

WHEN RECORDED RETURN TO:

Barbara A. Hansen
1162~~1~~Pointe Place
Anacortes, WA 98221

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 02/02/2023

208032-LT. Land Title and Escrow

DOCUMENT TITLE(S):
Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
STATE OF WASHINGTON

GRANTEE:
SARAH ANN LANGE

ABBREVIATED LEGAL DESCRIPTION:
ptn Gov. Lot 1 & ptn SE/SW, SEc. 35-35-1 (aka Lot 1 & Septic Lot 1, S.P. #91-049

TAX PARCEL NUMBER(S):
350135-3-002-0405/P32542

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-051420

DATE ISSUED: 11/25/2019
FEE NUMBER:

FIRST AND MIDDLE NAME(S): SARAH ANN
LAST NAME(S): LANGE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 11, 2019
HOUR OF DEATH: 07:45 PM
SEX: FEMALE AGE: 71 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

RESIDENCE STREET: 4235 LANGE TERRACE
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 1 YEAR

BIRTH DATE: [REDACTED]
BIRTHPLACE: PORT JERVIS, NY

FATHER: HARRY MARTIN
MOTHER: [REDACTED]

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

OCCUPATION: BUSINESS OWNER
INDUSTRY: VARIOUS SMALL BUSINESSES
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE
US ARMED FORCES: NO

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: NOVEMBER 26, 2019

INFORMANT: CAMILLE LANGE
RELATIONSHIP: DAUGHTER
ADDRESS: 4235 LANGE TERRACE, ANACORTES, WA 98221

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

CAUSE OF DEATH:
A: ACUTE ANTEROLATERAL MYOCARDIAL INFARCTION
INTERVAL: UNKNOWN
B: INTERVAL:
C: INTERVAL:
D: INTERVAL:

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: LEONARD J. WILLIAMS

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

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

CERTIFIER NAME: SUSAN M. JORDAN, PA-C
TITLE: PHYSICIAN ASSISTANT
CERTIFIER ADDRESS: 1211 24TH STREET
CITY, STATE, ZIP: ANACORTES, WA 98221
DATE SIGNED: NOVEMBER 25, 2019

LOCATION OF INJURY:

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 19SK0227
ATTENDING PHYSICIAN: SUSAN JORDAN

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: NOVEMBER 25, 2019

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

