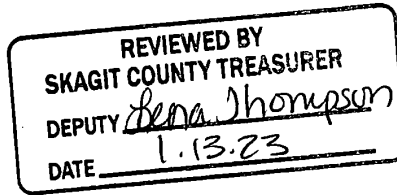




202301130073

01/13/2023 03:43 PM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

When Recorded Please Return To:
LAWRENCE A. PIRKLE
P.O. Box 1788
Mount Vernon, WA 98273
(360) 336-6587



DOCUMENT TITLE:

STATE OF IDAHO
CERTIFICATE OF DEATH

REFERENCE NUMBER:

GRANTOR:

STATE OF IDAHO

GRANTEE:

MARILYN R. LUPINACCI (Deceased)

ASSESSOR'S PARCEL NUMBER(S):

P65165 (3907-003-004-0008)
P65166 (3907-003-005-0007)

LEGAL DESCRIPTION(S):

P65165 (3907-003-004-0008): Lot 4, Block 3,
"EASTGATE ADDITION PLAT NO. 1, MOUNT
VERNON, WASH.", according to the plat
recorded in Volume 7 of Plats, page 40 1/2,
records of Skagit County, Washington.

P65166 (3907-003-005-0007): Lot 5, Block 3,
"EASTGATE ADDITION PLAT NO. 1, MOUNT
VERNON, WASH.", according to the plat
recorded in Volume 7 of Plats, page 40 1/2,
records of Skagit County, Washington.

Situate in the County of Skagit, State of
Washington.

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
CERTIFICATE OF DEATH

Date Filed AUGUST 13, 2018

State File No. 2018-08551

DECEDENT - LEGAL NAME MARILYN ROSALEE LUPINACCI			
SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 77 YEARS	DATE OF BIRTH [REDACTED]
BIRTHPLACE MARTIN, SOUTH DAKOTA		PLACE OF RESIDENCE MOUNT VERNON, WASHINGTON	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (If wife, maiden name) PETE W. LUPINACCI	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME FREDERICK W. COWELL			BIRTHPLACE SOUTH DAKOTA
MOTHER - MAIDEN NAME MARY [REDACTED]			BIRTHPLACE NEBRASKA
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE DARIN BUTTERFIELD	
NAME AND ADDRESS OF FUNERAL FACILITY ENGLISH FUNERAL CHAPEL, INC., COEUR D'ALENE, IDAHO			
DATE OF DEATH AUG. 08, 2018	TIME OF DEATH 7:09 A.M.	CITY, TOWN OR LOCATION OF DEATH COEUR D'ALENE, IDAHO	COUNTY OF DEATH KOOTENAI
CAUSE OF DEATH (underlying cause last) a. VENTRICULAR FIBRILLATION			Approximate Interval Between Onset and Death 10 MINUTES
DUE TO (or as a consequence of): b. END STAGE RENAL DISEASE			9 YEARS
DUE TO (or as a consequence of): c. AORTIC STENOSIS			5 YEARS
DUE TO (or as a consequence of): d.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NONE STATED			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL		NAME OF CERTIFIER LAUREN LEIGH SAUVE, N.P.	TITLE A.P.R.N.
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

AUGUST 13, 2018

DATE ISSUED:

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR





001044728