



202501230194

01/23/2025 12:46 PM Pages: 1 of 5 Fees: \$307.50  
Skagit County Auditor

Return Address:

1012 McGarigle Road  
Sedro Woolley WA 98284

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2025 0184  
JAN 23 2025

Amount Paid \$ 0  
Skagit Co. Treasurer  
By LT Deputy

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Steven Castano, being first duly sworn  
<sup>Name of Affiant</sup>  
aka Steve Castano  
deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real  
property described below, and is spouse  
<sup>Relationship to decedent</sup>  
of Sandra J Castano aka Sardi who died on 10/14/2018  
<sup>Decedent/Grantor</sup> <sup>Date</sup>  
at Sedro Woolley Skagit Washington  
<sup>City</sup> <sup>County</sup> <sup>State</sup>

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

LOT 11, "CASCADE VISTA PARK", as  
per plat recorded in Volume 9 of Plats  
pages 113 and 114, records of Skagit  
County, Washington.  
Situate in the city of Sedro Woolley, County  
of ~~Skagit~~ Skagit, State of Washington

Assessor's Property Tax Parcel/Account Number: P76373  
(Attach full legal description of the property)

- Decedent left no Last Will and Testament.
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of  
predeceased child or adopted child, parents, brothers and sisters of the decedent.  
Affiant hereby identifies all heirs at law of the decedent: (use additional pages if  
necessary)

(Page 1 of 2)

Steven Gene Castano, age 67 years old

Full name, age, relationship, address

Husband, 1012 McGarrigle Road,  
Sedro-Woolley, WA 98284

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: January 22, 2025

Steven Gene Castano

Affiant's full name

(360) 399-8191

Telephone number

1012 Mc Garigle Road

Sedro Woolley <sup>Street</sup> WA 98284

<sup>City</sup> <sup>State</sup> <sup>Zip Code</sup>

[Signature] 1 22 24

Signature

Date

State of Washington County of Skagit,  
Mount Vernon

I know or have satisfactory evidence that Steven Gene Castano  
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 1 / 22 / 2024

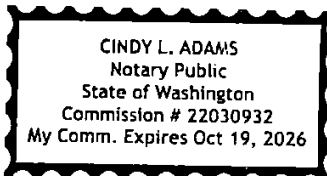
[Signature]  
Signature of Notary Public

(SEAL OR  
STAMP)

Residing at: Mount Vernon WA

Notary Public in and for the State of Washington

My appointment expires: 1 / 19 / 26



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



DATE ISSUED: 10/16/2018  
FEE NUMBER:

CERTIFICATE NUMBER: 2018-044684

FIRST AND MIDDLE NAME(S): SANDRA JO  
LAST NAME(S): CASTANO

AKA: SANDI CASTANO

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: OCTOBER 14, 2018

HOUR OF DEATH: 05:10 AM

SEX: FEMALE AGE: 52 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: SEDRO-WOOLLEY, WA

MARITAL STATUS: MARRIED

SPOUSE: STEVEN CASTANO

OCCUPATION: MEDICAL RECORDS DIRECTOR

INDUSTRY: HEALTH CARE

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: STEVEN CASTANO

RELATIONSHIP: HUSBAND

ADDRESS: 1012 MCGARIGLE ROAD, SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH:

A: STAGE 4 PANCREATIC ADENOCARCINOMA

INTERVAL: 19 MONTHS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

AKA:

AKA:

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 1012 MCGARIGLE ROAD

CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 1012 MCGARIGLE ROAD

CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 25 YEARS

FATHER/PARENT: DANIEL FRED DELLINGER

MOTHER/PARENT: MARY [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: OCTOBER 17, 2018

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

FUNERAL DIRECTOR: DOUGLAS E. HUTTER

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 PREGNANT WITHIN THE PAST YEAR

CERTIFIER NAME: LESLIE A. ESTEP, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: OCTOBER 15, 2018

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: OCTOBER 15, 2018



# Affidavit for Correction

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

Center for Health Statistics  
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:		2. Date of Event:	3. Place of Event:
	4. Father/Parent Full Legal 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: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)	

7. Return Mailing Address:

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 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 forgoing is true and correct

16a. Signature:	16b. Signature of 2 <sup>nd</sup> 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

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

#### Child under 18

- If legal guardian(s), include certified court order proving guardianship
- 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)\*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

\*To change any part of the name of a child, 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

1. 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). The informant may change marital status with proof. Marital status requires a certified copy of a 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 documentary proof.
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.

DOH 422-034 October 2015

# \*CERTIFIED\*

OCT 16 2018

Skagit County Health Department  
Howard Leibrand M.D., Health Officer



0 2 0 2 1 6 3 3

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