



That all expenses of the Decedent's last illness, funeral and costs of administration have been paid and I know of no unpaid creditors of the Decedent or of our former marital community.

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

LOT A "RANCHO SAN JUAN DEL MAR, SUBDIVISION NUMBER 5," AS PER PLAT RECORDED IN VOLUME 7 OF PLATS, PAGE 5, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, 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 30 day of March, 2023.

Martha V. Tottenham

Martha V. Tottenham

SUBSCRIBED AND SWORN to before me this 30<sup>th</sup> day of March, 2023.



Claudia Ridgway  
Claudia Ridgway  
NOTARY PUBLIC in and for the State of  
Washington.  
Residing at Mount Vernon, WA.  
My commission expires: 01/17/2026

COMMUNITY PROPERTY AGREEMENT

WHEREAS, the undersigned, WILLIAM D. TOTTENHAM and MARTHA V. TOTTENHAM, have been and now are lawfully wedded husband and wife, now residing in Skagit County, Washington, constituting a marital community under the laws of Washington, and are desirous of determining the status and disposition of all of their properties and estate and their respective interests in any property or estate now owned or hereafter acquired by them or either of them, to be effective now and upon the death of either of them, having regard particularly to the provision of law set forth in RCW 26.16.120;

NOW, THEREFORE, in consideration of the premises and of the love and affection that each of said parties has for the other, and in consideration of the mutual advantages flowing to the respective parties by virtue of this Community Property Agreement, it is hereby stipulated and agreed by and between said undersigned parties, husband and wife, as follows:

I

That all property of whatsoever nature or description whether real, personal or mixed and wheresoever situated now owned or hereafter acquired by them or either of them including any separate property, shall be considered and is hereby declared to be community property, and each hereby conveys and quitclaims to the other his or her interest in any separate property he or she may now own or hereafter acquire so as to convert the same to community property.

II

That upon the death of either of the parties hereto, title to all community property as defined in the preceding

paragraph shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the said WILLIAM D. TOTTENHAM and MARTHA V. TOTTENHAM have hereunto set their hands and sealed this 30 day of May, 1974.

Martha V. Tottenham

William D. Tottenham

James E. Anderson  
Witness

May J. Hartman  
Witness

STATE OF WASHINGTON ]  
                                  ] ss  
County of Skagit      ]

This certifies that on this 30 day of May, 1974, personally appeared before me WILLIAM D. TOTTENHAM and MARTHA V. TOTTENHAM, to me known to be the individuals who executed the foregoing instrument, and acknowledged the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

Witness my hand and official seal the day and date in this certificate first above written.

James E. Anderson  
NOTARY PUBLIC in and for the State of Washington, residing at Anacortes.





# STATE OF WASHINGTON DEPARTMENT OF HEALTH


**CERTIFICATE OF DEATH**CERTIFICATE NUMBER: **2022-027928**DATE ISSUED: **07/15/2022**

FEE NUMBER:

FIRST AND MIDDLE NAME(S): **WILLIAM DANIEL**LAST NAME(S): **TOTTENHAM JR**COUNTY OF DEATH: **SKAGIT**DATE OF DEATH: **MAY 30, 2022**HOUR OF DEATH: **03:48 PM**SEX: **MALE**AGE: **83 YEARS**

SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]

BIRTHPLACE: **SHELTON, CT**MARITAL STATUS: **MARRIED**SURVIVING SPOUSE: **MARTHA VICTORIA PURVIS**OCCUPATION: **TRUCK DRIVER**INDUSTRY: **OIL INDUSTRY**EDUCATION: **HIGH SCHOOL GRADUATE OR GED COMPLETED**US ARMED FORCES: **YES**INFORMANT: **MARTHA V TOTTENHAM**RELATIONSHIP: **WIFE**ADDRESS: **14020 DAFFODIL LANE, ANACORTES, WA 98221**

CAUSE OF DEATH:

A: **CARDIOGENIC SHOCK**INTERVAL: **DAYS**B: **SINUS BRADYCARDIA**INTERVAL: **DAYS**

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: **HOSPITAL**FACILITY OR ADDRESS: **SKAGIT VALLEY HOSPITAL**CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98274**RESIDENCE STREET: **14020 DAFFODIL LANE**CITY, STATE, ZIP: **ANACORTES, WA 98221**INSIDE CITY LIMITS: **NO**COUNTY: **SKAGIT**TRIBAL RESERVATION: **NOT APPLICABLE**LENGTH OF TIME AT RESIDENCE: **42 YEARS**FATHER: **WILLIAM DANIEL TOTTENHAM SR**MOTHER: **ANNE HAZEL**METHOD OF DISPOSITION: **CREMATION**PLACE OF DISPOSITION: **NORTHWEST CREMATORY**CITY, STATE: **ANACORTES, WASHINGTON**DISPOSITION DATE: **JUNE 02, 2022**FUNERAL FACILITY: **EVANS FUNERAL CHAPEL & CREMATORY, INC.**ADDRESS: **1105 32ND STREET**CITY, STATE, ZIP: **ANACORTES, WASHINGTON 98221**FUNERAL DIRECTOR: **JOSEPH J. WAHAM**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: **RYAN TRINH, MD**TITLE: **PHYSICIAN**CERTIFIER ADDRESS: **1415 E. KINCAID STREET**CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98274**DATE SIGNED: **JUNE 01, 2022**CASE REFERRED TO ME/CORONER: **NO**FILE NUMBER: **NOT APPLICABLE**ATTENDING PHYSICIAN: **RYAN TRINH, PHYSICIAN**LOCAL DEPUTY REGISTRAR: **ISABEL M. CARBAJAL**DATE RECEIVED: **JUNE 02, 2022**



# Affidavit for Correction

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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<b>Required</b>	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 Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Parent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Funeral Director <input type="checkbox"/> Informant <input type="checkbox"/> Other (specify) _____
7. Return Mailing Address: P.O. 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 2 <sup>nd</sup> 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

- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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

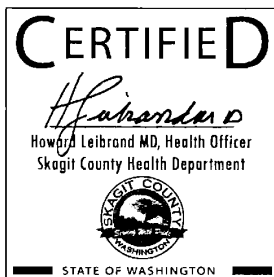
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
- 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 proof documentation.
- 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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