

AFTER RECORDING MAIL TO:

Name Dalaba Estate
Address 1729 Sunset Dr
City/State Burlington WA 98223

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20251737
Date 06/05/2025

Document Title(s):

1. Death Certificate FIRST AMERICAN 4254510 GNWT 25-23150

Reference Number(s) of Documents Assigned or released:

201712060064

Grantor(s):

1. Dalaba, Betty L
2.
[] Additional information on page of document

Grantee(s):

1. State of Washington
2.
[] Additional information on page of document

Abbreviated Legal Description:

Lot 29, WALNUT GROVE ADDITION TO BURLINGTON Vol 7, p 94 Skagit County

Tax Parcel Number(s):

P72919

- [x] Complete legal description is on page 3 of document

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-010158

DATE ISSUED: 02/28/2025
FEE NUMBER:

FIRST AND MIDDLE NAME(S): BETTY LOUISE
LAST NAME(S): DALABA

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 26, 2025
HOUR OF DEATH: 03:54 PM
SEX: FEMALE AGE: 95 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: PEACEHEALTH UNITED GENERAL HOSPITAL
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

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

RESIDENCE STREET: 1729 SUNSET DRIVE
CITY, STATE, ZIP: BURLINGTON, WA 98233
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 61 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: LOS ANGELES, CA

FATHER: IRWIN OSCAR KASTEN
MOTHER: [REDACTED]

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

OCCUPATION: CLERICAL/CLERK
INDUSTRY: GOVERNMENT
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: MARCH 04, 2025

INFORMANT: DEBBIE HELM
RELATIONSHIP: DAUGHTER
ADDRESS: 16696 AUGUSTA LANE, BURLINGTON, WA 98233

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

CAUSE OF DEATH:
A: ACUTE RESPIRATORY FAILURE
INTERVAL: 3 DAYS
B: BACTERIAL PNEUMONIA
INTERVAL: 3 DAYS

C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: EDUARDO GOO, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 2000 HOSPITAL DRIVE
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
DATE SIGNED: FEBRUARY 28, 2025

LOCATION OF INJURY:

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

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER
DATE RECEIVED: FEBRUARY 28, 2025

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE



Affidavit for Correction

06/05/2025 11:29 AM
Washington State Department of Health
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
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Required	Required information must match current information on record			
	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 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: 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:	The true fact is:
8.	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 2 nd 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

- 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.
 - Proof documentation must be five or more years old or established within five years of birth.
 - 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 Acknowledgment 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.
- 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.
- *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.

Death Certificates

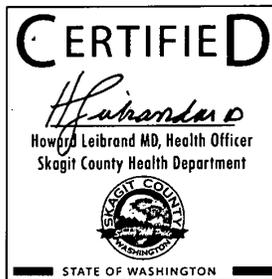
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
- 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 proof documentation.
- 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.



0 7 1 8 5 5 9 7

EXHIBIT A

LEGAL DESCRIPTION: Real property in the County of Skagit, State of Washington, described as follows:

Lot 29, WALNUT GROVE ADDITION TO BURLINGTON, as per plat recorded in Volume 7 of Plats, page 94, records of Skagit County, Washington.

Tax Parcel ID No. P67984/3966-002-015-0005

File for record and return to:
Stiles Law Inc., P.S.
P. O. Box 228
Sedro-Woolley, WA 98284



201712060064
Skagit County Auditor
12/6/2017 Page 1 of 3 1:41PM \$76.00

REVOCABLE TRANSFER ON DEATH DEED

GRANTOR: Betty L. Dalaba

GRANTEES: Deborah Ann Helm (30%), Perry Allen Dalaba (30%), and Randy Jay Dalaba (40%)

ADDRESS: 1729 Sunset Drive, Burlington, WA 98233

PARCEL NUMBER: P72919 / 4097-000-029-0003

ABBREVIATED LEGAL: Lot 29, Walnut Grove Addition to Burlington

SUBJECT TO: Easements, restrictions and reservations of record

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

EXEMPT
DEC 06 2017

Amount Paid \$
Skagit Co. Treasurer
By *MS* Deputy

GRANTOR. The Grantor is Betty L. Dalaba, whose mailing address is 1729 Sunset Drive, Burlington, WA 98233.

LEGAL DESCRIPTION. The real property that is the subject of this Revocable Transfer on Death Deed is situated in the County of Skagit, State of Washington, and it is legally described as follows:

Tract 29, Walnut Grove Addition to Burlington, as per Plat recorded in Volume 7 of Plats, page 94, records of Skagit County, Washington.

Situate in Skagit County, Washington.

PRIMARY BENEFICIARY. The Grantor, Betty L. Dalaba, designates Deborah Ann Helm (30%), Perry Allen Dalaba (30%), and Randy Jay Dalaba (40%) as the primary beneficiaries as tenants in common.

TRANSFER ON DEATH. The Grantor transfers all of the Grantor's interest in the described property, including without limitation any after acquired title of the Grantor, to the beneficiaries set forth above. Before the Grantor's death, the Grantor retains the right to revoke this deed.

REAL ESTATE EXCISE TAX EXEMPTION. The recording of this Revocable Transfer on Death Deed is not a "sale" as defined in RCW 82.45.010(1) and is therefore not subject to real estate excise tax. The transfer that will occur under this Revocable Transfer on Death Deed at the time of the Grantor's death is exempt from the Washington Real Estate Excise Tax by reason of RCW 82.45.010(3)(b) and WAC 458-61A-202(7).

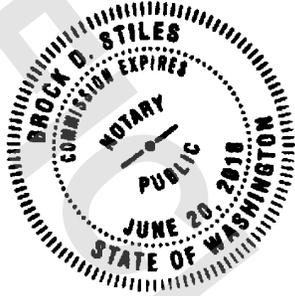
DATED This 29 day of Nov, 2017.

Betty L. Dalaba
Betty L. Dalaba

STATE OF WASHINGTON)
COUNTY OF SKAGIT) ss:

On this day personally appeared before me Betty L. Dalaba, who executed the within and foregoing instrument and acknowledged that she signed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal on this 09 day of Nov, 2017.



Brock D. Stiles
NOTARY PUBLIC in and for the
State of Washington, residing at
Sedro-Woolley
Commission Expires: 6-20-18