

WHEN RECORDED RETURN TO:

1301 RIVERSIDE DR
MOUNT VERNON, WA 98273

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20253532
Date 10/27/2025

DOCUMENT TITLE(S)

DEATH CERTIFICATE

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

25-24817

GRANTOR(S):

GEORGE WILLIAM D'AMOUR

GRANTEE(S):

JASON WINBOURN

ABBREVIATED LEGAL DESCRIPTION:

Lot 3, Riemland Short Plat, Ptn. Lots 1-2, Block 13, SYNDICATE ADD. TO LACONN

TAX PARCEL NUMBER(S):

P125258/4128-013-002-0400

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2025-037908

FIRST AND MIDDLE NAME(S): GEORGE WILLIAM
LAST NAME(S): D'AMOUR

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JULY 28, 2025
HOUR OF DEATH: 06:30 AM
SEX: MALE AGE: 79 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: MILWAUKEE, WISCONSIN

MARITAL STATUS: DIVORCED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: CHILD PSYCHOLOGIST
INDUSTRY: MENTAL HEALTHCARE
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: YES

INFORMANT: ROBERT D'AMOUR
RELATIONSHIP: BROTHER
ADDRESS: 463 RIVERHILLS ROAD, KINGSFORD, MI 49802

CAUSE OF DEATH:
A: CHRONIC RESPIRATORY FAILURE WITH HYPOXIA
INTERVAL: 2 YEARS
B: INTERSTITIAL LUNG DISEASE
INTERVAL: 2 YEARS
C: PERTUSSIS PNEUMONIA
INTERVAL: 2 YEARS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC COUGH

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: 611 WHATCOM STREET
CITY, STATE, ZIP: LA CONNER, WASHINGTON 98257

RESIDENCE STREET: 611 WHATCOM STREET
CITY, STATE, ZIP: LA CONNER, WA 98257
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 4 YEARS

FATHER: WILLIAM GEORGE D'AMOUR
MOTHER: [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORIUM

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: JULY 31, 2025

FUNERAL FACILITY: EVANS FUNERAL CHAPEL AND CREMATORIUM INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: LEONARD J. WILLIAMS

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: ERIKA POPE, DO
TITLE: DO
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: JULY 29, 2025

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

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: JULY 31, 2025

DOH-422-1325KAGR (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED

 <p>DOH 422-034, August 2019</p>		Affidavit for Correction This is a legal document. Complete in ink and do not alter.																																																																																				
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Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

