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10/01/2021 12:07 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

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	

CERTIFICATE OF DEATH

LOCAL FILE NUMBER: 3254

DATE ISSUED: 09/07/2021

CERTIFICATE NUMBER: 2021-036565

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 SOCIAL SECURITY NUMBER:

AGE: 79 YEARS

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

INFORMANT: FRANK P HIGGINS RELATIONSHIP: HUSBAND

ADDRESS: 4602 KINGSWAY, ANACORTES, WA 98221

CAUSE OF DEATH. A: CARDIAC ARREST INTERVAL: MINUTES

US ARMED FORCES: NO

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: 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

FEE NUMBER

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: 1

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 OID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: BRYCE SNOW, MD. TITLE: PHYSICIAN CERTIFIER ADDRESS: 1700 13THST,

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 MAUCH DATE RECEIVED: JULY 30, 2021

Wedgen Sea Department of Health		davit for Correct			to: Center for Health Statistics P.O. Box 47814 Olympia, WA 98504-7814
DOH 422-034 August 2019	This is a legal docu	ıment. Complete in în	k and do	not alter.	360-236-4300
State File Number	Fee Number	STATE OFFICE USE O	NLY Initials	Dale	Affidavit Number
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Death: Cap difficulties					
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