

When recorded return to:

Mary Mangotich Grier
Mary Mangotich Grier, as Trustee of the MM Grier
Trust under trust agreement dated June 9, 2020
8342 E Via de Dorado
Scottsdale, AZ 85258

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 10/31/2023

DOCUMENT TITLE(S)

DEATH CERTIFICATE

**CHICAGO TITLE COMPANY
500146170**

GRANTOR(S)

State of Arizona

GRANTEE(S)

Michael Anthony Grier

ABBREVIATED LEGAL DESCRIPTION

PTN LT 16, "SUNSET ADDITION TO CLEAR LAKE"

TAX PARCEL NUMBER(S)

P69917 / 4027-000-016-0003

STATE OF ARIZONA
CERTIFICATION OF VITAL RECORDORIGINAL
STATE COPYSTATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATHState File Number
102-2023-044418

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) MICHAEL, ANTHONY, GRIER		2. AKA'S (IF ANY)		3. DATE OF DEATH 08/20/2023	
4. SEX MALE	5. SOCIAL SECURITY NUMBER	6. DATE OF BIRTH	7. AGE 67 YEARS		
8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH SCOTTSDALE, MARICOPA, 85258					
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS) RESIDENCE - 8342 E VIA DE DORADO					
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) LAKE CHARLES, LOUISIANA		11. MARITAL STATUS MARRIED		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) MARY, ELIZABETH, MANGOTICH	
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP) 8342 E VIA DE DORADO, SCOTTSDALE, MARICOPA, AZ, 85258					
14. DECEDENT'S HISPANIC ORIGIN(S) NO, NOT SPANISH/HISPANIC/LATINO		15. DECEDENT'S RACE(S) WHITE		16. EVER IN ARMED FORCES YES	
17. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX) WILLIAM, CASEY, GRIER		18. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) ANNETTE, [REDACTED]			
19. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX) MARY, MANGOTICH, GRIER		20. INFORMANT'S MAILING ADDRESS 8342 E VIA DE DORADO, SCOTTSDALE, AZ, 85258		21. RELATIONSHIP SPOUSE	
22. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON MESSINGER INDIAN SCHOOL MORTUARY 7601 E INDIAN SCHOOL ROAD, SCOTTSDALE, AZ, 85251		23. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON MARLEY, G., SAGE		24. LICENSE NUMBER FDL-001574	
25. METHOD(S) OF DISPOSITION CREMATION		26. NAME AND LOCATION OF 1ST DISPOSITION FACILITY PARADISE MEMORIAL CREMATORY, INC., SCOTTSDALE, AZ, US		27. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I					
29. A. IMMEDIATE CAUSE OF DEATH INCISED WOUNDS OF UPPER EXTREMITIES AND LEFT LOWER EXTREMITY				30. APPROXIMATE INTERVAL MINUTES	
31. B. DUE TO OR AS A CONSEQUENCE OF:				32. APPROXIMATE INTERVAL	
33. C. DUE TO OR AS A CONSEQUENCE OF:				34. APPROXIMATE INTERVAL	
35. D. DUE TO OR AS A CONSEQUENCE OF:				36. APPROXIMATE INTERVAL	
CAUSE OF DEATH PART II					
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:		38. INJURY? YES		39. INJURY AT WORK? NO	
		40. MANNER OF DEATH SUICIDE			
		41. TIME OF DEATH 09:12		42. WAS AN AUTOPSY PERFORMED? NO	
				43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
CAUSE AND MANNER CERTIFICATION					
ON THE BASIS OF EXAMINATION OR INVESTIGATION, AS APPLICABLE, THE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.		44. NAME OF PERSON COMPLETING CAUSE OF DEATH ERIC, HIRSCH		45. DATE CERTIFIED 08/21/2023	
46. CERTIFIER'S ADDRESS 701 W JEFFERSON STREET, PHOENIX, AZ, 85007					

Date Registered: 08/24/2023

Date Issued: 08/25/2023

VS-49 Rev. 12/2017

This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA.
Revised 07/2016Krystal Colburn
KRISTAL COLBURN
ASSISTANT STATE REGISTRAR

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE