ☒ YES ☐ NO
	(c)	(c)	110. AUTOPSY PERFORMED? ☐ YES ☒ NO
	(d)	(d)	111. USED IN DETERMINING CAUSE? ☐ YES ☐ NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107
NONE

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)
LUNG BIOPSY 09/--/2016

113A. IF FEMALE, PREGNANT IN LAST YEAR? ☐ YES ☒ NO ☐ UNK

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.

Decedent Attended Since (mm/dd/ccyy)	Decedent Last Seen Alive (mm/dd/ccyy)	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE (mm/dd/ccyy)
12/09/2016	12/29/2016	▶ GEORGE DELGADO M.D.	G66807	01/04/2017

118. TYPE, ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE
500 LA TERRAZA BLVD STE 130, ESCONDIDO, CA 92025
GEORGE DELGADO M.D.

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending Investigation ☐ Could not be determined
120. INJURED AT WORK? ☐ YES ☐ NO ☐ UNK
121. INJURY DATE (mm/dd/ccyy)
122. HOUR (24 Hours)

123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)

124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)

125. LOCATION OF INJURY (Street and number, or location, and city, and zip)

126. SIGNATURE OF CORONER / DEPUTY CORONER ▶

127. DATE (mm/dd/ccyy)

128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

STATE REGISTRAR	A	B	C	D	E		FAX AUTH #	CENSUS TRACT
						1HDD1003439574		

CASANDIEGO1

County of San Diego –Health & Human Services Agency – 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

Wilma J. Wooten, M.D.

DATE ISSUED: January 9, 2017

WILMA J. WOOTEN, M.D., M.P.H.
REGISTRAR OF VITAL RECORDS
County of San Diego

A003111171

THE GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

THE NOBLEST MOTIVE IS THE PUBLIC GOOD — COUNTY OF SAN DIEGO — MDCCCLI

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE