

otherwise, would immediately become the sole property of the survivor spouse.

The Decedent also executed a Last Will and Testament, but no probate is planned, in view of this Community Property Affidavit.

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.

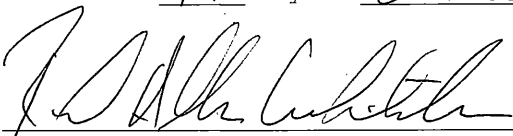
That among the property that the Decedent and I held as community property was the following described real estate:

Lot 7, City of Anacortes Short Plat No. SPL-2015-0006, approved June 27, 2017 and recorded July 6, 2017, under Auditor's File No. 201707060062, records of Skagit County, Washington, being a portion of the Northwest ¼ of the Southeast ¼ of Section 25, Township 35 North, Range 1 East, W.M.

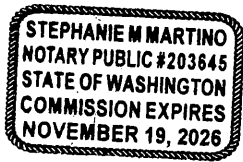
Situate in the City of Anacortes, County of Skagit, State of Washington.


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 19th day of OCTOBER 2023.


Richard Allan Whiteaker, surviving spouse

SUBSCRIBED AND SWORN to before me this 19th day of October 2023.




Stephanie M. Martino
NOTARY PUBLIC in and for the State of Washington, residing in Anacortes.
My commission expires 11/19/2026.

COMMUNITY PROPERTY AGREEMENT

Richard Allan Whiteaker ("Husband") and **Kristina Whiteaker** ("Wife"), husband and wife, acting pursuant to the provisions of Revised Code of Washington 26.16.120, providing for agreements between husband and wife for fixing of the status and disposition of community property, **HEREBY AGREE AS FOLLOWS:**

1. All property now owned or hereafter acquired by either Husband or Wife is designated as Community Property, unless, after the date of this Agreement, the parties shall agree otherwise by making a separate property designation signed by both of them. This designation of Community Property applies even though some items of property 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.

2. If one spouse dies and the other spouse survives by ten (10) days, all Community Property shall vest in the surviving spouse as of the moment of death of the first spouse to die.

3. 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 with the surviving spouse entitled to the benefits provided by any alternate disposition applicable to the disclaimed interest.

4. 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. 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 days.

Community Property Agreement of
Richard Allan Whiteaker & Kristina Whiteaker,
Husband and Wife
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RAW KW

Souder Law Group
913 Seventh Street
Anacortes, Washington 98221
(360) 299-3060

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-041949

DATE ISSUED: 08/31/2023
FEE NUMBER: 310823

FIRST AND MIDDLE NAME(S): KRISTINA
LAST NAME(S): WHITEAKER

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 26, 2023
HOUR OF DEATH: 12:15 PM
SEX: FEMALE AGE: 74 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 3817 DESKIN COURT
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

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

RESIDENCE STREET: 3817 DESKIN COURT
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 5 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: SEATTLE, WA

FATHER: CARL LUND
MOTHER: MARY [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: RICHARD WHITEAKER

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

OCCUPATION: MANAGER
INDUSTRY: SOFTWARE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: AUGUST 31, 2023

INFORMANT: RICHARD WHITEAKER
RELATIONSHIP: SPOUSE
ADDRESS: 3817 DESKIN COURT ANACORTES, WA 98221

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD
ADDRESS: 4320 196TH ST SW - STE. C
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036
FUNERAL DIRECTOR: LORI B. BANES

CAUSE OF DEATH:
A: CARDIORESPIRATORY ARREST
INTERVAL: IMMEDIATE
B: ADENOCARCINOMA OF THE LUNG
INTERVAL: 7 YEARS
C: HISTORY OF CIGARETTE SMOKING
INTERVAL: DECADES
D:
INTERVAL:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSE

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

CERTIFIER NAME: ALYSSA M. SANTOS, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1400 E. KINCAID ST
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
DATE SIGNED: AUGUST 28, 2023

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: AUGUST 30, 2023



Affidavit for Correction

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

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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, 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: 8, 10, 12
The true fact is: 9, 11, 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 2nd parent (if required):
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.

Death Certificates

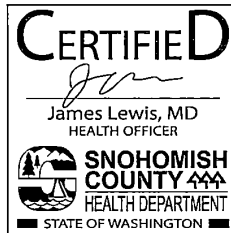
- 1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or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