

WHEN RECORDED RETURN TO:

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

202835-LT,

DOCUMENT TITLE(S):

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

SHARON IVANETTE HIGGINS

ABBREVIATED LEGAL DESCRIPTION:

Lot 84, Skyline No. 4

TAX PARCEL NUMBER(S):

3820-000-084-0019/P59301

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-036565

LOCAL FILE NUMBER: 3254

DATE ISSUED: 09/07/2021

FEE NUMBER:

FIRST AND MIDDLE NAME(S): SHARON IVANETTE
LAST NAME(S): HIGGINS

COUNTY OF DEATH: SNOHOMISH

DATE OF DEATH: JULY 27, 2021

HOUR OF DEATH: 05:06 AM

SEX: FEMALE

AGE: 79 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: BAY SHORE, NY

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: FRANK PATRICK HIGGINS

OCCUPATION: SECRETARY

INDUSTRY: AEROSPACE

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: FRANK P HIGGINS

RELATIONSHIP: HUSBAND

ADDRESS: 4602 KINGSWAY, ANACORTES, WA 98221

CAUSE OF DEATH:

A: CARDIAC ARREST

INTERVAL: MINUTES

B: ATRIAL FIBRILLATION WITH RAPID VENTRICULAR RESPONSE

INTERVAL: HOURS

C: SEPTIC SHOCK FROM LEG CELLULITIS

INTERVAL: DAYS

D: T CELL LYMPHOMA

INTERVAL: 3 MONTHS

OTHER CONDITIONS CONTRIBUTING TO DEATH: RHEUMATIC AORTIC VALVE
DISEASE, AORTIC VALVE REPLACEMENT, MALNUTRITION, ANASARCA

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: EMERGENCY ROOM

FACILITY OR ADDRESS: PROVIDENCE REGIONAL MEDICAL CENTER

CITY, STATE, ZIP: EVERETT, WASHINGTON 98201

RESIDENCE STREET: 4602 KINGSWAY

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: ROBERT JOSEPH BOEHM

MOTHER: I

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: JULY 30, 2021

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: BRYCE SNOW, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1700 13TH ST.

CITY, STATE, ZIP: EVERETT, WASHINGTON 98201

DATE SIGNED: JULY 28, 2021

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: 210727-209

ATTENDING PHYSICIAN: BRYCE SNOW, PHYSICIAN

LOCAL DEPUTY REGISTRAR: SHARON NAUCH

DATE RECEIVED: JULY 30, 2021

[illegible][illegible]

CERTIFIED*

SEP 07 2009

Department
Health Officer



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