

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 09/03/2025

**Document Title:**

Death Certificate

**Reference Number:** 620058911/ 245473700

**Grantor(s):**

additional grantor names on page \_\_\_\_

1. State of Washington

2.

**Grantee(s):**

additional grantee names on page \_\_\_\_

1. *Martha Joan Guttormsen, deceased.*

2.

**Abbreviated legal description:**

full legal on page(s) \_\_\_\_

Lot 50, Plat of Clearidge Division No. 1" as per the plat recorded in Volume 12 of Plats, Pages 76 to 79 Inclusive, Records of Skagit County, Washington.  
Situate in the county of Skagit, State of Washington.

**Assessor Parcel / Tax ID Number:**

additional tax parcel number(s) on page \_\_\_\_

4410-000-050-0005/ P81706

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

202509030026

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-012425

DATE ISSUED: 03/28/2016

FEE NUMBER: 000000029

GIVEN NAMES: MARTHA JOAN  
LAST NAME: GUTTORMSEN

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MARCH 18, 2016  
HOUR OF DEATH: 04:05 P.M.  
SEX: FEMALE  
AGE: 93 YEARS

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: ISLAND HOSPITAL  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 4611 CYPRESS DRIVE  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
INSIDE CITY LIMITS? YES

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 30 YEARS

BIRTHDATE: [REDACTED]  
BIRTHPLACE: ROUNDUP, MONTANA

FATHER/PARENT: HALLOWELL FERNANDO CLEMENT  
MOTHER/PARENT: DELLA [REDACTED]

MARITAL STATUS: MARRIED  
SPOUSE: PAUL ANDREW GUTTORMSEN JR

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORY  
CITY, STATE, ZIP: ANACORTES, WA  
DISPOSITION DATE: MARCH 26, 2016

OCCUPATION: HOMEMAKER  
INDUSTRY: OWN HOME  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES? NO

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.  
ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES WA 98221  
FUNERAL DIRECTOR: LEONARD J. WILLIAMS

INFORMANT: PAUL GUTTORMSEN  
RELATIONSHIP: HUSBAND  
ADDRESS: 4611 CYPRESS DRIVE, ANACORTES, WA 98221

CAUSE OF DEATH:

- A. DEMENTIA  
INTERVAL: 10 YEARS
- B. INTERVAL:
- C. INTERVAL:
- D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
HIP FRACTURE, ACUTE GASTRITIS, PROTEIN CALORIE MALNUTRITION

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK?  
PLACE OF INJURY:

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

CERTIFIER NAME: BRYAN H. MURRAY, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 912 32ND STREET, SUITE A  
CITY, STATE, ZIP: ANACORTES WA 98221  
DATE SIGNED: MARCH 24, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: NJA #179  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:  
CHERYL PETERSON  
DATE RECEIVED: MARCH 25, 2016

NUMBER(S): NONE  
DATE(S): NONE



DOH 01-003 (10/15)

