



202206270081

06/27/2022 01:52 PM Pages: 1 of 2 Fees: \$40.00
Skagit County Auditor

Return Address:

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2022 2651
JUN 27 2022

Amount Paid \$ 0
Skagit Co. Treasurer
By LT Deputy

Document Title:

Death Certificate

Reference Number (if applicable): _____

Grantor(s): _____ [] additional grantor names on page ____.

1) Lesley L. Moller

2) Nancy Mimi Moller

Grantee(s): _____ [] additional grantor names on page ____.

1) Lesley L. Moller

2) _____

Abbreviated Legal Description: _____ [] full legal on page(s) ____.

LT29, Country Club Estates

Assessor Parcel /Tax ID Number: _____ [] additional parcel numbers on page ____.

78663

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

LOCAL FILE NUMBER

1 NAME First Middle Last NANCY MIMI MOLLER				2 SEX (M / F) Female		3. DEATH DATE (Mo, Day, Yr) January 2, 1994	
4 AGE LAST BIRTH-DAY (Yrs) 45		5 UNDER 1 YEAR MOS DAYS		6 UNDER 1 DAY HOURS MINS		7 BIRTHDATE (Mo, Day, Yr)	
8 BIRTHPLACE (City, State or Foreign Country) Colfax, WA				9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		10 COUNTY OF DEATH Skagit	
11 CITY, TOWN OR LOCATION OF DEATH Burlington				12 PLACE OF DEATH—IN BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 <input type="checkbox"/> HOME 2 <input type="checkbox"/> IN TRANSPORT 3 <input type="checkbox"/> EMERG IN/OUT PTN 4 <input type="checkbox"/> HOSP 5 <input type="checkbox"/> NUR HOME 6 <input type="checkbox"/> OTHER PLACE Home - 1217 Patricia Lane			
13 SMOKING IN LAST 15 YEARS? (Yes / No) No		14 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15 SURVIVING SPOUSE (If wife, give maiden name) Lesley Moller		16 SOCIAL SECURITY NO. [REDACTED]	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 3 1/2		18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Teachers Aide		19 KIND OF BUSINESS OR INDUSTRY Public Education		20 Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No	
21 RACE (Specify) White		22 RESIDENCE—NUMBER AND STREET 1217 Patricia Lane		23 CITY/TOWN OR LOCATION Burlington		24 INSIDE CITY LIMITS? (Yes / No) No	
25 COUNTY Skagit		26 LENGTH OF RES IN CO 40 Yr		27 STATE WA		28 ZIP CODE 98233	
29 FATHER'S NAME—FIRST, MIDDLE, LAST Stanley Omdal				30 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Maria [REDACTED]			
31 INFORMANT—NAME Lesley Moller		32 MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 1217 Patricia Lane Burlington, WA 98233					
33 BURIAL, CREMATION REMOVAL, OTHER (Specify) Burial		34 DATE (Mo, Day, Yr) Jan 5, 1994		35 CEMETERY/CREMATORY—NAME Bow Cemetery		36 LOCATION—CITY/TOWN, STATE Bow, Washington	
37 FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		38 NAME OF FACILITY Lemley Chapel		39 ADDRESS OF FACILITY 1008 3rd St. Sedro Woolley, WA 98284			
30 TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN 30 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>[Signature]</i> Robert J Raish MD				31 TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER 43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE X			
40 DATE SIGNED (Mo, Day, Yr) 1/3/94		41 HOUR OF DEATH (24 Hrs.) 0710 Hr.		44 DATE SIGNED (Mo, Day, Yr)		45 HOUR OF DEATH (24 Hrs)	
42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		46 PRONOUNCED DEAD (Mo., Day, Yr)		47 HOUR PRONOUNCED DEAD (24 Hrs)		48 ME/CORONER FILE NUMBER	
48 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Robert J. Raish, 1415 E. Kincaid St., Mount Vernon, WA, 98273							
50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.							
IMMEDIATE CAUSE (First disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A. DUE TO, OR AS A CONSEQUENCE OF: Glioblastoma multiforme		INTERVAL BETWEEN ONSET AND DEATH 1 yr.		B. DUE TO, OR AS A CONSEQUENCE OF:	
		C. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH		C. DUE TO, OR AS A CONSEQUENCE OF:	
		D. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH		D. DUE TO, OR AS A CONSEQUENCE OF:	
51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: chest wall abscess							
54 ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)		55 INJURY DATE (Mo, Day, Yr)		56 HOUR OF INJURY (24 Hrs)		57 DESCRIBE HOW INJURY OCCURRED	
58 INJURY AT WORK? (Yes / No)		59 PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)		60 LOCATION—STREET OR RFD NO., CITY/TOWN, STATE			
61 RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE				62 REGISTRAR SIGNATURE <i>[Signature]</i> Howard Leibrand, M.D. Health Officer		63 DATE RECEIVED (Mo., Day, Yr.) Jan. 3, 1994	



Date JAN 6 1994

Signed Sharon A. Belton Skagit County Deputy Registrar