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

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Mount Vernon, WA 98273
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REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Dena Thompson
DATE 1.13.23

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	SOCIAL SECURITY NUMBER	AGE	DATE OF BIRTH
FEMALE	[redacted]	77 YEARS	[redacted]

BIRTHPLACE	PLACE OF RESIDENCE
MARTIN, SOUTH DAKOTA	MOUNT VERNON, WASHINGTON

MARITAL STATUS AT TIME OF DEATH	NAME OF SURVIVING SPOUSE (if wife, maiden name)	WAS DECEDENT EVER IN U.S. ARMED FORCES?
MARRIED	PETE W. LUPINACCI	NO

FATHER - NAME	BIRTHPLACE
FREDERICK W. COWELL	SOUTH DAKOTA
MOTHER - MAIDEN NAME: MARY [redacted]	BIRTHPLACE: NEBRASKA

METHOD OF DISPOSITION	FUNERAL SERVICE LICENSEE
CREMATION	DARIN BUTTERFIELD

NAME AND ADDRESS OF FUNERAL FACILITY: ENGLISH FUNERAL CHAPEL, INC., COEUR D'ALENE, IDAHO

DATE OF DEATH	TIME OF DEATH	CITY,TOWN OR LOCATION OF DEATH	COUNTY OF DEATH
AUG. 08, 2018	7:09 A.M.	COEUR D'ALENE, IDAHO	KOOTENAI

CAUSE OF DEATH (underlying cause last)

		Approximate Interval Between Onset and Death
a.	VENTRICULAR FIBRILLATION	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	WAS AN AUTOPSY PERFORMED?
NONE STATED	NO

MANNER OF DEATH	NAME OF CERTIFIER	TITLE
NATURAL	LAUREN LEIGH SAUVE, N.P.	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.

DATE ISSUED: AUGUST 13, 2018

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

JAMES B. AYDELOTTE
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE