

When Recorded-Return To:
Skagit Law Group, PLLC
P. O. Box 336
Mount Vernon, WA 98273

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20262406
Date 07/29/2026

DOCUMENT TITLE(s): *(or transactions contained therein)*

DEATH CERTIFICATE

GRANTOR(s): *(last name, first name and initials)*

MOORE, JAMES L.

☐ *Additional names on page _____ of document*

GRANTEE(s): *(Last name, first name and initials)*

WASHINGTON STATE

☐ *Additional names on page _____ of document*

ABBREVIATED LEGAL DESCRIPTION: (i.e., lot, block, plat or quarter, quarter, section, township and range):

(1.0000 ac) LOT 20, FINAL PLAT OF BRIDGEWATER ESTATES, PHASE I, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 15 OF PLATS, PAGES 174 AND 175, RECORDS OF SKAGIT COUNTY, WASHINGTON.

☐ *Additional legal on page _____ of document*

ASSESSOR'S PARCEL/TAX I.D. NUMBER:

4626-000-020-0009 / P105642

REFERENCE NUMBER(s) OF DOCUMENTS ASSIGNED OR RELEASED:

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2026-031725

DATE ISSUED: 07/01/2026

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JAMES LAWRENCE

LAST NAME(S): MOORE

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: JUNE 28, 2026

HOUR OF DEATH: 05:35 PM

SEX: MALE

AGE: 79 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: BELLINGHAM, WASHINGTON

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: PATTI J. CHAMBERS

OCCUPATION: SALES MANAGER

INDUSTRY: BEVERAGE

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: YES

INFORMANT: PATTI J. CHAMBERS

RELATIONSHIP: WIFE

ADDRESS: 13341 BRIDGEVIEW WAY, MOUNT VERNON, WA 98273

CAUSE OF DEATH:

A: ACUTE MYELOBLASTIC LEUKEMIA

INTERVAL: 1 YEARS

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: DECEDENT'S HOME

FACILITY OR ADDRESS: 13341 BRIDGEVIEW WAY

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 13341 BRIDGEVIEW WAY

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: JACK MOORE

MOTHER: [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: JULY 03, 2026

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: MICHELLE SETTIMO

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: NOT APPLICABLE

CERTIFIER NAME: LISSA ANDERSON, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: JUNE 30, 2026

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: JULY 01, 2026



STATE OFFICE USE ONLY

CERTIFIED

Howard Leibrand MD

**Howard Leibrand MD, Health Officer
Skagit County Health Department**



STATE OF WASHINGTON

1000

0 7 2 0 5 2 6 6