

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 LACONNER

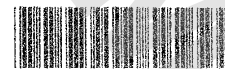
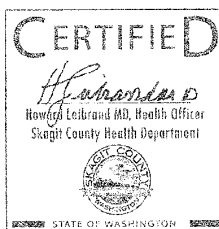
TAX PARCEL NUMBER(S):

P125258/4128-013-002-0400

STATE OF WASHINGTON DEPARTMENT OF HEALTH	
CERTIFICATE OF DEATH	
CERTIFICATE NUMBER: 2025-037908	DATE ISSUED: 07/31/2025 FEE NUMBER:
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]	PLACE OF DEATH: DECEDENT'S HOME FACILITY OR ADDRESS: 611 WHATCOM STREET CITY, STATE, ZIP: LA CONNER, WASHINGTON 98257
HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO RACE: WHITE	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
BIRTH DATE: [REDACTED] BIRTHPLACE: MILWAUKEE, WISCONSIN	FATHER: WILLIAM GEORGE D'AMOUR MOTHER: [REDACTED]
MARITAL STATUS: DIVORCED SURVIVING SPOUSE: NOT APPLICABLE	METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: NORTHWEST CREMATORY
OCCUPATION: CHILD PSYCHOLOGIST INDUSTRY: MENTAL HEALTHCARE EDUCATION: MASTER'S DEGREE US ARMED FORCES: YES	CITY, STATE: ANACORTES, WASHINGTON DISPOSITION DATE: JULY 31, 2025
INFORMANT: ROBERT D'AMOUR RELATIONSHIP: BROTHER ADDRESS: 463 RIVERHILLS ROAD, KINGSFORD, MI 49802	FUNERAL FACILITY: EVANS FUNERAL CHAPEL AND CREMATORY INC.
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:	ADDRESS: 1105 32ND STREET CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221 FUNERAL DIRECTOR: LEONARD J. WILLIAMS
OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC COUGH	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
DATE OF INJURY: HOUR OF INJURY: INJURY AT WORK: PLACE OF INJURY: LOCATION OF INJURY: CITY, STATE, ZIP: COUNTY: DESCRIBE HOW INJURY OCCURRED:	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
IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE	CASE REFERRED TO ME/CORONER: NO FILE NUMBER: NOT APPLICABLE ATTENDING PHYSICIAN: NOT APPLICABLE
	LOCAL DEPUTY REGISTRAR: MARIA VIVANCO DATE RECEIVED: JULY 31, 2025

State of Washington Health DOH 422-034 August 2019		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 information must match current information on record					
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)		(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:					
(Street, Apt. #, Box, etc.)					
City State Zip					
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:		
9.			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 2nd 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 parent's 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.					
*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.					
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.					
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.					

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



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