



Return Address:

Diane Cantella  
1907 Quinton St.  
The Dalles OR 97058

Skamania County  
Real Estate Excise Tax

N/A  
DEC 02 2025

PAID N/A  
Skamania County Treasurer  
Emily R. Kel - Deputy

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Diane Cantella, 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 wife  
Relationship to decedent

of Robert J Cantella, who died on 11/18/2024  
Decedent/Grantor Date

at Carson Skamania WA  
City County State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

Lot 19 of the replat Hot Springs S/D  
BK "B" / PG 70  
Skamania County WA

Skamania County Assessor  
Date 12/2/25 Parcel# 65

Assessor's Property Tax Parcel/Account Number: 0308213025 1900  
(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 \_\_\_\_)

Dated : 12/2/2025

Diane M Cantella

Affiant's full name

(201)230-7743

Telephone number

1907 Quinton St

the Dalles OR 97058  
City State Zip Code

Diane M. Cantella 12/2/2025  
Signature Date

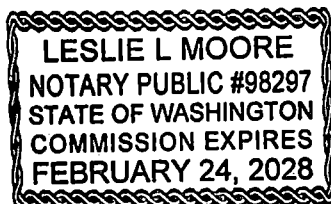
State of Washington County of Skamania

I know or have satisfactory evidence that Diane M Cantella  
(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: 12/2/2025

(SEAL OR  
STAMP)



Leslie L Moore  
Signature of Notary Public

Residing at: Carson, WA

Notary Public in and for the State of Washington

My appointment expires: 02/24/2028

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-056551

DATE ISSUED: 11/22/2024

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ROBERT

LAST NAME(S): CANTELLA

COUNTY OF DEATH: SKAMANIA

DATE OF DEATH: NOVEMBER 18, 2024

HOUR OF DEATH: 09:45 AM

SEX: MALE

AGE: 78 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: MARCH 02, 1946

BIRTHPLACE: BROOKLYN, NY

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: DIANE LAMANNA

OCCUPATION: MECHANIC

INDUSTRY: ROAD EQUIPMENT

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: YES

INFORMANT: DIANE CANTELLA

RELATIONSHIP: SPOUSE

ADDRESS: 722 SMITH BECKON RD, CARSON, WA 97610

CAUSE OF DEATH:

A: GASTROESOPHAGEAL JUNCTION NEOPLASM, PRIMARY LOCATION

INTERVAL: MONTHS

B: METASTASES TO BONE

INTERVAL: MONTHS

C: METASTASES TO LYMPH NODES

INTERVAL: MONTHS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HISTORY LEFT RENAL CELL  
CARCINOMA, PRIMARY LOCATION, UNITED STATES VETERAN

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: 722 SMITH BECKON RD

CITY, STATE, ZIP: CARSON, WASHINGTON 98610

RESIDENCE STREET: 722 SMITH BECKON RD

CITY, STATE, ZIP: CARSON, WA 98610

INSIDE CITY LIMITS: NO

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 7 YEARS

FATHER: JOSEPH CANTELLA

MOTHER: ROSE MANDARO

METHOD OF DISPOSITION: REMOVAL FROM STATE

PLACE OF DISPOSITION: BRIGADIER GENERAL WILLIAM C. DOYLE  
MEMORIAL CEMETERY

CITY, STATE: WRIGHTSTOWN, NEW JERSEY

DISPOSITION DATE: DECEMBER 03, 2024

FUNERAL FACILITY: PORTLAND MORTUARY SERVICES

ADDRESS: 17819 NE RIVERSIDE PKWY SUITE A

CITY, STATE, ZIP: PORTLAND, OREGON 97230

FUNERAL DIRECTOR: GILLIAN J. POWERS

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 APPLICABLE

CERTIFIER NAME: BRANDI L. O'BRIEN, ARNP

TITLE: ARNP

CERTIFIER ADDRESS: 6410 NE HALSEY ST

CITY, STATE, ZIP: PORTLAND, OREGON 97213

DATE SIGNED: NOVEMBER 20, 2024

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: GERRI WEBER

DATE RECEIVED: NOVEMBER 20, 2024

# Affidavit for Correction

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

Mail to: **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
<b>Required information must match current information on record</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 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: Printed name: Date:		14b. Signature of 2nd parent (if required): Printed name: Date:	
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## 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

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 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

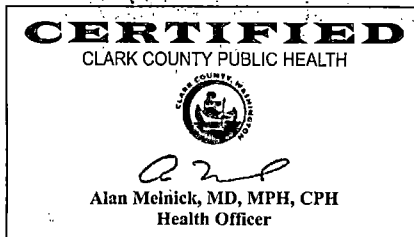
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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