WHEN RECORDED RETURN TO:
Karen Fahey Benedict
1316 Alpine View Drive
Mount Vernon, WA 98274

201707250030
Skagit County Auditor
7/25/2017 Page 1 of 3 11:20AM
$36.00

01-163803-OE, 01-163803-OE

DOCUMENT TITLE(S):
Death Certificate

Land Title and Escrow

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
STATE OF WASHINGTON

GRANTEE:
REX LOREN BENEDICT

ABBREVIATED LEGAL DESCRIPTION:
Lot 57, Eaglemont Phase 1A

TAX PARCEL NUMBER(S):
4621-000-057-0006/P104324

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-022153

DATE ISSUED: 11/26/2013

FEE NUMBER: 0000000029

GIVEN NAMES: REX LOREN
LAST NAME: BENEDICT

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 24,2013
HOUR OF DEATH: 09:35 P.M.
SEX: MALE
AGE: 73 YEARS
SOCIAL SECURITY NUMBER: [redacted]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [redacted]
BIRTHPLACE: SEATTLE, KING CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: KAREN FAHEY

OCCUPATION: REGIONAL SALES MANAGER
INDUSTRY: PROFESSIONAL AUDIO AND VISUAL
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? NO

INFORMANT: KAREN BENEDICT
RELATIONSHIP: WIFE
ADDRESS: 1316 ALPINE VIEW DR. MOUNT VERNON, WA 98274

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

RESIDENCE STREET: 1316 ALPINE VIEW DR.
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 15 YEARS

FATHER: HUGH BENEDICT
MOTHER: LORAIN [redacted]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMAT
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: NOVEMBER 26,2013

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME
ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON WA 98273
FUNERAL DIRECTOR: KIRK S. DUFFY

CAUSE OF DEATH:
A. ACUTE SEPSIS SYNDROME WITHOUT IDENTIFIED SOURCE
INTERVAL: 4 DAYS
B. PROGRESSIVE SEVERE DEMENTIA
INTERVAL: 4 YEARS
C. TYPE 1 DIABETES MELLITUS
INTERVAL: 55 YEARS
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: DEBORAH NORTH, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1400 E. KINCAID STREET
CITY,STATE,ZIP: MOUNT VERNON WA 98274
DATE SIGNED: NOVEMBER 25,2013

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 645
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: NOVEMBER 26,2013

DOH 01-003 (1/13)

Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

Use the section below for requesting any changes on the record.

Death | Marriage | Dissolution

CERTIFIED

NOV 26 2013

Orange County Public Health Department
Howard Leibrand M.D. Health Officer

YY00217467