

**WHEN RECORDED RETURN TO:**

**Land Title and Escrow Company  
3010 Commercial Avenue  
Anacortes, WA 98221**

**201177-LT, Land Title and Escrow**

**DOCUMENT TITLE(S):**

**Death Certificate**

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:**

**GRANTOR:**

**STATE OF WASHINGTON**

**GRANTEE:**

**MARVIN FOWLER**

**ABBREVIATED LEGAL DESCRIPTION:**

**Lots 4 and 5, Block 803, Northern Pacific Add.**

**TAX PARCEL NUMBER(S):**

**3809-803-005-0017/P58515**

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-005248

LOCAL FILE NUMBER: 450

DATE ISSUED: 02/08/2019

FEE NUMBER: 24980

FIRST AND MIDDLE NAME(S): MARVIN  
LAST NAME(S): FOWLER

COUNTY OF DEATH: SNOHOMISH

DATE OF DEATH:

HOUR OF DEATH: 01:35 AM

SEX: MALE

AGE: 84 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTH PLACE: SEATTLE, WA

MARITAL STATUS: MARRIED

SPOUSE: NANCY J GOODROW

OCCUPATION: DRAFTMAN

INDUSTRY: AEROSPACE

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: NANCY J FOWLER

RELATIONSHIP: WIFE

ADDRESS: 23110 63RD WEST AVENUE, MOUNTLAKE TERRACE,

CAUSE OF DEATH:

A. ALZHEIMERS DEMENTIA

INTERVAL: 8 YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: RECENT ACCIDENTAL  
INGESTION OF TOXIC SUBSTANCE, ATRIAL FIBRILLATION WITH RAPID  
VENTRICULAR RESPONSE, HYPOTENSION

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: OTHER PLACE

FACILITY OR ADDRESS: NORTH CREEK MANOR AFH, 2211 136TH PLACE

CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98087

RESIDENCE STREET: 23110 63RD WEST AVENUE

CITY, STATE, ZIP: MOUNTLAKE TERRACE, WA 98043

INSIDE CITY LIMITS: YES

COUNTY: SNOHOMISH

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 59 YEARS

FATHER/PARENT: STANLEY FOWLER

MOTHER/PARENT:

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: FIRST CALL CREMATION SERVICES

CITY, STATE: KENT, WASHINGTON

DISPOSITION DATE: FEBRUARY 06, 2019

FUNERAL FACILITY: BARTON FAMILY FUNERAL SERVICES SEATTLE

ADDRESS: 14000 AURORA AVENUE NORTH

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98133

FUNERAL DIRECTOR: MICHAEL P. LANZA

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: HEIDI S. RENDALL, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 8227 44TH AVENUE WEST SUITE EAST

CITY, STATE, ZIP: MUKILTEO, WA 98275

DATE SIGNED: FEBRUARY 05, 2019


CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NJA

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: JESSICA L. DYKSTRA

DATE RECEIVED: FEBRUARY 06, 2019



# Affidavit for Correction

This is a legal document. Complete in law and in equity.

**STATE OF WASHINGTON**

Form No. 100-1000-0000  
 Revised 1/1/10  
 Copyright 2010  
 All Rights Reserved

**Required**

1. Name of Person:  (Last)  (First)  (Middle)

2. Date of Birth:  /  /

3. Sex:

4. Race or Ethnicity:

5. Place of Birth:

6. Date of Arrival in the United States:  /  /

7. Date of Naturalization:  /  /

8. Date of Issuance of Current License:  /  /

9. Date of Expiration of Current License:  /  /

10. Date of Issuance of Current License:  /  /

11. Date of Expiration of Current License:  /  /

12. Date of Issuance of Current License:  /  /

13. Date of Expiration of Current License:  /  /

14. Date of Issuance of Current License:  /  /

15. Date of Expiration of Current License:  /  /

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31. Date of Expiration of Current License:  /  /

32. Date of Issuance of Current License:  /  /

33. Date of Expiration of Current License:  /  /

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35. Date of Expiration of Current License:  /  /

36. Date of Issuance of Current License:  /  /

37. Date of Expiration of Current License:  /  /

38. Date of Issuance of Current License:  /  /

39. Date of Expiration of Current License:  /  /

40. Date of Issuance of Current License:

**Return Address:**  
Land Title and Escrow Company  
3010 Commercial Avenue  
Anacortes, WA 98221  
201177-LT

### AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Nancy Fowler, being first duly sworn deposes and states as follows:  
*Name of Affiant*

That they are a rightful heir as listed on heirs at law, to the real property described below, and is

Surviving Spouse of Marvin Fowler  
*Relationship to decedent* *Decedent/Grantor*

who died on February 3, 2019 at  
*Date*

Lynnwood Washington WA  
*City* *County* *State*

#### REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lots 4 and 5, Block 803, Northern Pacific Add.

Assessor's Property Tax Parcel/Account Number: 3809-803-005-0017/P58515  
(Attach full legal description of the property)

☒ Decedent left no Last Will and Testament.

☐ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

Nancy Fowler, Surviving Spouse, Age:

23110 63rd Avenue West, Mountlake Terrace, WA 98043

*Full name, age, relationship, address*

*Full name, age, relationship, address*

*Full name, age, relationship, address*

*Full name, age, relationship, address*

*Full name, age, relationship, address*

*Full name, age, relationship, address*

*Full name, age, relationship, address*

*Full name, age, relationship, address*

Dated: July 20, 2021

Nancy Fowler  
Affiant's full name

(425) 778-0324  
Telephone number

23110 63rd Avenue West  
Street  
Mountlake Terrace Washington 98043  
City State Zip Code  
Nancy Fowler  
Signature  
July 20, 2021  
Date

STATE OF WASHINGTON  
COUNTY OF SKAGIT

Signed and sworn to (or affirmed) before me on this 20<sup>th</sup> day of June, 2021 by Nancy Fowler.

Signature

Notary Public - WA.  
Title

My appointment expires: 12.9.2023

