



202208170033

08/17/2022 11:37 AM Pages: 1 of 2 Fees: \$40.00
Skagit County Auditor

Return Address:

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2022 3390
AUG 17 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) Patricia Lisk

2) _____

Grantee(s):

☐ additional grantor names on page ____.

1) _____

2) _____

Abbreviated Legal Description:

☐ full legal on page(s) ____.

LT 7, BLK 20, West Addition to Clear Lake

Assessor Parcel /Tax ID Number:

☐ additional parcel numbers on page ____.

P 75060

STATE OF COLORADO

CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

STATE FILE NUMBER 1052022024599

DECEDENT'S LEGAL NAME PATRICIA RUTH LISLE				DATE OF DEATH JULY 05, 2022				
SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE-Last Birthday (Years) 83	UNDER 1 YEAR Months Days		UNDER 1 DAY Hours Minutes		DATE OF BIRTH (Mo/Day/Yr) [REDACTED]	BIRTHPLACE (State or Foreign Country) TEXAS
IF DEATH OCCURRED IN HOSPITAL INPATIENT			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL					
Facility Name (If not institution, give street & number) LONGS PEAK HOSPITAL			CITY, TOWN OR LOCATION OF DEATH LONGMONT			COUNTY OF DEATH BOULDER		
RESIDENCE - STREET AND NUMBER 660 OLD LARAMIE TRAIL						APT. NO. 318-A	ZIP CODE 80026	INSIDE CITY LIMITS YES
RESIDENCE STATE COLORADO			COUNTY BOULDER			CITY OR TOWN LAFAYETTE		
DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) CONSERVATIONIST					KIND OF BUSINESS/INDUSTRY ENVIRONMENTAL		DECEDENT'S EDUCATION BACHELOR'S DEGREE	
DECEDENT OF HISPANIC ORIGIN NO					DECEDENT'S RACE White			
EVER IN US ARMED FORCES NO		MARITAL STATUS AT TIME OF DEATH DIVORCED		SPOUSE/PARTNER NAME (If wife give name prior to first marriage)				
FATHER'S NAME HERMAN F WATERS				MOTHER'S NAME PRIOR TO FIRST MARRIAGE AILEEN [REDACTED]				
INFORMANT'S NAME ALISON RANKIN				INFORMANT'S RELATIONSHIP TO DECEASED CHILD				
NAME OF FUNERAL HOME DARRELL HOWE MORTUARY				CITY AND STATE OF FUNERAL HOME LAFAYETTE COLORADO			WAS CORONER NOTIFIED YES	
METHOD OF DISPOSITION REMOVAL FROM STATE		PLACE OF DISPOSITION MEMORIAL PARK CEMETERY				LOCATION - CITY, COUNTY, STATE AUSTIN TRAVIS TEXAS		
INJURY AT WORK		IF TRANSPORTATION RELATED, SPECIFY			DATE OF INJURY		TIME OF INJURY	
PLACE OF INJURY								
LOCATION OF INJURY (Street & Number, Apt. No., City or Town, County, State, ZipCode)								
DESCRIBE HOW INJURY OCCURRED								
WAS DECEDENT UNDER HOSPICE CARE YES		ACTUAL OR PRESUMED TIME OF DEATH 12:44 PM		DATE PRONOUNCED DEAD (MO/DAY/YR) JULY 05, 2022		TIME PRONOUNCED DEAD 12:51 PM		
MANNER OF DEATH NATURAL				WAS AN AUTOPSY PERFORMED NO		WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH?		
CAUSE OF DEATH								
PART I		Enter the chain of events - diseases, injuries, or complications that directly caused the death.						Approximate interval: Onset to death DAYS
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a SMALL BOWEL OBSTRUCTION ACUTE HEART FAILURE						
		b						
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)		c						
		d						
PART II Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I								
BREAST CANCER, DEMENTIA								
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF PHYSICIAN SARAH TAMBRA MD 1750 E KEN PRATT BOULEVARD LONGMONT CO 80504						DATE SIGNED JULY 05, 2022		
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF CORONER						DATE SIGNED		
DATE FILED BY REGISTRAR JULY 11, 2022								



DATE ISSUED JULY 12, 2022

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

REV 01/19



A. Alex Quintana
A. ALEX QUINTANA
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE