## 202109150115

09/15/2021 02:38 PM Pages: 1 of 3 Fees: \$41.00

Skagit County Auditor, WA

## WHEN RECORDED RETURN TO:

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

Land Title and Escrow
201546-LT
DOCUMENT TITLE(S):
Death Certificate
Death Cartificate
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REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:
GRANTOR:
STATE OF WASHINGTON
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CD AVENUE
GRANTEE:
Dolores Schaarschmidt
ABBREVIATED LEGAL DESCRIPTION:
Lot 1, Plat of Copper Pond P.U.D.
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TAY BABCEL MIMBED(S).
TAX PARCEL NUMBER(S):
4661-000-001-0000/P108170

## CERTIFICATE OF DEATH

DATE ISSUED: 05/02/2019

FEE NUMBER

CERTIFICATE NUMBER: 2019-019591

FIRST AND MIDDLE NAME(S): DOLORES LAST NAME(S): SCHAARSCHMIDT

COUNTY OF DEATH: SKAGIT DATE OF DEATH: APRIL 30, 2019 HOUR OF DEATH: 04:30 PM SEX: FEMALE

AGE: 88 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: 1 BIRTHPLACE: CLIFTON, NJ

MARITAL STATUS: MARRIED SPOUSE: HENRY WILLY SCHAARSCHMIDT

OCCUPATION: SECRETARY

INDUSTRY: ENGINEERING/SUPPLY

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: HENRY SCHAARSCHMIDT

RELATIONSHIP HUSBAND

ADDRESS: 1819 ANACOPPER ROAD, ANACORTES, WA 98221

CAUSE OF DEATH:

A. CARDIOGENIC SHOCK

INTERVAL: 16 HOURS

B: ACUTE INFERIOR MYOCARDIAL INFARCTION

INTERVAL: 16 HOURS

INTERVAL

`C: D

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CEREBRAL HEMORRHAGE

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: 1819 ANACOPPER ROAD CITY, STATE, ZIP: ANACORTES, WA 98221 COUNTY: SKAGIT

INSIDE CITY LIMITS: YES TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 8 YEARS

FATHER/PARENT: WILLIAM MASTROLIA MOTHER/PARENT:

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON DISPOSITION DATE: MAY 03, 2019

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221 FUNERAL DIRECTOR: LEONARD J. WILLIAMS

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: ALLEN L. JOHNSON, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1415 E. KINCAID STREET CITY, STATE, ZIP: MOUNT VERNON, WA 98274
DATE SIGNED: MAY 01, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE ATTENDING PHYSICIAN: ALLEN JOHNSON, MID

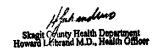
LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: MAY 01, 2019

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