

When recorded return to:



Skagit County Auditor 12/13/2017 Page 1 of 8 1:12PM \$81.00

QUIT CLAIM DEED

THE GRANTOR(S) James Benningfield (deceased)
Debby Benningfield surviving spouse
for and in consideration of 1/2 of community property,
inheritance
in hand paid, conveys and quit claims to Debby Benningfield
the following described real estate, situated in the County of Skagit, State of Washington
together with all after acquired title of the grantor(s) herein:

Abbreviated Legal: Lots 7 and 8 Block E. Cape Horn on
the Skagit 33868 -
Tax Parcel Number(s): P-62930 - P-62931 003-700-622 P-6292
33862 - 003-622 - 0001
Dated: 12-13-17 P-62934
Including a 1972 spacemaster mobile home, 5AX24 VIN # 11983

See attached fold legal

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20175704
DEC 13 2017

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

Amount Paid \$0
Skagit Co. Treasurer
By mm Deputy

I certify that I know or have satisfactory evidence that Debby Benningfield
is/are the person(s) who appeared before me, and said person(s) acknowledged that she
signed this instrument and acknowledged it to be her free and voluntary act for the uses and
purposes mentioned in the instrument.

DATED: December 12, 2017

JOANNE P GIESBRECHT
NOTARY PUBLIC
STATE OF WASHINGTON
My Commission Expires August 31, 2021

Joanne P Giesbrecht
Notary Public in and for the State of Washington
residing at Mount Vernon
My appointment expires 08/31/21

When recorded return to:

ALENA LUCAK
19719 SE 353RD ST.
AUBURN, WA 98092



200809190015

Skagit County Auditor

9/19/2008 Page 1 of 8 9:01AM

LAND TITLE OF SKAGIT COUNTY
130932-5

**REAL ESTATE CONTRACT
(RESIDENTIAL SHORT FORM)**

ANY OPTIONAL PROVISION NOT INITIALED BY ALL PERSONS SIGNING THIS CONTRACT--
WHETHER INDIVIDUALLY OR AS AN OFFICER OR AGENT -- IS NOT A PART OF THIS CONTRACT.

1. PARTIES AND DATE. This Contract is entered into on September 9, 2008 _____,
between ALENA LUCAK, A SINGLE WOMAN _____

as "Seller" and JAMES BENNINGFIELD & DEBBY BENNINGFIELD, HUSBAND & WIFE _____

as "Buyer."
2. SALE AND LEGAL DESCRIPTION. Seller agrees to sell to Buyer and Buyer agrees to purchase from Seller
the following described real estate in _____ SKAGIT _____ County, State of Washington:

LOTS 7 AND 8, BLOCK C, "CAPE HORN ON THE SKAGIT," AS PER PLAT RECORDED IN VOLUME 8 OF
PLATS, PAGES 92 THROUGH 97, INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON.

INCLUDES A 1972 SPACEMASTER MOBILE HOME 59X24 VIN#11983

Abbreviated Legal: (Required if full legal not inserted above.)

Tax Parcel Number(s): 3868-003-007-0002(P62930) & 3868-003-008-0001(P62931)

After recording return to:
Debra L. Benningfield
41514 North Shore Lane
Concrete, WA 98237

COMMUNITY PROPERTY AFFIDAVIT

Grantor: Benningfield, James L., Estate of
Grantee: Benningfield, Debby
Abbreviated Legal Description: Lots 7 and 8, Block C, Cape Horn on the Skagit
Assessor's Property Tax No.: 33868-003-007-0002 (P62920) and 33868-003-007-
0001 (P62931)
Reference No.: Statutory Warranty Deed—Auditor's File No. 201510190098

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

Debra L. Benningfield, also known as Debby Benningfield, being first duly sworn, upon oath, declares as follows:

1. Status. I am the surviving spouse of James L. Benningfield, who died on August 14, 2017, at United General Hospital, Sedro Woolly, Skagit County, Washington (the "Decedent"). A certified copy of his Certificate of Death is attached to this Affidavit as Attachment A.

2. Community Property Agreement. On November 6, 2016, Decedent and I, as husband and wife, validly executed a written Community Property Agreement (the "Agreement"), which has remained valid and in full force since its execution. The Agreement is attached to this Affidavit as Attachment B.

3. Purpose of Affidavit. The statements set forth in this Affidavit are representations of facts that may be relied upon by all parties dealing with the real property located in Skagit County, Washington, and more fully described as:

LOTS 7 AND 8, BLOCK C, "HORN ON THE SKAGIT," AS PER PLAT
RECORDED IN VOLUME 8 OF PLATS, PAGES 92 THROUGH 97,
INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON.

INCLUDES A 1972 SPACEMASTER MOBILE HOME 59X24 VIN#11983

(the "real property") and all other assets owned by the Decedent at the time of his death.

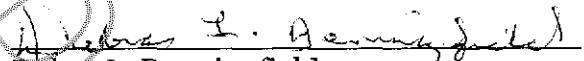
4. Real Property. During our marriage, Decedent and I, as husband and wife, acquired the real property by Statutory Warranty Deed (Fulfillment) dated October 16, 2008, which was recorded under Auditor's File Number 201510190098. My name appears as Debby Benningfield on said deed.

5. Community Property Subject to the Agreement. All of the Community Property is subject to the Agreement, all of its disposition is controlled by the Agreement, and all of it passed to me upon Decedent's death. Decedent owned no separate property at death.

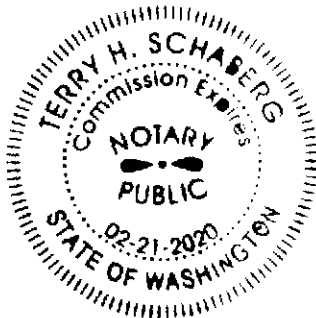
6. Decedent's Will and Probate. No proceedings have begun or are anticipated to have a Will of Decedent admitted to probate; to have a Personal Representative for Decedent appointed; or to set aside, cancel or revoke the Agreement.


7. Decedent's Debts and Expenses. All of the debts and expenses (including expenses of last illness, funeral, and burial) of Decedent and the liabilities and other known obligations of the marital community have been paid in full.

Dated: September 5, 2017.


Debra L. Benningfield
41514 North Shore Lane
Concrete, WA 98237

SUBSCRIBED AND SWORN TO before me on September 5, 2017.




Terry H. Schaberg
Notary Public in and for the State of
Washington
My Commission expires: 2/21/2020

Community Property Agreement

This Agreement is made this November 7, 2016, between James L. Benningfield ("Husband") and Debra L. Benningfield ("Wife"), husband and wife, both of whom are domiciled in the State of Washington. In consideration of their mutual agreements set forth below, the parties agree as follows:

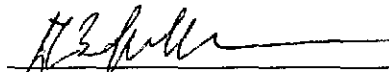
1. **Property Covered.** This Agreement shall apply to all community and separate property now owned or hereafter acquired by Husband and Wife or either of them (except for assets for which a separate beneficiary designation has been or is hereafter made by Husband or Wife and approved by the other spouse) 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 declared to be community property of Husband and Wife and is referred to in this Agreement as the "described community property."
2. **Vesting at Death of a Spouse.** If Husband dies and Wife survives him, all of the described community property shall vest in the Wife as of the moment of Husband's death. If Wife dies and Husband survives her, all of the described community property shall vest in Husband as of the moment of Wife's death.
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 assets thereof, in which event the interest disclaimed shall pass as if the provisions of paragraph 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternative disposition.
4. **Automatic Revocation.** The provisions of paragraph 2 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. Upon the establishment of a domicile out of the State of Washington by either party;
 - c. Immediately prior to death, if the order of death cannot be ascertained; or
 - d. Upon the application by either party for governmental medical assistance such as but not limited to Medicaid benefits.
5. **Optional Revocation by One Party.** If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 2 and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to attorney-in-fact or the guardian(s), if any, of


the person and of the estate of the disabled person. 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 person is unable to manage his or her own affairs.

6. **Powers of Appointment.** This Agreement shall not affect any power of appointment now held by or hereafter given to Husband or Wife or both of them, nor shall it obligate Husband or Wife or both of them to exercise any such power of appointment in any way.

7. **Revocation of Inconsistent Agreements.** To the extent this Agreement is inconsistent with any provisions of any community property agreement or other arrangement previously made by 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.

IN WITNESS WHEREOF, the said James L. Benningfield and Debra L. Benningfield have hereunder set their signatures this November 7, 2016.

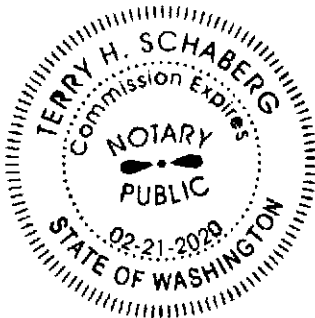

James L. Benningfield
Husband



Debra L. Benningfield
Wife

State of Washington)
) ss.
County of Skagit)

I certify that I know or have satisfactory evidence that James L. Benningfield and Debra L. Benningfield 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. Witness my hand and official seal.

Dated: November 7, 2016.




Terry H. Schaberg
Notary Public in and for the State of
Washington
My appointment expires 2/21/2020

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Exhibit A

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-035356

DATE ISSUED: 09/06/2017

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JAMES LESLEY

LAST NAME(S): BENNINGFIELD

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: AUGUST 14, 2017

HOUR OF DEATH: 07:15 PM

SEX: MALE

AGE: 60 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: FORT BRAGG, CUMBERLAND COUNTY, NC

MARITAL STATUS: MARRIED

SPOUSE: DEBRA MERRILL

OCCUPATION: CARPENTER

INDUSTRY: CONSTRUCTION

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: DEBRA BENNINGFIELD

RELATIONSHIP: SPOUSE

ADDRESS: 41514 NORTH SHORE LANE CONCRETE, WA 98237

CAUSE OF DEATH:

A: HEPATIC ENCEPHALOPATHY

INTERVAL: 6 MONTHS

B: PORTAL HYPERTENSION

INTERVAL: 2 YEARS

C: LIVER CIRRHOSIS

INTERVAL: 10 YEARS

D: ALCOHOL ABUSE

INTERVAL: 20 YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:

HOUR OF INJURY: UNKNOWN

INJURY AT WORK: UNKNOWN

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: UNITED GENERAL HOSPITAL

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 41514 NORTH SHORE LANE

CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237

INSIDE CITY LIMITS: NO COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 12 YEARS

FATHER/PARENT: JAMES HENRY BENNINGFIELD

MOTHER/PARENT: ILARIE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: AUGUST 16, 2017

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

FUNERAL DIRECTOR: TOBI G. STIDMAN

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: DANIEL H. GARCIA, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 7438 SOUTH D AVENUE

CITY, STATE, ZIP: CONCRETE, WA 98237

DATE SIGNED: AUGUST 16, 2017

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: AUGUST 16, 2017



Affidavit for Correction

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

Mail to: 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
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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:
	4. Father/Parent Full Legal 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: <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:				
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 now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name:	Date:

INSTRUCTIONS - go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

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. Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

*To change any part of the name of a child, **signatures from both parents listed on the certificate are required**. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a 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 documentary proof.
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.

DOH 422-034 October 2015

CERTIFIED

SEP 06 2017

Howard Librand
Skagit County Health Department
Howard Librand M.D., Health Officer

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



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