

WHEN RECORDED RETURN TO:

Land Title and Escrow

02-175696-OE, 02-175696-OE

DOCUMENT TITLE(S):

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

STATE OF WASHINGTON

Real Estate Excise Tax
Exempt

Skagit County Treasurer

By Heather Beauvais

Affidavit No. 2020-338

Date 01/28/2020

GRANTEE:

MARY LYNNE MANSFIELD

ABBREVIATED LEGAL DESCRIPTION:

Lots 7, 9 and 10, Blk 159, Anacortes

TAX PARCEL NUMBER(S):

3772-159-010-0002, P56016

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

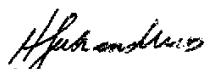
Local File Number **636-10** Washington State Certificate of Death State File Number

1. Legal Name at Birth (Last, First, Middle, Suffix)		2. Death Date	
Mary Lynne Mansfield		[Redacted]	
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day
F	59	Months	Days
5. County of Death		6. Cause of Death	
Skagit		[Redacted]	
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Education
Mar 7, 1951	Everett	Washington	High School Graduate
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify		11. Decedent's Race(s)	12. Was Decedent ever in U.S. Armed Forces? (Yes/No)
No		Caucasian	No
13a. Residence, Number and Street (e.g. 674 SE 7th St) (Include Apt. No.)		13b. City or Town	
1719-6th Street		Anacortes	
13c. Residence: County	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country	13f. Zip Code + 4
Skagit		Washington	98221
14. Estimated length of time in residence	15. Marital Status at Time of Death	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)	
26 years	Married	Steve E. Mansfield	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))		18. Kind of Business/Industry (Do not use Company Name)	
Manager		Title/Exec Office	
19. Father's Name (First, Middle, Last, Suffix)		20. Mother's Name Before First Marriage (First, Middle, Last)	
Raymond Clair Cusworth		Achsah Gay	
21. Informant's Name	22. Relationship to Decedent	23. Mailing Address	24. Place of Death (If Death Occurred Somewhere Other than a Hospital)
Steve E. Mansfield	Husband	1719-6th Street	Decedent's Residence
25. Facility Name (If not a facility, give number & street or location)		26a. City, Town or Location of Death	26b. State
1719 - 6th Street		Anacortes	WA
28. Method of Disposition	29. Place of Final Disposition (Name of cemetery, crematorium, other place)	30. Location-City/Town, and State	32. Date of Disposition
Cremation	Northwest Crematory	Anacortes, Washington	August 3, 2010
31. Name and Complete Address of Funeral Facility		33. Funeral Director Signature X	
Evans Funeral Chapel & Crematory, Inc. 1105 32nd Street Anacortes Washington 98221		[Signature]	
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.			
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Metastatic uterine cancer			
Due to (or as a consequence of) b. [Redacted]			
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			
c. [Redacted]			
Due to (or as a consequence of) d. [Redacted]			
35. Other significant conditions contributing to death but not resulting in the underlying cause given above		36. Autopsy?	37. Where autopsy findings available to complete the Cause of Death?
		☐ Yes ☒ No	☐ Yes ☒ No
38. Manner of Death	39. If female	40. Did tobacco use contribute to death?	
☒ Natural ☐ Homicide ☐ Undetermined ☐ Suicide ☐ Pending	☒ Not pregnant within past year ☐ Pregnant at time of death	☐ Yes ☒ Probably ☐ No ☐ Unknown	
41. Date of Injury (dd-mm-yy)	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)		46. Describe how injury occurred:	
City or Town: County: State: Zip Code: 4		47. If transportation injury specify	
		☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)	
48a. Certifying Physician		48b. Medical Examiner/Coroner	
[Signature] 8/3/10		[Signature]	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)		50. Hour of Death (24hrs)	
Allen H. Horeish, M.D. 912-32nd Street Anacortes, WA 98221		1115	
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)		52. Date Signed (dd-mm-yy)	
		Aug 3, 2010	
53. Title of Certifier	54. License Number	55. ME/Coroner File Number	56. Was case referred to ME/Coroner?
Dr.	MD00037517	NJA 372	☒ Yes ☐ No
57. Registrar Signature		58. Date Received (dd-mm-yy)	
[Signature] Deputy Registrar		AUG -5 2010	
59. Amendments			

DOH/CDS 007-Reg-07/04/07

CERTIFIED

AUG 05 2010


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

TT00276862