



**202201310156**

01/31/2022 03:42 PM Pages: 1 of 5 Fees: \$207.50  
Skagit County Auditor

Filed for Record at the  
Request of **MCGUIRE, DEWULF,**  
**KRAGT & JOHNSON, P.S.**  
P.O. Box 1187  
Davenport, Washington 99122

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**Document Title(s)** (or transactions contained therein):

1. LACK OF PROBATE AFFIDAVIT
- 2.
- 3.
- 4.

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**Grantor(s)** (Last name first, then first name and initials)

1. COSTELLO, CORAELNE H.
- 2.
- 3.
- 4.

☐ Additional names on page \_\_\_\_\_ of document.

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**Grantee(s)** (Last name first, then first name and initials)

1. COSTELLO, ROBERT
- 2.
- 3.
- 4.

☐ Additional names on page \_\_\_\_\_ of document.

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**Legal description** (abbreviated: i.e. lot, block, plat or section, township, range, qtr./qtr.)

LOT 33 AND PTN. LOT 32 WIDNOR DRIVE, SKAGIT COUNTY, WA

☐ Additional legal is on page \_\_\_\_\_ of document.

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**Reference Number(s)** (of Documents assigned or released):

☐ Additional numbers on page \_\_\_\_\_ of document.

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**Assessor's Property Tax Parcel/Account Number**

3771-000-033-000022 (P54912)

☐ Property Tax Parcel ID is not yet assigned

☐ Additional parcel numbers on page \_\_\_\_\_ of document.

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ROBERT COSTELLO, being first duly sworn, deposes and says:

in full, and all expenses of the last sickness and for funeral services have been paid, except as follows: (enumerate if any, or indicate None.)

NONE

SIXTH, that the following list comprises all of the heirs at law by whom said decedent was survived (show ages of each heir opposite name).

Robert Costello                      Spouse                      L  
301 Widnor Drive  
Mount Vernon, WA 98274

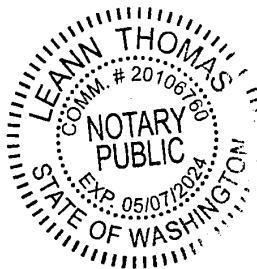
Deana A. Elliott                      Daughter                      L  
PO Box 56  
St. John, WA 99171

SEVENTH, the attached deed or deeds and other pertinent documents, together with this affidavit, are herewith submitted for your examination, and to be then held in your files or recorded, as you may deem advisable. If said instruments are to be recorded, all attendant fees, taxes and costs are guaranteed by the affiant.

DATED this 25<sup>th</sup> day of January, 2022.

Robert Costello  
Robert Costello

SUBSCRIBED and SWORN to before me this 25<sup>th</sup> day of January, 2022.



Leann Thomas  
Notary Public in and for the  
the State of Washington,  
residing in St. John WA

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-006906

DATE ISSUED: 02/18/2020

FEE NUMBER: 310220

FIRST AND MIDDLE NAME(S): CORALENE HANNAH

LAST NAME(S): COSTELLO

COUNTY OF DEATH: KING

DATE OF DEATH: FEBRUARY 08, 2020

HOUR OF DEATH: 02:53 AM

SEX: FEMALE

AGE: 82 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: DALTON SCOTLAND

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: ROBERT COSTELLO

OCCUPATION: COORDINATOR

INDUSTRY: WEDDINGS

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: ROBERT COSTELLO

RELATIONSHIP: SPOUSE

ADDRESS: 19652 SMILEY DR. MOUNT VERNON, WA. 98274

#### CAUSE OF DEATH:

A: RIGHT THALAMIC INTRAPARENCHYMAL HEMORRHAGE

INTERVAL: DAYS

B: HYPERTENSION

INTERVAL: YEARS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CORONARY ARTERY DISEASE,  
THIRD DEGREE HEART BLOCK

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: HOSPITAL

FACILITY OR ADDRESS: HARBORVIEW MEDICAL CENTER

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98104

RESIDENCE STREET: 19652 SMILEY DR.

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 5 YEARS

FATHER: ALEXANDER JAMES SHUTTLEWORTH

MOTHER: MARGARET ROGERSON [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON

DISPOSITION DATE: FEBRUARY 14, 2020

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C

CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036

FUNERAL DIRECTOR: BRENT J. GLENN

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

CERTIFIER NAME: JOSEPH ZUNT, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: HMC 325 9TH AVE

CITY, STATE, ZIP: SEATTLE, WA 98104

DATE SIGNED: FEBRUARY 10, 2020

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NJA-20-565

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DIANE BOGAN

DATE RECEIVED: FEBRUARY 14, 2020



## Affidavit for Correction

01/31/2022 03:42 PM Page 5 of 8

This is a legal document. Complete in ink and do not alter.

 P.O. Box 47814  
 Olympia, WA 98504-7814  
 360-236-4300

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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## Required information must match current information on record

<b>Required</b>	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) 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 Zip			
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Telephone Number: ( )	Email Address:
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## Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

## I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

16a. Signature:	16b. Signature of 2nd parent (if required):
Printed name:	Printed name:
Date:	Date:

INSTRUCTIONS – go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information

## Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

## Birth Certificates

- 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
  - 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
  - Documentary proof must be five or more years old or established within five years of birth
 

<b>Child under 18</b> <ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship</li> <li>• Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*</li> <li>• After age one, a court order is required to change the last name</li> <li>• No proof is required to change the first or middle name*</li> <li>• To correct parent's information, one documentary proof is required.</li> <li>• To correct the sex of the child, one documentary proof from a medical provider is required</li> </ul>	<b>Adult (18 years or older)</b> <ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate</li> <li>• If the first or middle name is missing, three pieces of documentary proof are required</li> <li>• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li> <li>• To correct parent's birth date, place of birth, or name, one documentary proof is required</li> </ul>
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- \*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.

## This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

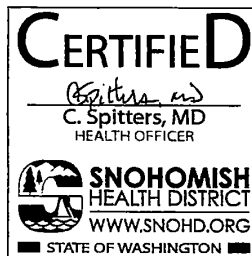
## Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

## Marriage/Dissolution (Divorce) Certificates

- Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit

DOH 422-034 January 2015


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


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