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06/15/2026 03:58 PM Pages: 1 of 2 Fees: \$19.00
Skagit County Auditor

When Recorded Please Return To:
PIRKLE & SALE LAW FIRM, INC. P.S.
P.O. Box 1788
Mount Vernon, WA 98273
(360) 336-6587

DOCUMENT TITLE:

STATE OF WASHINGTON
CERTIFICATE OF DEATH

REFERENCE NUMBER:

SKAGIT COUNTY CAUSE NO. 26-4-00232-29

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

ANITA T. SPRENGER PHILLIPS (Deceased)

ASSESSOR'S PARCEL NUMBER:

P123040 (350230-0-210-0500)

LEGAL DESCRIPTION:

Lot 1B of Anacortes Short Plat No. 05-004,
recorded July 5, 2005, under Auditor's File No.
200507050005, records of Skagit County,
Washington; being a portion of Tract 3, Plat 11,
Anacortes Tidelands.

Situate in the County of Skagit, State of
Washington.

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052026081861

CERTIFICATE OF DEATH

3202633005406

STATE FILE NUMBER

USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
15-11 REV 7/20

LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT—FIRST (Given) ANITA		2. MIDDLE T.		3. LAST (Family) SPRENGER PHILLIPS	
4. AKA, ALSO KNOWN AS—Include full AKA (FIRST, MIDDLE, LAST) ANITA T. SPRENGER PHILLIPS RUZICH					
5. BIRTH DATE (mm/dd/yyyy) BC, CN		6. AGE Yrs. 61		7. SEX F	
8. BIRTH STATE/FOREIGN COUNTRY BC, CN		9. EVER IN U.S. ARMED FORCES? ☐ YES ☒ NO		10. MARITAL STATUS (at Time of Death) MARRIED	
11. EDUCATION—Highest Level/Degree (see worksheet on back) HS GRADUATE		12. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) ☐ YES ☒ NO		13. DATE OF DEATH (mm/dd/yyyy) 04/13/2026	
14. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED BUSINESS OWNER		15. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) REAL ESTATE		16. YEARS IN OCCUPATION 10	
17. DECEDENT'S RESIDENCE (Street and number, or location) 50850 BEE CANYON DRIVE					
18. CITY INDIO		19. COUNTY/PROVINCE RIVERSIDE		20. ZIP CODE 92201	
21. YEARS IN COUNTY 5		22. STATE/FOREIGN COUNTRY CA			
23. INFORMANT'S NAME, RELATIONSHIP MARY-ANN SPRENGER, HEALTHCARE AGENT					
24. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 42312 YARROW CENTRAL ROAD UNIT 11, CHILLIWACK, BC, CN V2R5E2					
25. NAME OF SURVIVING SPOUSE/SPOUSE-FIRST RANDOLF		26. MIDDLE A		27. LAST (BIRTH NAME) RUZICH	
28. NAME OF PARENT-FIRST JOSEPH		29. MIDDLE -		30. LAST (BIRTH NAME) SPRENGER	
31. NAME OF PARENT-FIRST ANITA		32. MIDDLE -		33. LAST (BIRTH NAME) SPRENGER	
34. BIRTH STATE GERMANY		35. BIRTH STATE GERMANY		36. BIRTH STATE GERMANY	
37. DISPOSITION DATE (mm/dd/yyyy) 04/22/2026		38. PLACE OF FINAL DISPOSITION AT SEA OFF THE COAST OF LOS ANGELES COUNTY			
39. TYPE OF DISPOSITION(S) CREMATE/SCATTER AT SEA		40. SIGNATURE OF EMBALMER NOT EMBALMED			
41. NAME OF FUNERAL ESTABLISHMENT NEW JOURNEY CREMATION		42. LICENSE NUMBER FD2428		43. SIGNATURE OF LOCAL REGISTRAR JENNIFER CHEVINSKY, MD MPH	
44. DATE 04/20/2026		45. DATE 04/20/2026			
46. PLACE OF DEATH OWN RESIDENCE - HOSPICE					
47. COUNTY RIVERSIDE		48. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 50850 BEE CANYON DRIVE		49. CITY INDIO	
50. CAUSE OF DEATH Enter the chain of events—diseases, injuries, or complications—that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. MALIGNANT NEOPLASM OF BRAIN		51. TIME INTERVAL Between Onset and Death (in) MONTH		52. YES ☐ NO ☒	
53. MALIGNANT NEOPLASM OF LEFT FEMALE BREAST		54. MOS		55. YES ☐ NO ☒	
56. MALIGNANT NEOPLASM OF LEFT RIB BONE		57. YEARS		58. YES ☐ NO ☒	
59. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		60. YES ☐ NO ☒		61. YES ☐ NO ☒	
62. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 109? (If yes, list type of operation and date) NO		63. YES ☐ NO ☒		64. YES ☐ NO ☒	
65. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. (A) mm/dd/yyyy (B) mm/dd/yyyy 04/07/2026 04/13/2026		66. SIGNATURE AND TITLE OF CERTIFIER KOUROSH KHAMOOSHIAN, MD		67. LICENSE NUMBER A110901	
68. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE KOUROSH KHAMOOSHIAN, MD 36947 COOK STREET, PALM DESERT, CA 92211		69. DATE 04/20/2026		70. DATE 04/20/2026	
71. MANNER OF DEATH ☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Investigation ☐ Could not be determined		72. INJURED AT WORK? ☐ YES ☐ NO ☒ UNK		73. INJURY DATE (mm/dd/yyyy) 04/20/2026	
74. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		75. INJURY DATE (mm/dd/yyyy) 04/20/2026			
76. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		77. INJURY DATE (mm/dd/yyyy) 04/20/2026			
78. LOCATION OF INJURY (Street and number, or location, and city, and zip)		79. INJURY DATE (mm/dd/yyyy) 04/20/2026			
80. SIGNATURE OF CORONER/DEPUTY CORONER		81. DATE (mm/dd/yyyy)		82. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
83. STATE REGISTRAR		84. FAX AUTH.#		85. CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA
COUNTY OF RIVERSIDE

This is a true and exact reproduction of the document officially registered and placed on file by the Riverside University Health System, Department of Public Health.

DATE ISSUED
Apr 29, 2026

FACD (Rev) 02/25

Jennifer Chevinsky, MD MPH FACPM, County Health Officer
RIVERSIDE COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE