

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. *Paul Andrew 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



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-051585

DATE ISSUED: 10/11/2022
FEE NUMBER: 2715

FIRST AND MIDDLE NAME(S): PAUL ANDREW
LAST NAME(S): GUTTORMSEN

COUNTY OF DEATH: KITSAP
DATE OF DEATH: OCTOBER 06, 2022
HOUR OF DEATH: 07:28 PM
SEX: MALE AGE: 101 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: THE RIDGE
CITY, STATE, ZIP: SILVERDALE, WASHINGTON 98383

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

RESIDENCE STREET: 1501 TOWER VIEW CIRCLE NW
CITY, STATE, ZIP: SILVERDALE, WA 98383
INSIDE CITY LIMITS: YES COUNTY: KITSAP
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 3 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: BOSTON, MA

FATHER: PAUL ANDREW GUTTORMSEN SR
MOTHER: MILDRED [REDACTED]

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICES KENT

OCCUPATION: GEOLOGIST
INDUSTRY: PETROLEUM EXPLORATION
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: YES

CITY, STATE: KENT, WASHINGTON
DISPOSITION DATE: OCTOBER 11, 2022

INFORMANT: JUDY ANN GUTTORMSEN
RELATIONSHIP: DAUGHTER
ADDRESS: 22353 LARVIC LANE NW, POULSBO, WA 98370

FUNERAL FACILITY: WESTERN CREMATION ALLIANCE

ADDRESS: 1037 NE 65TH ST #80125
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98115
FUNERAL DIRECTOR: ADRIEN H. HUNTER

CAUSE OF DEATH:

- A: CLOSTRIDIUM DIFFICILE COLITIS
INTERVAL: WEEKS
B: CHRONIC ANTIBIOTIC EXPOSURE
INTERVAL: YEARS
C: RECURRENT URINARY TRACT INFECTION
INTERVAL: YEARS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

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

CERTIFIER NAME: BRIAN BECHTOLD, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 22180 OLYMPIC COLLEGE WAY, SUITE 102
CITY, STATE, ZIP: POULSBO, WASHINGTON 98370
DATE SIGNED: OCTOBER 10, 2022

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NONE
ATTENDING PHYSICIAN: BRIAN BECHTOLD, PHYSICIAN

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: SUE RHEA
DATE RECEIVED: OCTOBER 11, 2022



Affidavit for Correction

Mail to: 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.

STATE OFFICE USE ONLY				
State File Number	Fee Number	Initials	Date	Affidavit Number

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record:		2. Date of Event:	3. Place of Event:
	First	Middle	Last	MM/DD/YYYY (City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
	First	Middle	Last/Maiden	First Middle Last/Maiden
6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____				

7. Return Mailing Address:			
PO Box or Street Address		City	State
Telephone Number:		Email Address:	
()			

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:	
The record currently shows:	The true 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. Signature:	14b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	Date:

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

1. 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.
2. **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.
3. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgement of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, a court order is required to change the last name.
- No proof is required to change the first or middle name.*
- To correct parent's information, one proof documentation is required.
- To correct the sex of the child, one proof documentation from a medical provider is required.

Adult (18 years or older)

- Only the adult can change his or her birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation 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

1. 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.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. 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.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

This is a true and exact certification of the record
Officially registered and on file with the Washington
State Department of Health, issued under the
Authority of chapter 70.58A RCW

CERTIFIED



Anthony L. Chen
Anthony L-Chen, MD, MPH
DIRECTOR
DO NOT DESTROY

2705877

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



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