

202101140078

01/14/2021 02:12 PM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2021178

JAN 14 2021

Amount Paid \$ -0
Skagit Co. Treasurer
By *HB* Deputy

Document Title:

DEATH CERTIFICATE

Reference Number : AF198501310002

Grantor(s):

additional grantor names on page ___.

1. FLOSSIE LEE STAILEY (DECEASED)

2.

Grantee(s):

additional grantee names on page ___.

1. RICHARD W STAILEY

2.

Abbreviated legal description:

full legal on page(s) ___.

LOT 56 SAMISH RIVER PARK DIV 1 AS PER PLAT RECORDED IN VOL.9 OF PLATS
PAGES 43 AND 44 REC OF SKAGIT CO

*includes m/h NEW MOON
51X24*

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page ___.

P68742

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-052207

DATE ISSUED: 11/16/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): FLOSSIE LEE

LAST NAME(S): STAILEY

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: NOVEMBER 07, 2020

HOUR OF DEATH: 09:40 PM

SEX: FEMALE AGE: 91 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: TULSA, OK

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: RICHARD STAILEY

OCCUPATION: SALES CLERK

INDUSTRY: RETAIL

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: RICHARD STAILEY

RELATIONSHIP: HUSBAND

ADDRESS: 18794 FISHERMANS LOOP, BURLINGTON, WA 98233

CAUSE OF DEATH:

A: RESPIRATORY FAILURE

INTERVAL: MINUTES

B: PULMONARY EMBOLISM

INTERVAL: HOURS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 18794 FISHERMANS LOOP

CITY, STATE, ZIP: BURLINGTON, WA 98233

INSIDE CITY LIMITS: NO COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 49 YEARS

FATHER: FREDERICK L KLINTWORTH

MOTHER: LEATH [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: NOVEMBER 12, 2020

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: DAVID LUKOV

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ABHINAV SINGLA, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1415 E. KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

DATE SIGNED: NOVEMBER 10, 2020

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: NOVEMBER 12, 2020

