

**After Recording Please Return To:**

**Jessica M. Jetter**  
**ROBERTS & BRYAN, P.L.L.C.**  
**P.O. Box 163**  
**Kingston, WA 98346**

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 11/29/2023

Document Title(s): Washington State Certificate of Death

Grantor(s): STUEVE, MARY E., deceased

Grantee(s): STUEVE, KARL K., a single person

Abbreviated Legal: Cascade River Park No 1, Lot 55

**Legal Description:**

LOT 55, CASCADE RIVER PARK NO. 1, ACCORDING TO THE PLAT RECORDED IN VOLUME 8 OF PLATS, PAGES 55 TO 59, INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON.

Assessor's Property Tax Parcel ID/Account Number

P63604 / 3871-000-055-0004

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



DATE ISSUED: 09/11/2023  
FEE NUMBER: 18091123

CERTIFICATE NUMBER: 2023-043795

FIRST AND MIDDLE NAME(S): MARY ETHEL  
LAST NAME(S): STUEVE

COUNTY OF DEATH: KITSAP  
DATE OF DEATH: AUGUST 31, 2023  
HOUR OF DEATH: 09:22 AM  
SEX: FEMALE AGE: 80 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: LONG BEACH, CA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: KARL STUEVE

OCCUPATION: SCHOOL AIDE  
INDUSTRY: EDUCATION  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: NO

INFORMANT: KARL STUEVE  
RELATIONSHIP: HUSBAND  
ADDRESS: PO BOX 989 KINGSTON WA 98346

CAUSE OF DEATH:  
A: SEPSIS, PNEUMONIA, CARBON DIOXIDE NARCOSIS  
INTERVAL: 5 DAYS  
B:  
INTERVAL:  
C:  
INTERVAL:  
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:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: ST. MICHAEL MEDICAL CENTER  
CITY, STATE, ZIP: SILVERDALE, WASHINGTON 98383

RESIDENCE STREET: 26427 KINGSVIEW LOOP NE  
CITY, STATE, ZIP: KINGSTON, WA 98346  
INSIDE CITY LIMITS: NO COUNTY: KITSAP  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 37 YEARS

FATHER: EDWARD MARSHALL JOHNSON  
MOTHER: ETHEL MARY [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: CHERRY GROVE CREMATORY

CITY, STATE: POULSBO, WASHINGTON  
DISPOSITION DATE: SEPTEMBER 13, 2023

FUNERAL FACILITY: THE STONE CHAPEL AT POULSBO MORTUARY

ADDRESS: 22272 FOSS ROAD NE  
CITY, STATE, ZIP: POULSBO, WASHINGTON 98370  
FUNERAL DIRECTOR: GLEN C. HENRICKSON

MANNER OF DEATH: NATURAL  
AUTOPSY: UNKNOWN  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: NO  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: RAASHI CHAWLA, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1800 NW MYHRE ROAD  
CITY, STATE, ZIP: SILVERDALE, WASHINGTON 98383  
DATE SIGNED: SEPTEMBER 05, 2023

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

LOCAL DEPUTY REGISTRAR: KRISTA JOHANSON  
DATE RECEIVED: SEPTEMBER 11, 2023