

202507280050
07/28/2025 11:41 AM Pages: 1 of 2 Fees: \$19.00
Skagit County Auditor

When Recorded Please Return To:
LAWRENCE A. PIRKLE
P.O. Box 1788
Mount Vernon, WA 98273

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY *Bern Thompson*
DATE *7.25.25*

DOCUMENT TITLE(S): NEW ZEALAND DEATH CERTIFICATE

REFERENCE NUMBER(S): SKAGIT COUNTY CAUSE NO. 25-4-00035-29

GRANTOR: NEW ZEALAND REGISTRAR OF BIRTHS, DEATHS
AND MARRIAGES

GRANTEE: HAROLD G. HAWKEN (Deceased)

ASSESSOR'S PARCEL NUMBER: P20478 (340218-0-016-0109)

LEGAL DESCRIPTION: Tract B of SKAGIT COUNTY SHORT PLAT NO. 103-77, as approved January 30, 1978, and recorded January 31, 1978, in Volume 2 of Short Plats, pages 191 and 192, under Auditor's File No. 873015, records of Skagit County, Washington; being a portion of Map of Fidalgo City, according to the plat thereof recorded in Volume 2 of Plats, page 113 and a portion of Government Lot 3, Section 18, Township 34 North, Range 2 East of the Willamette Meridian.

Situate in the County of Skagit, State of Washington.

New Zealand Death Certificate

DECEASED

First/given name(s) **Harold Gray**
Surname/family name [REDACTED]

(if different from above) First/given name(s) at birth -
Surname/family name at birth -

Date of death **22 December 2024**
Place of death **Auckland Public Hospital Auckland**
Cause or causes of death **Cardiac Arrest Minutes**
(as specified in medical certificate or coroner's order) **Traumatic Brain Injury Flail Chest Haemothorax Fall Hours**
Anticoagulation For Atrial Fibrillation Years
Metastatic Bowel Cancer

Name of certifying health practitioner **LR Ferguson**
Date last seen alive by certifying health practitioner **22 December 2024**

Sex **Male**
Age and date of birth **78 years** [REDACTED]
Place of birth **Epsom Auckland**
If not born in New Zealand number of years lived here -
Usual home address **8 The Strand**
Waiwera

Usual occupation, profession or job **Sailmaker And Commercial Fisherman**
Date of burial or cremation **30 December 2024**
Place of burial or cremation **North Shore Memorial Park Crematorium Albany**
Age of each daughter **44 41**
Age of each son -

MOTHER: First/given name(s) **Shirley Grace**
Surname/family name [REDACTED]
(if different from above) First/given name(s) at birth -
Surname/family name at birth [REDACTED]

PARENTS

FATHER: First/given name(s) **Ronald Alan**
Surname/family name **Hawken**
(if different from above) First/given name(s) at birth -
Surname/family name at birth -

Relationship status at time of death **Married**
Relationship type **Marriage**
Age of deceased at event **29**
Place of marriage/civil union **Colorado USA**

SPOUSE/ First/given name(s) **Carolyn**
PARTNER: Surname/family name **Brown**
Sex **Female**
Age *(if living)* **72**

RELATIONSHIP(S)

Certified true copy of particulars recorded by a Registrar

Issued under the seal of the Registrar on **3 January 2025**

Registration Number

2025000018

