



201805110109

05/11/2018 03:40 PM Pages: 1 of 4 Fees: \$77.00  
Skagit County Auditor

Return Address:

6695303  
3305 H. AVENUE  
ANACORTES, WA 98221

Order Number: 01-167080-0

State of WASHINGTON

County of SKAGIT

Land Title and Escrow

LACK OF PROBATE AFFIDAVIT

BEFORE ME, this undersigned authority, on this day personally appeared LETA M. BENFIELD,  
Affiant(s), being by me first duly sworn upon his/her oath, did depose and say:

- This affidavit is made pursuant to RCW 82.45.197.
- The full name of the decedent is: ~~JAMES BENFIELD~~ <sup>SMB</sup> LEONA A. STINEFF
- The decedent died on 7/20/90 (date) at ANACORTES(City), SKAGIT (County), WASHINGTON (State).
- My/ Our relationship to the decedent is as follows:  
~~SURVIVING SPOUSE~~ <sup>SMB</sup> daughter
- I am/ We are the rightful heirs to the property described herein.
- Decedent left no last Will; or  Decedent left a Will that is not being probated.
- The property subject to this affidavit is described as (see Exhibit A attached hereto)

Abbreviated legal:

TAX 11AB BAT SW C NW1/4 NE1/4 TH EALG S LI SD SUB 114.98FT TAP ON E LI HART LK RD & TPB TH FR SD TPB  
CONT E AL GS BDY SD NW1/4 NE1/4 182.02FT TH N 60.0 FT TH W 158.15FT TO E BDY SD R/W TH S 2 1-41-39 W ALG ELY  
BDY SD RD R/W 64.57FT TPB PT ON E LI OF THE HART LAKE

Tax ID Number: P23002 / 350125-0-042-0009

- The Affiant acknowledges that a certified copy of the deceased Death Certificate will be attached to this document prior to recording if required by the County.
- The deceased is survived by the following heirs:

Full Name	Age	Relationship
LETA M. BENFIELD	71	SURVIVING SPOUSE <sup>SMB</sup> <u>daughter</u>
Full Name	Age	Relationship

Full Name	Age	Relationship
N/A		
Full Name	Age	Relationship
N/A		
Full Name	Age	Relationship
N/A		
Full Name	Age	Relationship

Leta M. Benfield  
Affiant's Signature

LETA M. BENFIELD  
Printed Name of Affiant

3305 H Ave

Anacortes, Wa 98221  
Address

State of: Washington

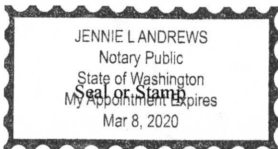
County of: Skagit

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

Dated: May 3, 2018

Jennie L. Andrews  
Signature Jennie L. Andrews  
I am for WA state, license #145419  
Notary Public

Title  
Resides in: Island County  
My appointment expires: 03/08/2020



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

443  
LOCAL FILE NUMBER

STATE OF WASHINGTON DEPARTMENT OF HEALTH  
VITAL RECORDS  
CERTIFICATE OF DEATH

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1 NAME—FIRST, MIDDLE, LAST Leona A. Stineff				2 SEX Female		3 DEATH DATE (Mo., Day, Yr.) July 20, 1990		146 STATE FILE NUMBER			
4 AGE LAST BIRTH-DAY (Yrs) 76		5 UNDER 1 YEAR MOS. DAYS		6 UNDER 1 DAY HOURS MINS		7 BIRTHDATE (Mo., Day, Yr.)		8 BIRTH STATE (if not in USA give country) Missouri			
9 CITIZEN OF WHAT COUNTRY? USA				10 COUNTY OF DEATH Skagit							
11 CITY, TOWN OR LOCATION OF DEATH Anacortes				12 PLACE OF DEATH — <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 <input type="checkbox"/> HOME 2 <input type="checkbox"/> IN TRANSPORT 3 <input type="checkbox"/> EMERG. RM./OUT PTN 4 <input checked="" type="checkbox"/> HOSP 5 <input type="checkbox"/> NUR. HOME 6 <input type="checkbox"/> OTHER PLACE Island Hospital				13 SMOKING IN LAST 15 YEARS? (Yes/No) No			
14 MARITAL STATUS — Married, Never Married, Widowed, Divorced, (Specify) Married		15 SURVIVING SPOUSE (If wife, give maiden name) Edward H. Stineff				16 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) NO		17 SOCIAL SECURITY NO. [REDACTED]			
18 HIGH SCHOOL GRADUATE? (Yes/No) NO		19 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Homemaker				20 KIND OF BUSINESS OR INDUSTRY Own Home		21 Was Decedent of Hispanic Origin or descent? (Ancestry) (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.) 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No			
22 RACE (White, Black, Asian or Pacific Islander, Am. Ind., Hispanic, etc.) (Specify) White		23 RESIDENCE - NUMBER AND STREET 3305 H Ave		24 CITY/TOWN OR LOCATION Anacortes		25 INSIDE CITY LIMITS? (Yes/No) Yes		26 COUNTY Skagit			
27 STATE WA		28 ZIP CODE 98221		29 FATHER'S NAME—FIRST, MIDDLE, LAST John Burch		30 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Mary Iva Ellen [REDACTED]					
31 INFORMANT—NAME Leta Benfield				32 MAILING ADDRESS 3305 H. Ave., Anacortes, WA 98250							
33 BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		34 DATE (Mo., Day, Yr.) 7/24/90		35 CEMETERY/CREMATORY—NAME Fernhill Cemetery		36 LOCATION—CITY/TOWN, STATE Anacortes, WA					
37 FUNERAL DIRECTOR SIGNATURE <i>Sharon D. Benson</i>		38 NAME OF FACILITY Evans Funeral Chapel				39 ADDRESS OF FACILITY 1105 32nd, St. Anacortes, WA					
40 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED					41 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) STATED						
SIGNATURE AND TITLE X <i>E. Rezvani, M.D.</i>					SIGNATURE AND TITLE X						
42 DATE SIGNED (Mo., Day, Yr.) July 23, 1990			43 HOUR OF DEATH (24 Hrs.) 1750		44 DATE SIGNED (Mo., Day, Yr.)		45 HOUR OF DEATH (24 Hrs.)				
46 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) E. Rezvani, M.D., 1220 22nd St., Anacortes, WA 98221					47 PRONOUNCED DEAD (Mo., Day, Yr.)		48 HOUR PRONOUNCED DEAD (24 Hrs.)				
49 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) E. Rezvani, M.D., 1220 22nd St., Anacortes, WA 98221											
50 PART 1 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE											
IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST		(A) <i>Mesenteric Art. occlusion</i>				INTERVAL BETWEEN ONSET AND DEATH: <i>2 weeks</i>					
		(B)				INTERVAL BETWEEN ONSET AND DEATH					
		(C)				INTERVAL BETWEEN ONSET AND DEATH					
51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE					52 AUTOPSY? (Yes, No) No		53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) NO				
54 ACC, SUICIDE, HO, UNDET, OR PENDING INVEST. (Specify)		55 INJURY DATE (Mo., Day, Yr.)		56 HOUR OF INJURY (24 Hrs.)		57 DESCRIBE HOW INJURY OCCURRED					
58 INJURY AT WORK? (Yes/No)		59 PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (Specify)		60 LOCATION—STREET OR RFD NO., CITY/TOWN, STATE							
61 REGISTRAR SIGNATURE X <i>Robert W. Evans</i>		62 DATE RECEIVED (Mo., Day, Yr.) 7/23/90									

*H. Leibrand MD*  
Howard Leibrand, M.D.  
Health Officer  
Signed *Sharon D. Benson*  
Skagit County Deputy Registrar  
Date **JUL 27 1990**

THAT PORTION OF THE NORTHWEST  $\frac{1}{4}$  OF THE NORTHEAST  $\frac{1}{4}$  OF SECTION 25, TOWNSHIP 35 NORTH, RANGE 1 EAST, W.M., DESCRIBED AS FOLLOWS:

BEGINNING AT THE SOUTHWEST CORNER OF SAID NORTHWEST  $\frac{1}{4}$  OF THE NORTHEAST  $\frac{1}{4}$ ; 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  $\frac{1}{4}$  OF THE NORTHEAST  $\frac{1}{4}$  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  $21^{\circ}41'39''$  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 THE CITY OF ANACORTES, COUNTY OF SKAGIT, STATE OF WASHINGTON.