



2. My spouse, Rosario A. Carroll, (the "Decedent") was one of the parties to the Agreement who died on February 17, 2022, in Snohomish County, Washington. A true and correct copy of the Death Certificate is attached as **Exhibit B**.

3. The parties to the Agreement were legally competent at the time of the Agreement and executed no Wills or other Agreements which would have the effect abrogating or nullifying the Agreement.

4. All of the real and personal property of the Decedent and the Affiant consisted of community property having been married since March 1, 1997, or a period of 24 years at the time of Decedent's death. The community property of the Decedent included the Decedent's undivided 50% interest in the residential real estate identified above.

5. The Decedent left no separate property.

6. All obligations of the community composed of the Decedent and the Affiant owing at the date of the Decedent's death have been paid in full or will be paid in full, and all expenses of last illness and for funeral and burial services of the Decedent have been paid.

7. The Decedent was survived by her spouse, Terence G. Carroll, the Affiant, and three (3) children:

| <u>Name</u>        | <u>Relationship</u> |
|--------------------|---------------------|
| Samuel G. Mostovoy | Son                 |
| Miguel A. Carroll  | Son                 |
| Antonio J. Carroll | Son                 |

EXECUTED this 8th day of March, 2022

  
 \_\_\_\_\_  
 Terence G. Carroll



EXHIBIT A**COMMUNITY PROPERTY AGREEMENT**

**THIS AGREEMENT** is entered into this 23 day of February, 2016, between Terence G. Carroll ("Husband") and Rosario A. Carroll ("Wife"), husband and wife, in accordance with the provisions of RCW 26.16.120, allowing for agreements between husband and wife for the fixing of the status of community property or the disposition thereof to take effect upon the death of either.

**IT IS HEREBY AGREED AS FOLLOWS:**

1. **Property Covered.** This agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife and to all separate property now owned or hereafter acquired by either Husband or Wife, all of which shall be considered and is declared to be the community property of the parties (except for property for which a separate property designation has been or is hereafter made by Husband or Wife and approved in writing by the other spouse), even though some items may have been or may be purchased or acquired by one or the other or both, or may have been or may be registered in the name of one or the other or both. All such property is referred to in this agreement as the "described community property."

2. **Vesting at Death of a Spouse.** If one spouse dies and the other spouse survives by ten (10) days, all of the described community property shall vest in the surviving spouse as of the moment of death of the first spouse to die.

3. **Disclaimer.** Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this agreement, in whole or in part, or with reference to specific parts, shares, or property. The interest disclaimed shall pass as if the provisions of Section 2 above had been revoked as to such interest, provided that the surviving spouse shall remain entitled to any benefits which may be provided by any alternate disposition applicable to the disclaimed interest, in the absence of further disclaimer.

4. **Property Held in Joint Tenancy.** Property held by the parties in joint tenancy, and any transfer or attempted transfer of community property into joint tenancy form, shall not change its status as community property. Holding of such property in joint tenancy, or any transfer or attempted transfer, shall be deemed to be for the convenience of the parties only, and such property shall be community property and ownership and title shall vest as provided in Section 2 above.

5. **Automatic Revocation.** The provisions of Section 2 above 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. Immediately prior to death if neither party survives the other by ten (10) days.

**COMMUNITY PROPERTY AGREEMENT - 1**

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**ORIGINAL**

6. **Optional Revocation by One Party.** If either party becomes disabled, the other party shall have the power to terminate the provisions of Section 2 above. The termination shall be 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. Each party designates the other party, to become effective upon disability, as attorney-in-fact to agree to the termination. For the purposes 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 spouse is unable to manage his or her financial affairs.

7. **Revocation of Inconsistent Agreements.** To the extent this agreement is inconsistent with the provisions of any community property agreement, Will, or other arrangement previously made by either or both of the parties that affects the described community property, the terms of this agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

8. **Rights of Parties.** The parties have each been advised of their right to be represented by independent counsel prior to signing this Agreement and hereby expressly waive that right.

IN WITNESS WHEREOF, the parties hereto have executed this agreement the day and year first above written.

  
Terence G. Carroll

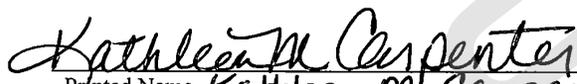
  
Rosario A. Carroll

STATE OF WASHINGTON }  
COUNTY OF SKAGIT } ss.

I certify that I know or have satisfactory evidence that Terence G. Carroll and Rosario A. Carroll are the persons who appeared before me, and said persons acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

GIVEN UNDER MY HAND AND OFFICIAL SEAL this 23<sup>rd</sup> day of February, 2016.



  
Printed Name Kathleen M. Carpenter  
NOTARY PUBLIC in and for the State of Washington  
My Commission Expires 5/4/2019

COMMUNITY PROPERTY AGREEMENT - 2

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-010816

LOCAL FILE NUMBER: 6995

DATE ISSUED: 03/02/2022

FEE NUMBER: 310322

FIRST AND MIDDLE NAME(S): ROSARIO A  
LAST NAME(S): CARROLL

AKA: ROSARIO ARIAS DE CARROLL

COUNTY OF DEATH: SNOHOMISH

DATE OF DEATH: FEBRUARY 17, 2022

HOUR OF DEATH: 10:25 AM

SEX: FEMALE AGE: 60 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: OTHER: PERUVIAN

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: LIMA PERU

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: TERENCE GEORGE CARROLL

OCCUPATION: LOAN OFFICER

INDUSTRY: BANKING

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: TERENCE GEORGE CARROLL

RELATIONSHIP: SPOUSE

ADDRESS: 14610 32ND DR SE, MILL CREEK, WA 98012

CAUSE OF DEATH:

A: LIVER FAILURE

INTERVAL: 2 YEARS

B: CANCER IN THE LIVER

INTERVAL: 2 YEARS

C: NEUROENDOCRINE CARCINOMA SPREAD

INTERVAL: 2 YEARS

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: DECEDENT'S HOME

FACILITY OR ADDRESS: 14610 32ND DR SE

CITY, STATE, ZIP: MILL CREEK, WASHINGTON 98012

RESIDENCE STREET: 14610 32ND DR SE

CITY, STATE, ZIP: MILL CREEK, WA 98012

INSIDE CITY LIMITS: YES

COUNTY: SNOHOMISH

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 24 YEARS

FATHER: AUGUSTO ARIAS MARQUEZ

MOTHER: ANA MARIA [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: FIRST CREMATION SERVICES

CITY, STATE: KENT, WASHINGTON

DISPOSITION DATE: FEBRUARY 28, 2022

FUNERAL FACILITY: A SACRED MOMENT FUNERAL SERVICE

ADDRESS: 1910 120TH PLACE SE, #102

CITY, STATE, ZIP: EVERETT, WASHINGTON 98208

FUNERAL DIRECTOR: CHAR C. BARRETT

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: NANCY SHARMA, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 751 NE BLAKELY DRIVE SUITE 1090

CITY, STATE, ZIP: ISSAQUAH, WASHINGTON 98029

DATE SIGNED: FEBRUARY 25, 2022

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NANCY SHARMA, PHYSICIAN

LOCAL DEPUTY REGISTRAR: ZHARIA DENNIS

DATE RECEIVED: FEBRUARY 28, 2022



Affidavit for Correction

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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)
6. Name of Person Requesting Correction: Relationship to Person on Record: Self 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:
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 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 Adult (18 years or older)
• If legal guardian(s), include certified court order proving guardianship. • Only the adult can change his or her birth certificate.
• 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. • If the first or middle name is missing, three pieces of proof documentation are required.
• No proof is required to change the first or middle name.\* • 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 information, one proof documentation is required. • To correct parent's birth date, place of birth, or name, 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.

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.



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Certificate not valid unless the Seal of the State of Washington changes color when heat applied.