202503100047

03/10/2025 02:19 PM Pages: 1 of 3 Fees: \$20.00 Skagit County Auditor

SKAGIT COUNTY WASHINGTON REAL ESTATE EXCISE TAX 2025 MAR 10 2025

Amount Paid \$0 Skagit Co. Treasurer By O Deputy

Document Title: Death Certificate

Reference Number:
Grantor(s): 1. State Of Wasnington additional grantor names on page
2,
Grantee(s): 1. TIMOTHY Allen Gurno (declased)
2,
Abbreviated legal description: full legal on page(s)
PTN Lot 2, Section 31 Township 34 N. Kange 4 6 of the willamette méridian situated in skagit county, washington
Assessor Parcel / Tax ID Number: additional tax parcel number(s) on page
P29248



STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 10/06/2023 FEE NUMBER:

CERTIFICATE NUMBER: 2020-038799

FIRST AND MIDDLE NAME(S): TIMOTHY ALLEN LAST NAME(S): GURNO SR

AKA: TIMOTHY ALLEN GURNO COUNTY OF DEATH: SKAGIT DATE OF DEATH: AUGUST 21, 2020

HOUR OF DEATH: 11:05 PM SEX: MALE

SOCIAL SECURITY NUMBER

AGE: 63 YEARS

IC SECONT I NOMBEN

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO RACE: WHITE, NATIVE AMERICAN: CHIPPEWA OF FOND DU LAC BAND

BIRTH DATE: AGGGGT 15, 1557 BIRTHPLACE: SAN PEDRO, CA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: CYNTHIA JEAN BECK

OCCUPATION: SENIOR PROGRAM MANAGER INDUSTRY: MEDICAL ULTRASOUND

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: CYNTHIA GURNO

RELATIONSHIP: WIFE

ADDRESS: 17422 BRITT ROAD MOUNT VERNON, WA 98273

CAUSE OF DEATH:

A: AMYOTROPHIC LATERAL SCLEROSIS INTERVAL: 2 YEARS 4 MONTHS

B: INTERVAL:

.

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: 17422 BRITT RD.

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 17422 BRITT RD.
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: NO COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 5 YEARS

FATHER: CLEMENT WALDON GURNO MOTHER: JESSE JEAN

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON DISPOSITION DATE: AUGUST 25, 2020

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: THOMAS CUFLEY

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

CERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: AUGUST 24, 2020

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

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON DATE RECEIVED: AUGUST 25, 2020

202503100047

Affidavit for Correction

03/10/2025 02:19 PM Page 3 of 3 Center for Health Statistics P.O. Box 47814 Olympia, WA 98504-7814 360-236-4300

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

Stat	e File Number			Fee Numb		STATE O	FFICE USE	ONLY I	Date		Affidavit Nun	The state of the s	
O.d.								,			ļ		
Required Information must match current information on record in the second in the sec													
7	Record Type:						<u> Marriage</u>		Dissolution (Divorce)				
ĮΦ	Name on Record: First	Middle Last						2. Date of Event: 3.		1	Place of Event: (City or County)		
ľΞ		Ridh M					1) 5 Motho	/Daront Eu		ISO R for	1	. , ,	
Required	First												
6. Name of Person Requesting Correction: Relationship to Self Guardian Informant Hoperson on Record: Parent(s) Funeral Director Other (specify)												☐ Hospital	
	7. Return Mailing Address: PO Box or Street Address City State Zip												
Telephone Number:							Email Ad	Email Address:					
Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows													
	Th	e reco	rd curr	ently show	s:				The tru	e fact is:	:		
8.							9.						
10.	_						11.						
12.							13.						
	I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.												
14a.	14a. Signature: 14b. Signature of 2 nd parent (if required);												
Print	ed name:				Da	te:	Printed n	ame:		,	Da	ate:	
INSTRUCTIONS – go to www.doh.wa.gov for more information													
Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include: • Birth/Marriage/Divorce record • Military record (DD-214) • School transcripts • Social Security Numident Report • Certificate of Naturalization • Hospital/medical record • Copy of Passport / Enhanced ID • Green/Permanent Resident card (I-551) You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.													
Birth Certificates													
 Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe. 													
	Proof documentation m	ust be	five or n	nore years	old or estal	olished withi	n five years o	f birth.					
4. T	his affidavit cannot be	used to	o add a	parent to a	birth certif	icate (use A	cknowlędgme	nt of Paren		!-159).			
	<u>1 under 18</u> 1f legal guardian(s), ind	rludo c	ortified .	court order	neovina ou	ardianchin		years or c	older) an change his or he	r hirth co	rtificato		
•	Up to age one or up to	one ye	ear follo	wing the fili	ng of an Ac	knowledgem	ent • If the	first or mid	dle name is missing			documentation are	
	of Parentage form, last on certificate (can be a								e and/or last name i	e micenal	lled or month	and/or day of hirth	
	thereafter, a court orde								pieces of proof doc				
	No proof is required to								t's birth date, place o	f birth, or	name, one pro	oof documentation	
	To correct the sex of the							uired.					
	provider is required.												
	To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.												
Death Certificates													
 Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner. 													
	riage/Dissolution (Div	<u> </u>			onangeu	on, by ale	mynig pii)	ordinate of the	Jordingtimodical				
 Personal facts (minor spelling changes in name, date or place of birth, or residence) may be changed by the person with one piece of proof documentation. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit. 													



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.



