

When Recorded Return to:
Indecomm Global Services
As Recording Agent Only
1260 Energy Lane
St. Paul, MN 55108



201603300012

Skagit County Auditor \$79.00
3/30/2016 Page 1 of 7 9:52AM

Return To:
Title Source
662 Woodward Ave
Detroit MI 48226

SD24 1734
record 1st

Lack of Probate Affidavit

Order Number: 61327243 - 3379863

Grantor(s):

Name: James Benfield

Address: 3305 H. Ave, Anacortes, WA 98221

Grantee(s):

Name: Leta Benfield

Address: 3305 H. Ave, Anacortes, WA 98221

Assessor's Parcel ID #: P32002 / 350125-0-042-0009

Abbreviated legal: PTN NW 1/2 OF NE 1/4, 25-35-1 E W. M.

Full Legal description is located on page: 23 See Attached Exhibit A

**LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)
FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY PROPERTY**

Title Insurance Commitment No.: _____, County: _____

STATE OF _____)

SS:

COUNTY OF _____)

The undersigned, Seta Benfield, executes this affidavit relating to the estate of James Benfield (herein "Decedent"), who died on April, 2014, in the County of King, State of Washington, then being a resident of the City of Anacortes, County of Skagit, State of Washington.
(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

That the undersigned is (check one):

- the lawful surviving spouse of the Decedent
- Surviving child of the Decedent
- Registered domestic partner of the Decedent
- One of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____ [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington,
- other (identify): _____

That the undersigned has listed below all of the heirs at law and next of kin of Decedent, including but not limited to:

1. spouse or registered domestic partner; **and**
2. children, adopted children, the issue of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of decedent); **and**
3. **all parties who would have been heirs at law if the decedent had not been married or a registered domestic partner on the date of death:**

That the heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching a list if necessary):

Name & relationship Seta M. Benfield - wife
Address: 3305 H Ave. Anacortes, Wa 98221
Name & relationship _____
Address: _____
Name & relationship _____
Address: _____
Name & relationship _____
Address: _____
Name & relationship _____
Address: _____

That immediately prior to the date of death the Decedent was an owner of the real estate described in the above referenced Title Insurance Commitment (herein the "Real Estate"), and that the Decedent's ownership interest was [check one]:

- Community property
- Separate property
- Joint tenancy property

CHECK ALL BOXES WHICH APPLY IN EACH SECTION:

1. That on the date the Real Estate was purchased the Decedent was:

- married to Sara Benfield
- unmarried, not a registered domestic partner
- unmarried, a registered domestic partner of _____

2. That on the date of death the Decedent was:

- married to Sara Benfield
- unmarried, not a registered domestic partner
- unmarried, a registered domestic partner of _____

3. That the decedent left a Will, *a copy of which is attached hereto.*

That the decedent left no Will.

That the decedent executed a Community Property Agreement. It was recorded under _____ County recording number _____. *(if unrecorded, attach a copy)*

4. That the decedent's estate is not being probated.

That the decedent's estate is subject to probate proceedings in _____ County, State of _____, under Probate No. _____

5. That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.

That State and/or Federal succession or inheritance taxes in the amount of \$ _____ have been paid. Copies of the release/discharge are attached hereto.

That State and/or Federal succession or inheritance taxes are due, but have not been paid.

5. That the decedent has not received assistance from the State of Washington for medical care.

That the decedent has received assistance from the State of Washington for medical care.

That the State of Washington has been fully reimbursed for assistance for medical care.

(This paragraph applies only if the Real Estate referred to above was owned by the Decedent in joint tenancy):

That at all times from the date on which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the Real Estate was held in joint tenancy, and that the interest of no one or more of the joint tenants has ever been independently conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law; and that the joint tenancy continued in full force until the death of the Decedent and, if there are two or

more surviving joint tenants, including the undersigned, the joint tenancy continues in effect as to the interests of the surviving joint tenants.

That the undersigned knows of his/her own knowledge, and so states, that each and all of the obligations against the estate of the Decedent (including, but not limited to: all the debts of decedent; all of the expenses of Decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as follows (use reverse side or attach a list if necessary): _____

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ _____, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ _____, and including the value of Decedent's separate property, if any, of approximately \$ _____, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ _____.

This affidavit is made to induce _____ TITLE INSURANCE COMPANY (the Company) to insure real property covered by the Company's commitment for title insurance number set forth above, in which Decedent held an interest at the time of the Decedent's death. The undersigned urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The undersigned, for himself/herself and for the undersigned's heirs, executors and administrators, indemnifies the Company or any other person, including a purchaser of the Real Estate, for any loss arising from reliance on any misstatement of fact herein.

DATED: February 14, 2016

Leta M. Bedford
(Signature)

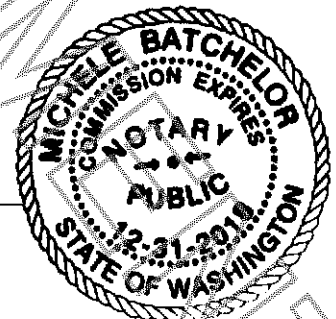
LETA BEDFIELD
(Print or type full name)

3305 H Ave
(Full address and telephone number)

Anacortes, Wa 360-982-883

SUBSCRIBED and SWORN TO before me this 26 day of Feb, 2016

M. M. M. M.
Notary Public in and for the State of
Washington, residing at 339 Ferris St Sedro Woolley
Commission exp 12-31-18



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Public Health - Seattle & King County Vital Statistics CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number 3712		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix James Martin Benfield				2. Death Date 4-4-2014	
3. Sex (M/F) M		4a. Age - Last Birthday 71		5. Social Security Number	
7. Birthdate		8a. Birthplace (City, Town, or County) Marion North Carolina		9. Decedent's Education 10th Grade - no Diploma	
10. Was Decedent of Hispanic Origin? (Yes or No) If Yes, specify No			11. Decedent's Race(s) Caucasian		12. Was Decedent ever in U.S. Armed Forces?
13a. Residence: Number and Street (e.g., 824 SE 5th St.) (include Apt. No.) 3305 H Ave				13b. City or Town Anacortes	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country WA	13f. Zip Code + 4 98221
14. Estimated length of time at residence. 30 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Leta Mae Stineff	
17. Usual Occupation (Indicate type of work done during most of working life. Do not use RETIRED). Mill Worker			18. Kind of Business/Industry (Do not use Company Name) Lumber		
19. Father's Name (First, Middle, Last, Suffix) Earl McDonald Benfield			20. Mother's Name Before First Marriage (First, Middle, Last) Cora Belle		
21. Informant's Name Leta Benfield		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 3305 - H Avenue Anacortes, WA 98221	
24. Place of Death, if Death Occurred in a Hospital: Hospital Inpatient					
25. Facility Name (if not a facility, give number & street or location) Harborview Medical Center 325 9th ave Seattle					
26. Method of Disposition Burial		29. Piece of Final Disposition (Name of cemetery, crematory, other place) Fernhill Cemetery		30. Location-City/Town, and State Anacortes, WA	
31. Name and Complete Address of Funeral Facility Evans Funeral Chapel, 1105-32nd St, Anacortes, WA				32. Date of Disposition April 12, 2014	
33. Funeral Director Signature <i>Janice Williams</i>					
Cause of Death (See instructions and examples):					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → Ruptured Abdominal Aortic Aneurysm s/p endovascular repair attempt				Interval between Onset & Death hrs	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST					
b. Due to (or as a consequence of):				Interval between Onset & Death	
c. Due to (or as a consequence of):				Interval between Onset & Death	
d. Due to (or as a consequence of):				Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending				39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown				41. Date of Injury (mm/dd/yyyy)	
42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: City or Town: County: State:					
46. Describe how injury occurred				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. Elina Quiroga				48b. Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Elina Quiroga MD 325 NORTH AVE SEATTLE WA 98104				50. Hour of Death (24hrs) 0457	
51. Name and Title of Attending Physician if other than Certifier (Type or Print) Nam Tran MD Attending Vascular Surgery Service				52. Date Signed (mm/dd/yyyy) 4-4-2014	
53. Title of Certifier Resident MD		54. License Number MD00008433		55. Coroner's File Number 14-2656	
57. Registrar Signature X				58. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
59. Amendments				58. Date Received (mm/dd/yyyy) APR -9 2014	

Title No TI-61327243

LEGAL DESCRIPTION

EXHIBIT "A"

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON, AND IS DESCRIBED AS FOLLOWS:

THAT PART OF THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 25, TOWNSHIP 35 NORTH, RANGE 1 EAST OF THE WILLAMETTE MERIDIAN, DESCRIBED AS FOLLOWS:

BEGINNING AT THE SOUTHWEST CORNER OF SAID NORTHWEST QUARTER OF THE NORTHEAST QUARTER;

THENCE EAST ALONG THE SOUTH LINE OF SAID SUBDIVISION A DISTANCE OF 114.98 FEET TO A POINT ON THE EAST LINE OF THE HART LAKE ROAD AS DESCRIBED IN DEED TO THE CITY OF ANACORTES RECORDED DECEMBER 3, 1951 UNDER AUDITOR'S FILE NO. 468818, RECORDS OF SKAGIT COUNTY, WASHINGTON, AND THE TRUE POINT OF BEGINNING OF THIS DESCRIPTION;

THENCE FROM SAID TRUE POINT OF BEGINNING CONTINUE EAST ALONG THE SOUTH BOUNDARY OF SAID NORTHWEST QUARTER OF THE NORTHEAST QUARTER A DISTANCE OF 182.02 FEET;

THENCE NORTH 60.0 FEET;

THENCE WEST 158.15 FEET TO THE EAST BOUNDARY OF SAID ROAD RIGHT OF WAY;

THENCE SOUTH 21°41'39" WEST ALONG THE EASTERLY BOUNDARY OF SAID ROAD RIGHT OF WAY A DISTANCE OF 64.57 FEET TO THE TRUE POINT OF BEGINNING.

SITUATE IN SKAGIT COUNTY, WASHINGTON.

Parcel ID: P32002 / 350125-0-042-0009

Commonly known as 3305 H Avenue, Anacortes, WA 98221
However, by showing this address no additional coverage is provided

Recording jurisdiction: Skagit

ABBREVIATED LEGAL: PTN NW 1/2 OF NE 1/4, 25-35-1 E. W. M.



U05748715

1632 3/25/2016 80261734/1