202508140041
08/14/2025 12:18 PM Pages: 1 of 3 Fees: $20.00
Skagit County Auditor, WA

WHEN RECORDED RETURN TO:

Doug A. Thurber
6492 Burke Road
Burke, ID 83873

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20252618
Date 08/14/2025

DOCUMENT TITLE(S): Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

:
Carol Lee Allen, deceased

:
State of Washington
County of Skagit

ABBREVIATED LEGAL DESCRIPTION:
Unit 216, Bldg. A, SKYLINE STORAGE CONDOMINIUM

TAX PARCEL NUMBER(S):
P128340/4981-000-216-0000

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 FEBRUARY 07, 2025 State File No. 2025-01522

DECEDENT - LEGAL NAME: CAROL LEE ALLEN

SEX	SOCIAL SECURITY NUMBER	AGE	DATE OF BIRTH
FEMALE	[redacted]	72 YEARS	[redacted]

BIRTHPLACE	PLACE OF RESIDENCE
FLORAL PARK, NEW YORK	WALLACE, IDAHO

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

FATHER - NAME	BIRTHPLACE
ROBERT ALLEN	NEW YORK
MOTHER - MAIDEN NAME: [redacted]	NEW YORK

METHOD OF DISPOSITION	FUNERAL SERVICE LICENSEE
CREMATION	MARK A. OWSLEY

NAME AND ADDRESS OF FUNERAL FACILITY: SHOSHONE FUNERAL SERVICES, INC., KELLOGG, IDAHO

DATE OF DEATH	TIME OF DEATH	CITY, TOWN OR LOCATION OF DEATH	COUNTY OF DEATH
FEB. 04, 2025	7:29 P.M.	KELLOGG, IDAHO	SHOSHONE

CAUSE OF DEATH (underlying cause last) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

a. MYOCARDIAL INFARCTION

DUE TO (or as a consequence of):

b.

DUE TO (or as a consequence of):

c.

DUE TO (or as a consequence of):

d.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above	AUTOPSY PERFORMED?
NONE STATED	NO

MANNER OF DEATH	NAME OF CERTIFIER	TITLE
NATURAL	RICHARD SMITH	CORONER

CORONER SUBSEQUENT CERTIFICATION IF NECESSARY

EXTERNAL CAUSES ONLY

DATE OF INJURY	HOUR 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.

FEBRUARY 07, 2025

DATE ISSUED:

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

Rev. 06/06/24

James B. Aydelotte

JAMES B. AYDELOTTE
STATE REGISTRAR

GREAT SEAL OF THE STATE OF IDAHO

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE