

That among the property that the Decedent and I held as community property was the following described real estate:

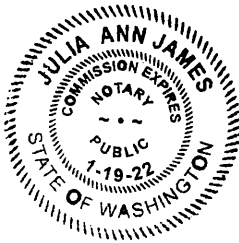
Lot 7, "Plat of Hamilton Court", as per plat recorded in Volume 15 of Plats, at Page 39, in the records of Skagit County, State of Washington.

The Decedent's estate is not subject to estate tax for the federal government or the State of Washington, as the surviving spouse is a citizen of the United States, with an unlimited marital deduction.

Dated this 12th day of November, 2020.

Anita Ricci, by Linda Miller, POA
Anita Ricci, by Linda Miller, POA

SUBSCRIBED AND SWORN to before me this 12th day of November, 2020.



Julia Ann James

Julia Ann James
NOTARY PUBLIC in and for the State of
Washington, residing in Mount Vernon.
My commission expires 01/19/2022.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 01/15/2020
FEE NUMBER: 310120

CERTIFICATE NUMBER: 2020-001635

FIRST AND MIDDLE NAME(S): TED CHARLES
LAST NAME(S): RICCI

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 13, 2020
HOUR OF DEATH: 12:35 AM
SEX: MALE AGE: 89 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: MONROE, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: ANITA J FLOWERS

OCCUPATION: DRIVER
INDUSTRY: MILK
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

INFORMANT: LINDA MILLER
RELATIONSHIP: STEP-DAUGHTER
ADDRESS: 5103 DUNDEE DRIVE ANACORTES WA 98221

CAUSE OF DEATH:
A: BASAL GANGLIA CEREBROVASCULAR ACCIDENT
INTERVAL: 4 WEEKS
B: HYPERTENSION
INTERVAL: YEARS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: TYPE 2 DIABETES

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: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: MOUNTAIN GLEN
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273

RESIDENCE STREET: 1810 E DIVISION
CITY, STATE, ZIP: MT. VERNON, WA 98274
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 1 YEAR

FATHER: THEODORE HAROLD RICCI
MOTHER: PEARL VERA [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICES

CITY, STATE: MARYSVILLE, WASHINGTON
DISPOSITION DATE: JANUARY 15, 2020

FUNERAL FACILITY: FUNERAL ALTERNATIVES OF SNOHOMISH COUNTY

ADDRESS: 1321 STATE AVE
CITY, STATE, ZIP: MARYSVILLE, WASHINGTON 98270
FUNERAL DIRECTOR: GINA L. LANDERHOLM

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: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: JANUARY 13, 2020

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

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: JANUARY 15, 2020



Affidavit for Correction

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

Washington State Department of Health
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	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 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 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 nd parent (if required):
Printed name:	Printed name:
Date:	Date:

INSTRUCTIONS – go to 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

Child under 18	Adult (18 years or older)
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 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.

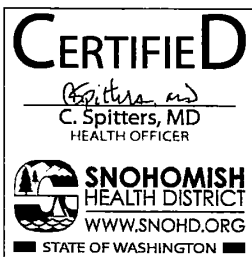
Marriage/Dissolution (Divorce) Certificates

- 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.



0 3 7 8 2 2 1 8

***DURABLE POWER OF ATTORNEY
FOR ALL PURPOSES***

KNOW ALL MEN BY THESE PRESENTS, that I, Anita J. Ricci, of Skagit County, Washington, have made, constituted and do by these presents make, constitute and appoint my daughter Linda Miller as my attorney-in-fact for me and in my name and stead, to perform any act, commitment or engagement on my behalf, or in case of her inability, I wish to appoint my daughter Catherine L. Stevens to act in that capacity. **I SPECIFICALLY DO NOT WISH FOR MY HUSBAND, THEODORE C. RICCI, TO ACT AS MY ATTORNEY-IN FACT UNDER ANY CIRCUMSTANCES.**

I hereby give and grant to my said attorney-in-fact all power to do any act which I might do if personally present and acting in connection with any matter, specifically including the right to revoke a community property agreement, to give my property to my spouse, to sell, transfer or convey, or mortgage and hypothecate, any real estate in which I have an interest, and also to draw upon any bank accounts that I may have, both checking and savings accounts or savings and loan accounts, and to execute such documents as may be required to sell or transfer such securities as I may have, whether listed upon an exchange or not, and said financial institutions and/or transfer agents shall not be required to assure themselves that said funds or assets are properly applied. I shall hold harmless any person who may act in reliance upon the authority granted to my said attorney-in-fact hereby.

I hereby give to my attorney-in-fact the power to make health care decisions on my behalf if I am unable to do so, including giving informed consent to health care providers. Included in this power is the authority to make decisions about life-prolonging medical procedures, such as (but not limited to) a respirator, placement or removal of tubes to provide nutrition or hydration; antibiotics, and cardiopulmonary resuscitation. By completing this document, I intend to create a durable power of attorney for health care under chapter 11.94 of the Revised Code of Washington. It shall take effect upon my incapacity to make my own health care decision and shall continue during that incapacity to the extent permitted by law or until I revoke it.

The attorney-in-fact, referred to as "Personal Representative" and defined in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 CFR § 164.502(g), is authorized to (a) obtain my Protected Health Information ("PHI") or other health information or medical records; (b) assist me in making healthcare-related decisions; and (c) be treated as though the attorney-in-fact is the patient for purposes of releasing information. This section shall be interpreted to specifically allow for the release to the attorney-in-fact of any information subject to the provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 U.S.C. § 1320d and 45 CFR §§ 160-164.

The attorney-in-fact shall further be authorized by this Power of Attorney, and pursuant to RCW 70.02.030, to obtain all medical information and/or records in the possession of any or all of my medical care providers. This release terminates upon my death, revocation of this Power of Attorney, or upon appointment of a guardian for myself.

This Power of Attorney shall not be affected by the disability of the undersigned Principal.

This Power of Attorney shall remain in force and effect until revoked by the undersigned in writing.

The designated and acting attorney-in-fact and all persons dealing with the attorney-in-fact shall be entitled to rely upon this Power of Attorney so long as neither the attorney-in-fact, nor the person with whom he or she was dealing at the time of any act taken pursuant to this Power of Attorney, had received actual knowledge or actual notice of the revocation or termination of the Power of Attorney by death or otherwise, and any action so taken, unless otherwise invalid or unenforceable, shall be binding on the my heirs, devisees, legatees, or personal representatives.

DATED: 2-22-17

Anita J. Ricci
ANITA J. RICCI

STATE OF WASHINGTON)
(ss.
COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that Anita J. Ricci signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned therein.

DATED: 2/22/17

Craig Sjostrom

NOTARY PUBLIC IN AND FOR THE
STATE OF WASHINGTON,

Residing at Mt. Vernon.

My commission expires: 3/1/20.

Printed Name: Craig Sjostrom

