

WHEN RECORDED RETURN TO:

William A. Stedman JR
PO Box 476
Anacortes, WA 98221

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 10/02/2023

210306-LT.

DOCUMENT TITLE(S):
CERTIFICATE OF DEATH

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
State of Washington

GRANTEE:
Gregory Lance Crosby

ABBREVIATED LEGAL DESCRIPTION:
Lot A, Survey # 200911120117, being a ptn of lots 18-20, Blk 126, Anacortes

TAX PARCEL NUMBER(S):
3772-126-020-0017/P55815

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-008580

DATE ISSUED: 02/22/2023
FEE NUMBER:

FIRST AND MIDDLE NAME(S): GREGORY LANCE
LAST NAME(S): CROSBY

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 20, 2023
HOUR OF DEATH: 04:30 PM
SEX: MALE AGE: 76 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 1714 K AVE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

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

RESIDENCE STREET: 1714 K AVE
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 12 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: TALLAHASSEE, FL

FATHER: GEORGE MIRL CROSBY
MOTHER: MARY ELIZABETH [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: WILLIAM ARTHUR STEDMAN JR

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

OCCUPATION: REALTOR
INDUSTRY: REAL ESTATE
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: NO

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: FEBRUARY 22, 2023

INFORMANT: WILLIAM ARTHUR STEDMAN JR
RELATIONSHIP: SPOUSE
ADDRESS: PO BOX 476 ANACORTES, WA 98221

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: CRAIG A. NELSON

CAUSE OF DEATH:

- A: IDIOPATHIC PULMONARY FIBROSIS
INTERVAL: 5 YEARS
B: INTERVAL:
C: INTERVAL:
D: INTERVAL:

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: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: FEBRUARY 21, 2023

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: FEBRUARY 22, 2023

