



20221150052

11/15/2022 02:39 PM Pages: 1 of 2 Fees: \$40.00  
Skagit County Auditor

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2022 4616  
NOV 15 2022

Amount Paid \$ 0  
Skagit Co. Treasurer  
By *[Signature]* Deputy

Document Title:  
DEATH CERTIFICATE

Reference Number :

Grantor(s):

additional grantor names on page \_\_\_

1. LEIGH ANN OLSON /

2.

Grantee(s):

additional grantee names on page\_\_\_

1.

2.

Abbreviated legal description:

full legal on page(s) \_\_\_

THAT PORTION OF THE SE1/4 NE1/4 OF SEC 14, TWP 34, RNG 3 DESCRIBED AS  
FOLLOWS; BEGINNING AT A POINT 20 FEET NORTH OF THE SOUTHWEST CORNER OF  
SAID SUBDIVISION; THENCE EAST ALONG THE NORTH LINE OF THE COUNTY ROAD  
69.81 FEET; THENCE NORTH PARALLEL WITH THE WEST LINE OF SAID SUBDIVISION  
311.89 FEET, MORE OR LESS, TO THE NORTH LINE OF THE SOUTH HALF OF THE

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page \_\_\_

P21854

UNOFFICIAL DOCUMENT

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

CASE FILE NO. 4281236

2022011040  
STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

DECEDENT

IF DEATH  
OCCURRED IN  
INSTITUTION SEE  
HANDBOOK  
REGARDING  
COMPLETION OF  
RESIDENCE  
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF  
ANY WHICH  
GAVE RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Leigh Ann OLSON</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 30, 2022</b>		3a. COUNTY OF DEATH <b>Clark</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and <b>ProCare Hospice of Nevada</b> Inpatient(Specify) <b>Hospice Facility (HFS)</b>		4. SEX <b>Female</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>57</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Washington</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Steven OLSON</b>		13. DATE OF BIRTH (Mo/Day/Year)	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Bookkeeper</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>CHURCH</b>		Ever in US Armed Forces? <b>No</b>	
15a. RESIDENCE - STATE <b>Washington</b>		15b. COUNTY <b>Skagit</b>		15c. CITY, TOWN OR LOCATION <b>Mount Vernon</b>	
15d. STREET AND NUMBER <b>16751 Donnelly Road</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>David DOUMA</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Gertrude</b>		
18a. INFORMANT- NAME (Type or Print) <b>Steven OLSON</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>16751 Donnelly Road Mount Vernon, Washington 98273</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>La Paloma Crematory</b>		19c. LOCATION City or Town State <b>Las Vegas Nevada 89122</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RYAN BOWEN</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD810</b>		20c. NAME AND ADDRESS OF FACILITY <b>Simple Cremation - Henderson</b> <b>129 W Lake Mead Pkwy Ste 21 Henderson NV 89015</b>	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>CLEVIS T PARKER MD</b> SIGNATURE AUTHENTICATED			22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		
21b. DATE SIGNED (Mo/Day/Yr) <b>May 03, 2022</b>		21c. HOUR OF DEATH <b>16:59</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Clevis T Parker MD 8025 Amigo Street Las Vegas, NV 89123</b>				23b. LICENSE NUMBER <b>17763</b>	
24a. REGISTRAR (Signature) <b>NANCY BARRY</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 03, 2022</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I				Interval between onset and death	
(a) <b>Stroke</b>				Weeks	
(b) DUE TO, OR AS A CONSEQUENCE OF: <b>Unknown Etiology</b>				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Weeks	
(d) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. History Of Breast Cancer With Chemo Induced Cardiomyopathy				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
28a. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED					
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

VRS-Rev-20120523

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: **MAY 05 2022**

Registrar of Vital Statistics  
By *[Signature]*

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.  
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE