202209010059

09/01/2022 01:49 PM Pages: 1 of 6 Fees: \$44.00

Skagit County Auditor, WA

WHEN RECORDED RETURN TO:

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

REVIEWED BY SKAGIT COUNTY TREASURER DEPUTY Josie Bear DATE 09/01/2022

206619-LT,
DOCUMENT TITLE(S):
Death Certificate
REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:
n/a
GRANTOR:
STATE OF WASHINGTON
GRANTEE:
JOHN JOSEPH RUSSEL
ABBREVIATED LEGAL DESCRIPTION:
Lot 4, Shelter Bay Div. 1
TAX PARCEL NUMBER(S):
3998-000-004-0004/P69083

STATE OF WASHINGT**ON** LOW VICE PILLAGE AND DEPARTMENT OF HEALTH.

CERTIFICATE OF DEATH



DATE ISSUED: 12/14/2020 FEE NUMBER:

CERTIFICATE NUMBER. 2020-056601

FIRST AND MIDDLE NAME(S): JOHN JOSEPH LAST NAME(S): RUSSEL

COUNTY OF DEATH: SKAGIT DATE OF DEATH: DECEMBER 01, 2020 HOUR OF DEATH: 01:00 AM SEX: MALE

AGE: 81 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: PASCO, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: ELLEN THERESA BOWE

OCCUPATION: MANAGEMENT

INDUSTRY: RETAIL

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: YES

INFORMANT: ELLEN THERESA RUSSEL

RELATIONSHIP: WIFE

ADDRESS: 4 QUINAULT WAY LA CONNER, WA 98257

CAUSE OF DEATH:

A: CONGESTIVE HEART FAILURE INTERVAL: MONTHS B: AORTIC VALVE STENOSIS

INTERVAL: YEARS

MTERVAL

Ď.

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CORONARY ARTERY DISEASE, MODERATELY ADVANCED DEMENTIA, RECENT UROSEPSIS

DATE OF INJURY: HOUR OF INJURY: INJURY AT WORK: PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP: COUNTY:

DESCRIBE HOW INJURY OCCURRED:

MANGUS NI BAMAD

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 4 QUINAULT WAY

CITY, STATE, ZIP: LA CONNER, WASHINGTON 98257

RÉSIDENCE STREET: 4 QUINAULT WAY CITY, STATE, ZIP: LA CONNER, WA 98257

INSIDE CITY LIMITS: NO COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 12 YEARS

FATHER: JOSEPH OLIVER RUSSEL

MOTHER: ELIZABETH

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON DISPOSITION DATE: DECEMBER 08, 2020

FUNERAL FACILITY: NEPTUNE SOCIETY LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C

CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036

FUNERAL DIRECTOR: MANUELA A. BARBER

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: LESLIE A. ESTEP, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: DECEMBER 01, 2020

CASE REFERRED TO ME/CORONER: NO FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ

DATE RECEIVED: DECEMBER 07, 2020

OFL422-132 (8/18)

202209010059
Mail to: Center for Health Statistics

State File Number	W Health		•	nt Commiss	-		01:49 PMb. Bagi Olympia, W	/A 98504-7814
Required information must match current information on record Record Type: Birth Death Marriage Dissolution (Divorce)		inis is					360-236-43	;00
Record Type: Birth Death Marriage Dissolution (Divorce)				ATE OFFICE			Affidavit	Number
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Record Type: Birth Death Marriage Dissolution (Divorce)	2.40	Re	quired information	n must mat	ch current info	ormation on reco	rd - 1 - 1 - 1 - 1	
Prince P	Record Type:						(Divorce)	
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Return Mailing Address: City State Zi	First							
Return Mailing Address: City State Zi	4. Father/Parent Fu	ıll Birth Name (Spouse	A for Marriage or Dis	ssolution) 5.	Mother/Parent F	uil Birth Name (Spou		
Return Mailing Address: City State Zi	First	Middle						
The record currently shows: Email Address:		Requesting Correction			=			
Light Ligh	7. Return Mailing Addres				City		State	Zi
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9. 10. 11. 12. I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct. 14a. Signature: 14b. Signature of 2 nd parent (if required): Printed name: 14b. Signature of 2 nd parent (if required): Printed name: Date: Printed name: 18b. Signature of 2 nd parent (if required): Printed name: Date: 18b. Signature of 2 nd parent (if required): Printed name: Date: 18b. Signature of 2 nd parent (if required): Printed name: 18b. School transcripts Sc				ges on the i	ecord. The rec	cord is incorrect	or incomplete a	3 follows:
10. 11. 12. 13. 14. Signature: 14b. Signature of 2 nd parent (if required): 15b. Social Security card, or hospital date. 14b. Signature of parent (if required): 15b. Social Security card, or hospital decorative birth certificate sproof documentation. 15b. 15b. 15b. 15b. 15b. 15b. 15b. 15b		The record currently	shows:		<u> </u>	i ne tru	e tact is:	
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I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct. 14a. Signature: Printed name:	10.							
14b. Signature of 2 nd parent (if required): Printed name: Date:	12.			13	13.			
14b. Signature of 2 nd parent (if required): Printed name: Date:	I declare u	inder penalty of per	rjury under the la	ws of the St	ate of Washing	gton that the forg	oing is true and	l correct.
INSTRUCTIONS – go to www.doh.wa.gov for more information Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include: Birth/Marriage/Divorce record				14	lb. Signature of 2	2nd parent (if required	I):	
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Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include: Birth/Marriage/Divorce record Certificate of Naturalization You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation. Birth Certificates 1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate as proof documentation. Birth Certificates 1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate as proof documentation. Birth Certificates 1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate as proof documentation. Birth Certificates 1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate as proof documentation. Birth Certificates 1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate. School transcripts Copy of Passport / Enhanced ID Goeyn/Passport / Enhanced ID	Fillited Harte.		Duit.					
Birth/Marriage/Divorce record Copy of Passport / Enhanced ID C			INSTRUCTIONS -	go to www.do	h.wa.gov for mor	e information		in atrodus
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member may change the non-medical information with proof documentation. Family members are spouse of registered domestic partner, parent, sibling, o	1 Only the informant	may change the non-n	nedical information w	rithout proof do	cumentation. The	e funeral director, exc	ecutors/administrat	ors, or a family
adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.	member may chang	ge the non-medical info	ormation with proof durings a certified court	ocumentation. corder if some	ramily members one other than the	s are spouse or regis e informant is reques	tered domestic par sting the change.	uter, parent, sibling, or
	2. The medical inform	nation (cause of death)	may be changed on	ly by the certify	ying physician or	the coroner/medical	examiner.	

- Marriage/Dissolution (Divorce) Certificates

 1. Personal facts (minor spelling changes in name, date or place of birth, or residence) may be changed by the person with one piece of proof documentation.

 2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

CERTIFIED DEC 1 4 2020

Skagit County Health Department Howard Leibrand M.D., Health Officer



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

Return Address:
Land Title and Escrow Company
3010 Commercial Avenue
Anacortes, WA 98221
206619-LT

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Elent Quil, being first duly sworn deposes and states as follows:
That they are a rightful heir as listed on heirs at law, to the real property described below, and is
Stone of John J. Russel,
Relationship to decedent Decedent/Grantor
who died on $12-1-20$ at
La Conner Skagit Washington
REAL PROPERTY SUBJECT TO THE AFFIDAVIT: Abbreviated Legal Description: Lot 4. Shelter Bay Div. 1
Assessor's Property Tax Parcel/Account Number: 3998-000-004-0004/P69083 (Attach full legal description of the property)
Decedent left no Last Will and Testament.
Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.
"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

REV 84 0017 (1/3/17) Page 1 of 3

Ellen Rusel			
		v, washington	8 825
Full name, age, relationship, address	Yakıma	Washington	
Full name, age, relationship, address			
Full name, age, relationship, address			
Full name, age, relationship, address			
Full name, age, relationship, address			
Full name, age, relationship, address			
Full name, age, relationship, address			

REV 84 0017 (1/3/17)

Page 2 of 3

Dated: 8/26/22	
Eller T. Rusel Affiant's full name	
360-540 - 4664 Telephone number	
4 Quinaull Way	
La Conner Washington	98257
City State	Zip Code
Signature 8/24	Date
dignature	
STATE OF WASHINGTON COUNTY OF SKAGIT	
Signed and sworn to (or affirmed) before me on this day of	уу
& A Co	
Title My appointment expires: 30-,2004 CHERYL A FROEHLIG NOTARY PUBL STATE OF WASHINGT COMM. EXP. MAR. 07, COMM. #92604	ON I

REV 84 0017 (1/3/17) Page 3 of 3