



202410250073

10/25/2024 04:13 PM Pages: 1 of 5 Fees: \$307.50  
Skagit County Auditor

Return Address:

OSCAR CANTU  
448 Timberland Loop  
Mt. Vernon WA  
98273

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2024 2715  
OCT 25 2024

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

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee OSCAR L. CANTU being first duly sworn  
*Name of Affiant*  
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 Husband  
*Relationship to decedent*  
of LINDA JANE CANTU, who died on 01/15/2024  
*Decedent/Grantor* *Date*  
at MOUNT VERNON SKAGIT WASHINGTON  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

Lt 39, Plat of Twin Brooks Phase 3 LV-05-024

Assessor's Property Tax Parcel/Account Number: 133108  
(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 \_\_\_\_\_)

OSCAR L. CANTU, 70, HUSBAND 488 TIMBERLAND LOOP MT. VERNON WA

Full name, age, relationship, address

JASON L. CANTU, 48, STEP SON

1810 - 111<sup>TH</sup> DR. S.E LK STEVENS WA 98258

Full name, age, relationship, address

Full name, age, relationship, address

JEFF NIPERT, 57, SON

15711 - 28<sup>TH</sup> AVE N.W. GISHARBAR WA 98332

Full name, age, relationship, address

Full name, age, relationship, address

COREY NIPERT, 47, SON

488 S.W. CLEVINGER LANE PORT ORCHARD WA 98367

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 10/25/2024

Oscar Luis Cantu

Affiant's full name

206-227-2262

Telephone number

448 Timberland Loop

Mount Vernon WA 98273

City

Street

State

Zip Code

Oscar Cantu  
Signature

10/25/24  
Date

State of Washington County of Skagit

I know or have satisfactory evidence that Oscar Luis Cantu  
(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: 10/25/2024

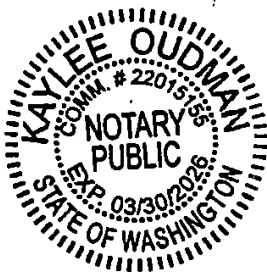
Kaylee Oudman  
Signature of Notary Public

(SEAL OR STAMP)

Residing at: Sedro Woolley

Notary Public in and for the State of Washington

My appointment expires: 3/30/2026



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-003406

DATE ISSUED: 01/25/2024  
FEE NUMBER: 310124

FIRST AND MIDDLE NAME(S): LINDA JANE

LAST NAME(S): CANTU

AKA: JANE ENNIS CANTU

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: JANUARY 15, 2024

HOUR OF DEATH: 04:50 AM

SEX: FEMALE AGE: 78 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: OTHER

FACILITY OR ADDRESS: LIFECARE CENTER OF MOUNT VERNON  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

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

RESIDENCE STREET: 448 TIMBERLAND LOOP  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273

INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 7 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: SEATTLE, WA

FATHER: EMIL FRANK ENNIS  
MOTHER: JULITTA [REDACTED]

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: OSCAR LUIS CANTU

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

OCCUPATION: CLERK  
INDUSTRY: CITY GOVERNMENT  
EDUCATION: ASSOCIATE DEGREE  
US ARMED FORCES: NO

CITY, STATE: SEATTLE, WASHINGTON  
DISPOSITION DATE: JANUARY 26, 2024

INFORMANT: OSCAR LUIS CANTU  
RELATIONSHIP: SPOUSE  
ADDRESS: 448 TIMBERLAND LOOP MOUNT VERNON, WA 98273

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD  
ADDRESS: 4320 196TH ST SW - STE. C  
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036  
FUNERAL DIRECTOR: LORI B. BANES

CAUSE OF DEATH:

A: SEQUELAE OF DISPLACED FEMUR FRACTURE WITH SURGICAL REPAIR

INTERVAL: ONE WEEK

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ATHEROSCLEROTIC  
CARDIOVASCULAR DISEASE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE

MANNER OF DEATH: ACCIDENT

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

DATE OF INJURY: JANUARY 07, 2024 PRESUMED

HOUR OF INJURY: UNKNOWN

INJURY AT WORK: NO

PLACE OF INJURY: DECEDENT'S HOME

CERTIFIER NAME: BRYCE M. ELDER

TITLE: CORONER/ME

CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: JANUARY 25, 2024

LOCATION OF INJURY: 448 TIMBERLAND LOOP

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

COUNTY: SKAGIT

DESCRIBE HOW INJURY OCCURRED: GROUND LEVEL FALL

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: 240115-768

ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN G. STECHER

DATE RECEIVED: JANUARY 25, 2024



# 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**

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)

First Middle Last/Maiden      First Middle Last/Maiden

6. Name of Person Requesting Correction: Relationship to  Self  Guardian  Informant  Hospital Person on Record:  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:	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<sup>nd</sup> parent (if required):

Printed name:      Date:      Printed name:      Date:

**INSTRUCTIONS – go to [www.doh.wa.gov](http://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 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.

**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**

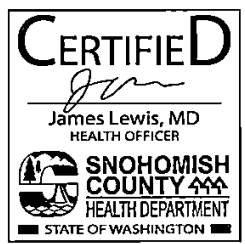
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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



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