

**Affidavit of Surviving Spouse or Domestic Partner
for Claiming an Exemption Based on
Inheritance of Real Estate**

State of Washington

County of Skamania

Name of deceased Richard E. Watts

I, (survivor's name) Susan Watts affirm

that I am the sole and rightful heir to the property described as:

Parcel number(s) 02 05 31 4 0 1500 80

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this 18th day of April, 2022 at Edmonds, WA 98026
(month) (year) (city) (state)

Susan Watts
(Signature of surviving spouse or registered domestic partner)

Susan Watts
(Printed name of surviving spouse or registered domestic partner)

16032 68th Avenue W Edmonds WA 98026
(Address of surviving spouse or domestic partner) (city) (state) (zip)

Note: See RCW 82.45.197 on page 2 for statutory requirements.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-022123

LOCAL FILE NUMBER: 1949

DATE ISSUED: 04/14/2022

FEE NUMBER: 142038520

FIRST AND MIDDLE NAME(S): RICHARD ELMER

LAST NAME(S): WATTS

COUNTY OF DEATH: SNOHOMISH

DATE OF DEATH: MAY 14, 2019

HOUR OF DEATH: 07:56 AM

SEX: MALE

AGE: 78 YEARS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: MARCH 24, 1941

BIRTHPLACE: MAYWOOD, CA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: SUSAN HUTCHINSON

OCCUPATION: CHIEF EXECUTIVE OFFICER

INDUSTRY: HOME DECORATION

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: SUSAN WATTS

RELATIONSHIP: WIFE

ADDRESS: 16032 68TH AVE W, EDMONDS, WA 98026

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: SWEDISH EDMONDS HOSPITAL

CITY, STATE, ZIP: EDMONDS, WASHINGTON 98026

RESIDENCE STREET: 16032 68TH AVE W

CITY, STATE, ZIP: EDMONDS, WA 98026

INSIDE CITY LIMITS: YES

COUNTY: SNOHOMISH

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: SILAS ISAAC WATTS

MOTHER: FLORENCE PATRICIA OLIVE JULIA SMITH

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NW PREFERRED CREMATORY

CITY, STATE: MOUNTLAKE TERRACE, WASHINGTON

DISPOSITION DATE: MAY 16, 2019

FUNERAL FACILITY: BECK'S TRIBUTE CENTER

ADDRESS: 405 5TH AVENUE S.

CITY, STATE, ZIP: EDMONDS, WASHINGTON 98020

FUNERAL DIRECTOR: GREGORY S. CARLSON

LOCAL DEPUTY REGISTRAR: SHARON MAUCH

DATE RECEIVED: MAY 16, 2019



Affidavit for Correction

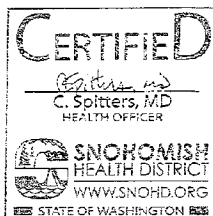
Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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
Required information must match current information on record				
Required				
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:
First Middle Last		MM/DD/YYYY		(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)		
First Middle Last		First Middle Last		
8. 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)				
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:				
1. 9.				
10. 11.				
12. 13.				
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.				
4a. Signature:		14b. Signature of 2nd parent (if required):		
Printed name:		Printed name:		
Date:		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				
• 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 parent's 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				
• 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.				



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



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