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P.O. Box 2784
Mount Vernon, WA 98273
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202104210184

04/21/2021 03:00 PM Pages: 1 of 7 Fees: \$109.50
Skagit County Auditor

**COMMUNITY PROPERTY AFFIDAVIT
OF SURVIVING SPOUSE**

Document Title: Community Property Affidavit of Surviving Spouse

Grantor: Carol E. Barritt-Flatt

Grantee: Paul E. Barritt-Flatt

Assessor Parcel No: P105889, 4634-000-008-0007

Abbreviated Legal: LOT 8, PARK RIDGE DIVISION NO. II, AS PER PLAT
RECORDED IN VOLUME 15 OF PLATS, PAGES 187
AND 188, RECORDS OF SKAGIT COUNTY,
WASHINGTON

Reference Number: 201708280242

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2021-1717
APR 21 2021

Amount Paid \$ 0
By *ME* Skagit Co. Treasurer
Deputy



STATE OF WASHINGTON DEPARTMENT OF HEALTH


CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2021-015572

DATE ISSUED: 04/06/2021

FEE NUMBER: 310421

FIRST AND MIDDLE NAME(S): **CAROL ELIZABETH**
 LAST NAME(S): **BARRITT-FLATT**

COUNTY OF DEATH: **SKAGIT**
 DATE OF DEATH: **MARCH 26, 2021**
 HOUR OF DEATH: **06:00 AM**
 SEX: **FEMALE** AGE: **76 YEARS**
 SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
 BIRTHPLACE: **WINNIPEG, MB CANADA**

MARITAL STATUS: **MARRIED**
 SURVIVING SPOUSE: **PAUL EDWIN BARRITT-FLATT**

OCCUPATION: **NURSE**
 INDUSTRY: **UNIVERSITY**
 EDUCATION: **BACHELOR'S DEGREE**
 US ARMED FORCES: **NO**

INFORMANT: **PAUL EDWIN BARRITT-FLATT**
 RELATIONSHIP: **HUSBAND**
 ADDRESS: **3824 RIDGE COURT MOUNT VERNON, WA 98274**

CAUSE OF DEATH:
 A: **PARKINSON'S DISEASE**
 INTERVAL: **YEARS**
 B: **PARKINSON'S RELATED DEMENTIA**
 INTERVAL: **YEARS**
 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**

PLACE OF DEATH: **HOME**
 FACILITY OR ADDRESS: **3824 RIDGE COURT**
 CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98274**

RESIDENCE STREET: **3824 RIDGE COURT**
 CITY, STATE, ZIP: **MOUNT VERNON, WA 98274**
 INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**
 TRIBAL RESERVATION: **NOT APPLICABLE**
 LENGTH OF TIME AT RESIDENCE: **4 YEARS**

FATHER: **WILLIAM NELSON BARRITT**
 MOTHER: **CONSTANCE ELIZABETH [REDACTED]**

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

CITY, STATE: **SEATTLE, WASHINGTON**
 DISPOSITION DATE: **APRIL 02, 2021**

FUNERAL FACILITY: **NEPTUNE SOCIETY - LYNNWOOD**

ADDRESS: **4320 196TH ST SW - STE. C**
 CITY, STATE, ZIP: **LYNNWOOD, WASHINGTON 98036**
 FUNERAL DIRECTOR: **MIA T. KEYS**

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: **DEBORAH NORTH, MD**
 TITLE: **PHYSICIAN**
 CERTIFIER ADDRESS: **227 FREEWAY DRIVE, SUITE A**
 CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**
 DATE SIGNED: **MARCH 26, 2021**

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

LOCAL DEPUTY REGISTRAR: **BELEN MARTINEZ**
 DATE RECEIVED: **APRIL 02, 2021**



Affidavit for Correction

04/21/2021 03:00 PM Page 5 of 7
MAIL ROOM
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 and 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)
6. Name of Person Requesting Correction: Relationship to Person on Record: Self Informant Guardian Informant Hospital 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:

Table with 2 columns: The record currently shows: and The true fact is: with rows 8-13.

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 2nd parent (if required):
Printed name: Date: Printed name: 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

- 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.
*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.

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.

Death Certificates

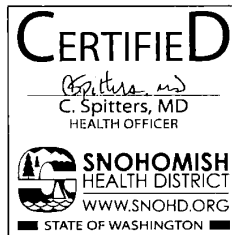
- 1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or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

AGREEMENT made in KIRKLAND Washington on the 15 day of May 2009 between **PAUL BARRITT-FLATT** ("Husband") and **CAROL BARRITT-FLATT** ("Wife"), husband and wife, both of whom are domiciled in the State of Washington.

In consideration of their mutual promises and agreements set forth below, the parties agree as follows:

1. Property Covered. All property of whatsoever nature or description, whether real, personal, or mixed, and where ever situated, now owned or hereafter acquired by the undersigned husband and wife, or either of them, including separate property, shall be considered and is hereby declared to be community property as of the moment of death of the first spouse. All such property is referred to in this Agreement as the "described community property".

2. Vesting at Death of a Spouse. If Husband dies and Wife survives him, all of the described community property shall vest in Wife as of the moment of Husband's death. If Wife dies and Husband survives her, all of the described community property shall vest in Husband as of the moment of Wife's death.

3. Automatic Revocation. This Community Property Agreement shall be automatically revoked:

(a) Upon the filing by either party of a petition, complaint, or other pleading for separation, dissolution, or divorce; or

(b) Upon the establishment of a domicile out of the State of Washington by either party; or

(c) Immediately prior to death, if neither party survives the other or if the parties should perish in a common disaster or accident which would make it impossible to say which party survived the other.

4. Optional Revocation by Either Party. If either party becomes disabled, the other party shall have the power to revoke this Community Property Agreement and each party designates the other as attorney-in-fact to become effective upon the delivery of written notice thereof to the disabled spouse and to the guardians, if any, of the person and of the estate of the disabled spouse. For the purpose of this paragraph, a spouse shall be deemed disabled if a person duly licensed to practice medicine in the State of Washington signs a statement declaring that the named person is unable to manage his or her own affairs.



PAUL BARRITT-FLATT



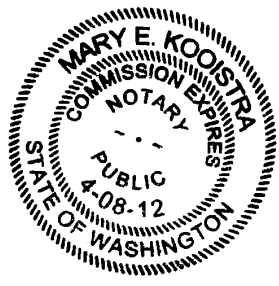
CAROL BARRITT-FLATT


STATE OF WASHINGTON)
) SS
COUNTY OF KING)

On this the 15 day of May 2009 personally appeared before me **PAUL BARRITT-FLATT** and **CAROL BARRITT-FLATT**, to me known to be the individuals described in and who executed the foregoing Community Property Agreement, and who acknowledged to me that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER MY HAND and OFFICIAL SEAL, this the 15 DAY OF May 2009.







NOTARY PUBLIC in and for the
State of Washington, residing at:
Kirkland.
My Commission Expires: 4/8/2012