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Skagit County Auditor

When Recorded Please Return To:
LAWRENCE A. PIRKLE
P.O. Box 1788
Mount Vernon, WA 98273
(360) 336-6587

DOCUMENT TITLE:	CERTIFICATE OF DEATH
REFERENCE NUMBER:	SKAGIT COUNTY CAUSE NO. 21-4-00201-29
GRANTOR:	STATE OF WASHINGTON
GRANTEE:	WALLACE R. STAFLIN (DECEASED)
ASSESSOR'S PARCEL NO.:	P57600 (3798-000-068-0009)
LEGAL DESCRIPTION:	Tract 68 of the Plat of Island View Park, Anacortes, Washington, as per plat recorded in Volume 7 of Plats, page 38, records of Skagit County. Situated in Skagit County, Washington.

STATE OF ARIZONA
CERTIFICATION OF VITAL RECORD

ORIGINAL
STATE COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

State File Number
102-2021-014674

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) WALLACE, RONALD, STAFLIN	2. AKA'S (IF ANY)		3. DATE OF DEATH 02/19/2021
4. SEX MALE	5. SOCIAL SECURITY NUMBER [redacted]	6. DATE OF BIRTH [redacted]	7. AGE 80 YEARS
8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH LITCHFIELD PARK, MARICOPA, 85340			
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS) HACIENDA DEL REY ASSISTED LIVING - 12917 W LAS CRUCES DRIVE			
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) NOONAN, NORTH DAKOTA	11. MARITAL STATUS MARRIED	12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) PATRICIA, NORA, [redacted]	
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP) 11519 S MORNINGSIDE DRIVE, GOODYEAR, MARICOPA, AZ, 85338			
14. DECEDENT'S HISPANIC ORIGIN(S) NO, NOT SPANISH/HISPANIC/LATINO	15. DECEDENT'S RACE(S) WHITE	16. EVER IN ARMED FORCES YES 17. OCCUPATION MILITARY INTELLIGENCE	
18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX) WALLACE, WILSON, STAFLIN	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) NORMA, LAURA, KUSMIRE		
20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX) PATRICIA, NORA, STAFLIN		21. RELATIONSHIP SPOUSE	
22. INFORMANT'S MAILING ADDRESS 11519 S MORNINGSIDE DRIVE, GOODYEAR, AZ, 85338			
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON THOMPSON FUNERAL CHAPEL 926 S LITCHFIELD ROAD, GOODYEAR, AZ, 85338	24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON LARRY, D, BOWMAN	25. LICENSE NUMBER FDL-01721	
26. METHOD(S) OF DISPOSITION CREMATION	27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY LIFEPLAN CREMATORY INC., PHOENIX, AZ, US	28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	

MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I

29. A. IMMEDIATE CAUSE OF DEATH ACUTE RESPIRATORY FAILURE	30. APPROXIMATE INTERVAL DAYS
31. B. DUE TO OR AS A CONSEQUENCE OF: COVID-19	32. APPROXIMATE INTERVAL WEEKS
33. C. DUE TO OR AS A CONSEQUENCE OF:	34. APPROXIMATE INTERVAL
35. D. DUE TO OR AS A CONSEQUENCE OF:	36. APPROXIMATE INTERVAL

CAUSE OF DEATH PART II

37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: ALZHEIMER'S DISEASE, HYPERTENSION	38. INJURY? NO	39. INJURY AT WORK?	40. MANNER OF DEATH NATURAL DEATH
	41. TIME OF DEATH 19:00	42. WAS AN AUTOPSY PERFORMED? NO	43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

CAUSE AND MANNER CERTIFICATION

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ABOVE IS CORRECT AND THE DEATH OCCURRED DUE TO THE CAUSE(S) AND MANNER STATED.	44. NAME OF PERSON COMPLETING CAUSE OF DEATH LESA, , REDA	45. DATE CERTIFIED 02/22/2021
46. CERTIFIER'S ADDRESS 9435 W PEORIA AVENUE, PEORIA, AZ, 85345		

Date Registered: 02/26/2021 Date Issued: 03/10/2021 VS-49 Rev. 12/2017

J2650911

This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA.
Revised 07/2016

KRYSTAL COLBURN
ASSISTANT STATE REGISTRAR

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ARIZONA DEPARTMENT OF HEALTH SERVICES

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE