202001280098
01/28/2020 02:43 PM Pages: 1 of 3 Fees: $41.00
Skagit County Auditor, WA

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

LPB 01-05

202001280098

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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

Part 1 completed by Funeral Director

1. Legal Name (First, Middle, Last, Suffix): Mary Lynne Mansfield
2. Death Date: [redacted]
3. Sex: F
4a. Age – Last Birthday: 59
4b. Under 1 Year: Months / Days
4c. Under 1 Day: Hours / Minutes
5. [redacted]
6. County of Death: Skagit
7. Birthdate: Mar 7, 1951
8a. Birthplace (City, Town, or County): Everett
8b. (State or Foreign Country): Washington
9. Education: High School Graduate
10. Was Decedent of Hispanic Origin? (Yes or No; if yes, specify): No
11. Decedent's Race(s): Caucasian
12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g., 674 SE 7th St) (Include Apt. No.): 1719-6th Street
13b. City or Town: Anacortes
13c. Residence: County: Skagit
13d. Tribal Reservation Name (if applicable)
13e. State or Foreign Country: Washington
13f. Zip Code + 4: 98221
13g. Inside City Limits? ☒ Yes ☐ No ☐ Unk
14. Estimated length of time at residence: 26 years
15. Marital Status at Time of Death: Married
16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): Steve E. Mansfield
17. Usual Occupation (Indicate type of work done during most of working life) (DO NOT USE RETIRED): Manager
18. Kind of Business/Industry (Do not use Company Name): Title/Escrow Office
19. Father's Name (First, Middle, Last, Suffix): Raymond Clair Cusworth
20. Mother's Name Before First Marriage (First, Middle, Last): Achsah Gay [redacted]
21. Informant's Name: Steve E Mansfield
22. Relationship to Decedent: Husband
23. Mailing Address (Number and Street or P.O. Box; City or Town; State; Zip): 1719-6th Street Anacortes WA 98221
24. Place of Death if Death Occurred in a Hospital:
Place of Death if Death Occurred somewhere Other than a Hospital: Decedent's Residence
25. Facility Name (If not a facility, give number & street or location): 1719 - 6th Street
26a. City, Town or Location of Death: Anacortes
26b. State: WA
27. Zip Code: 98221
28. Method of Disposition: Cremation
29. Place of Final Disposition (Name of cemetery, crematory, other place): Northwest Crematory
30. Location-City/Town, and State: Anacortes, Washington
31. Name and Complete Address of Funeral Facility: Evans Funeral Chapel & Crematory, Inc 1105 32nd Street Anacortes Washington 98221
32. Date of Disposition: August 3, 2010
33. Funeral Director Signature X: [signature]

Part 2 completed by Certifier

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. Metastatic uterine cancer	5 months
	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.	
	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 (Month/Day/Year)
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
46. Describe how injury occurred:
47. If transportation injury, specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)
48a. Certifying Physician: X [signature] 8/3/10
48b. Medical Examiner/Coroner: X
49. Name and Address of Certifier – Physician, Medical Examiner or Coroner (Type or Print): Allen H Horesh, M D 912-32nd Street Anacortes, WA 98221
50. Hour of Death (24hrs): 1415
51. Name and Title of Attending Physician if other than Certifier (Type or Print)
52. Date Signed (Month/Day/Year): Aug 3, 2010
53. Title of Certifier: Dr.
54. License Number: MD0003/5317
55. ME/Coroner File Number: NJA # 372
56. Was case referred to ME/Coroner? ☒ Yes ☐ No
57. Registrar Signature: X [signature] Deputy Registrar
58. Date Received (Month/Day/Year): AUG -5 2010
59. Amendments

DOH/CHS 0019 Rev. 07/2007

DOH 01-003 (5/99)

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

CERTIFIED

AUG 05 2010

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

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