



201704190012

WHEN RECORDED RETURN TO:

Skagit County Auditor
4/19/2017 Page

\$111.00
1 of 6 10:40AM

Chicago Title Insurance Company

425 Commercial Street, Mount Vernon, Washington 98273

DOCUMENT TITLE(S)

1. Community Property Agreement
2. Certified Death Certificate
- 3.

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

Additional numbers on page _____ of the document

GRANTOR(S)

1. Edward C. Burrell
2. Paulette L. Burrell
- 3.

Additional names on page _____ of the document

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20171580
APR 18 2017

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

GRANTEE(S)

1. Edward C. Burrell
- 2.
- 3.

Additional names on page _____ of the document

ABBREVIATED LEGAL DESCRIPTION:

Unit 33 FARMINGTON SQUARE
condominium re January 28, 2004
Auditor File No. 200401280083 and Survey Map
Auditor File No. 200401280084

Complete legal description is on page _____ of the document

ASSESSOR'S PROPERTY TAX PARCEL ACCOUNT NUMBER(S):

P 121278

(sign only if applicable) 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.

Signature

Edward C Burrell

This cover sheet is for the County Recorder's indexing purposes only.
The Recorder will rely on the information provided on the form and will not read the document to verify the accuracy or completeness of the indexing information provided herein.

COMMUNITY PROPERTY AGREEMENT

This Agreement is entered into on this **11th day of November, 2016**, between **EDWARD C. BURRELL** and **PAULETTE L. BURRELL**, husband and wife, now residing and domiciled in Skagit County, Washington.

In consideration of the love and affection that each of the parties has for the other, and in consideration of their mutual covenants herein, the parties agree as follows:

1. All property presently owned by either of them (including each party's separate property) is now their community property, regardless of the manner in which title to the property is held.
2. All property acquired after the date of this Agreement by either of them will be their community property when acquired, regardless of the manner in which title to the property is held.
3. Upon the death of either of the parties hereto, all community property, as defined in the preceding paragraphs, shall immediately vest in the survivor of them.
4. This Agreement will apply to both real estate and personal property, whether located in the State of Washington or elsewhere, to the extent permitted by law.
5. This Agreement may be amended or revoked only by a written agreement signed by both parties or by a decree of legal separation, dissolution or divorce.

6. This Agreement will be automatically revoked by a decree of legal separation, dissolution or divorce, unless otherwise provided in such decree. This Agreement will not control the division of property in any such proceeding.

7. All prior community property agreements or similar agreements entered into by the parties are hereby revoked.

8. This Agreement will be interpreted, administered and enforced according to the laws of the State of Washington.

Edward C. Burrell
EDWARD C. BURRELL

Paulette L. Burrell
PAULETTE L. BURRELL

WITNESSED:

Kyle Ray PRINTED NAME OF WITNESS [Signature] SIGNATURE

RESIDING AT: Edmonds, WA

Julianne Ray PRINTED NAME OF WITNESS [Signature] SIGNATURE

RESIDING AT: Edmonds, WA

STATE OF WASHINGTON)

) ss

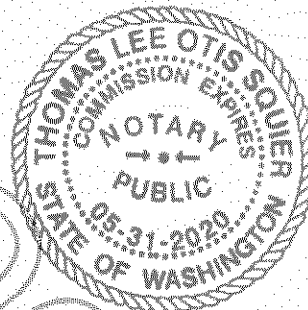
County of SKAGIT)

I certify that I know or have satisfactory evidence that **EDWARD C. BURRELL** and **PAULETTE L. BURRELL**, husband and wife, signed the foregoing Community Property Agreement as their free and voluntary act and deed, for the uses and purposes therein mentioned.

Thomas Lee Otis Squier

NOTARY PUBLIC in and for the State of Washington,
residing at Bothell.

My Commission Expires: 05-31-2020



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2017-002031

DATE ISSUED: 01/23/2017

FEE NUMBER: 0000310117

GIVEN NAMES: PAULETTE LUCILLE
LAST NAME: BURRELL

COUNTY OF DEATH: KING
DATE OF DEATH: JANUARY 05, 2017
HOUR OF DEATH: 07:15 P.M.
SEX: FEMALE
AGE: 74 YEARS

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: VIRGINIA MASON HOSPITAL
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98101

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 452 WINDMILL LANE
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
INSIDE CITY LIMITS? YES

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 11 YEARS

BIRTHDATE: [REDACTED]
BIRTHPLACE: BOISE, ADA CNTY, IDAHO

FATHER/PARENT: CHARLES C HOUSEL
MOTHER/PARENT: FRANCES L [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: EDWARD C. BURRELL

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: WASHELLI CREMATORY
CITY, STATE: SEATTLE, WA
DISPOSITION DATE: JANUARY 19, 2017

OCCUPATION: COMPTROLLER / ADMIN. ASSISTANT
INDUSTRY: HEALTHCARE
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? NO

FUNERAL FACILITY: EVERGREEN-WASHELLI FUNERAL HOME
ADDRESS: 11111 AURORA AVE N
CITY, STATE, ZIP: SEATTLE WA 98133
FUNERAL DIRECTOR: PHILIP WATKINS

INFORMANT: EDWARD C. BURRELL
RELATIONSHIP: HUSBAND
ADDRESS: 1777 SOUTH BURLINGTON BLVD., BURLINGTON, WA 98233

CAUSE OF DEATH:

- A. SEPTIC SHOCK
INTERVAL: 8 HOURS
- B. URŌSEPSIS AND ISCHEMIC INTESTINE
INTERVAL: 13
- C.
INTERVAL:
- D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:

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

CERTIFIER NAME: GAUTAM R. VELAMOO, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1100 NINTH AVENUE
CITY, STATE, ZIP: SEATTLE WA 98101
DATE SIGNED: JANUARY 13, 2017

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

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

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

LOCAL DEPUTY REGISTRAR:
RUTH ROBERSON
DATE RECEIVED: JANUARY 17, 2017





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
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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	2. Date of Event		3. Place of Event	
4. Father/Parent Full Legal 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:	<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:

Telephone Number: _____ Email Address: _____

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

8. The record now shows:	9. The true fact is:
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

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. Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- 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

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 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, 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

1. 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). The informant may change marital status with proof. Marital status requires a certified copy of a 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 documentary proof.
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.

DOH 422-034 October 2015

