



202605210035

05/21/2026 12:48 PM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

3026.1522
MAY 21 2026

Amount Paid \$ 6
By Skagit Co. Treasurer Deputy
LT

Document Title:
DEATH CERTIFICATE

Reference Number :

Grantor(s):

additional grantor names on page ___.

1. STATE OF WASHINGTON

2.

Grantee(s):

additional grantee names on page___.

1. DELORES AGNES THOMAS

2.

Abbreviated legal description:

full legal on page(s) ___.

LOT 41, NOOKACHAMP HILLS PUD, PHASE I

LOT 3, SUN RIVER RANCHETTS,

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page ___.

113882

83471

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-051958

DATE ISSUED: 10/28/2025
FEE NUMBER:FIRST AND MIDDLE NAME(S): DELORES AGNES
LAST NAME(S): THOMASCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: OCTOBER 19, 2025
HOUR OF DEATH: 08:19 PM
SEX: FEMALE AGE: 69 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: ABERDEEN, WASHINGTONMARITAL STATUS: MARRIED
SURVIVING SPOUSE: GARY TUSZYNSKIOCCUPATION: ACCOUNTANT/AUDITOR
INDUSTRY: ACCOUNTING/BOOKKEEPING
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NOINFORMANT: GARY TUSZYNSKI
RELATIONSHIP: HUSBAND
ADDRESS: 41317 S SKAGIT HIGHWAY, CONCRETE, WA, 98237CAUSE OF DEATH:
A: NATURAL CAUSES
INTERVAL: 1 WEEKS
B: HYPERTENSION
INTERVAL: 5 YEARS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: SHE HAD NOT BEEN SEEN AT THE CLINIC SINCE 2024. SHE HAD SOME LOW SODIUM LEVELS AT THAT TIME AND WAS INSTRUCTED TO FOLLOW UP IN 3 MONTHS, ALTHOUGH SHE NEVER DID. SHE ONLY HAD A DIAGNOSIS OF HYPERTENSION

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: 41317 S SKAGIT HWY
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237-7705RESIDENCE STREET: 41317 S SKAGIT HWY
CITY, STATE, ZIP: CONCRETE, WA 98237-7705
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 39 YEARSFATHER: GENE BURGETT
MOTHER: DELORES [REDACTED]METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARKCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: OCTOBER 29, 2025

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: HELEANA FOLEYMANNER 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 APPLICABLECERTIFIER NAME: JENNIFER A. FRAZIER, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 7438 SOUTH D AVENUE
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237
DATE SIGNED: OCTOBER 22, 2025CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: DANIEL GARCIA, PHYSICIANLOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: OCTOBER 22, 2025



Affidavit for Correction

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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

Record Type: Birth, Death, Marriage, Dissolution (Divorce)
1. Name on Record: First, Middle, Last
2. Date of Event: MM/DD/YYYY
3. Place of Event: (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)
6. Name of Person Requesting Correction: Relationship to Person on Record: Self, Guardian, Informant, Hospital, Parent(s), Funeral Director, Other (specify)

7. Return Mailing Address: PO Box or Street Address, 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: 8, 9, 10, 11, 12, 13
The true fact is:

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

14a. Signature: Printed name: Date:
14b. Signature of 2nd parent (if required): Printed name: 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.
*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

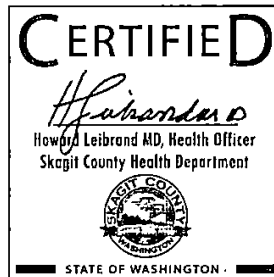
- 1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or 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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