

After recording, return to:  
Pia M. Benson  
718 E. End Ave  
Pittsburgh, PA 98284

201907300058

07/30/2019 01:38 PM Pages: 1 of 5 Fees: \$107.50  
Skagit County Auditor

CHICAGO TITLE  
020037882

Grantor (Name of Decedent): David Orval Benson  
Grantee (Heirs): Pia M. Benson  
Abbreviated Legal Description: Ptn Lot 15, Deiter's Acreage  
Tax Parcel No.(s): P64970 / 3899-000-015-0100

**INHERITANCE LACK OF PROBATE AFFIDAVIT  
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**

STATE OF Washington  
COUNTY OF Skagit

The undersigned, Pia M. Benson, executes this affidavit relating to the estate of David Orval Benson (herein "Decedent"), who died on 4/19/17, in the County of Skagit, State of WA, then being a resident of the City of Sedro Woolley, County of Skagit, State of WA.  
**(A copy of the death certificate is attached hereto.)**

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

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

**Relationship of the Affiant to the Decedent**

2. The undersigned is (check one):
  - ☒ the lawful surviving spouse of the Decedent
  - ☐ Registered domestic partner of the Decedent
  - ☐ Surviving child of the Decedent
  - ☐ One (1) 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): \_\_\_\_\_

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**  
 (continued)

**Names of All Heirs of the Decedent**

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.  
 [Use the reverse side or attach a list if necessary]

Name and relationship: Pia Benson wife

Name and relationship: \_\_\_\_\_

Name and relationship: \_\_\_\_\_

Name and relationship: \_\_\_\_\_

**Description of the Property**

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

**Status of the Will (if any)**

☐ The decedent left a Will that devises real property.

☒ The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Pia M. Benson

Signature

7-24-19

Date

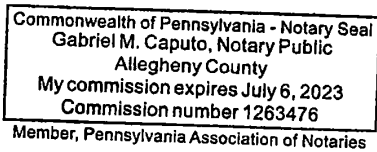
Pia M. Benson

Print Name

State of ~~Washington~~ Pennsylvania

County of Allegheny

Signed and sworn to (or affirmed) before me on July 24, 2019 by Pia M. Benson  
 (name of person making statement).



Name: Gabriel M. Caputo 7-24-19  
 Notary Public in and for the State of Washington  
 Residing at: 100 McQuinn Rd Pennsylvania  
 My appointment expires: Pittsburgh PA 15202  
07-06-2023

**EXHIBIT "A"**  
Legal Description

**For APN/Parcel ID(s): P64970 / 3899-000-015-0100**

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**Parcel A:**

The south 50 feet of the north 225 feet of Lot 15, Deiter's Acreage, according to the plat thereof recorded in Volume 3 of Plats, Page 53, records of Skagit County, Washington, and as modified by Decree entered in Skagit County Superior Court Cause No. 88-2-00227-7, records of Skagit County, Washington.

**Parcel B:**

A non-exclusive easement for ingress and egress over and across the east 14 feet 7 inches of Lot 15 of said plat, and over and across the west 14 feet 7 inches of Lot 14 of said plat, as created in instrument recorded September 17, 1969 under Auditor's File No. 731120, as modified by Decree in Skagit County Superior Court Cause No. 88-2-00227-7, records of Skagit County, Washington.

**Parcel C:**

That portion of the south 75 feet of the north 300 feet of Lot 15, Deiter's Acreage, according to the plat thereof recorded in Volume 3 of Plats, Page 53, records of Skagit County, Washington, lying westerly of the west line of that certain new easement as created by Decree entered in Skagit County Superior Court Cause No. 88-2-00227-7, records of Skagit County, Washington.

**Parcel D:**

A non-exclusive easement for ingress and egress over and across the east 14 feet 7 inches of Lot 15 of said plat, and over and across the west 14 feet 7 inches of Lot 14 of said plat, as created in instrument recorded September 17, 1969 under Auditor's File No. 731120, as modified by Decree in Skagit County Superior Court Cause No. 88-2-00227-7, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-018608

DATE ISSUED: 04/24/2017  
FEE NUMBER:FIRST AND MIDDLE NAME(S): DAVID ORVAL  
LAST NAME(S): BENSONCOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: APRIL 19, 2017  
HOUR OF DEATH: 10:30 AM  
SEX: MALE AGE: 76 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITEBIRTH DATE: [REDACTED]  
BIRTHPLACE: ELGIN, ILLINOISMARITAL STATUS: MARRIED  
SPOUSE: PIA MARGERETA MALMOCCUPATION: AIRCREW MEMBER  
INDUSTRY: US MILITARY  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: YESINFORMANT: JESPER BENSON  
RELATIONSHIP: SON  
ADDRESS: 20350 SW KIRKWOOD STREET, #204, BEAVERTON, OR 97006CAUSE OF DEATH:  
A: CARDIAC ARREST  
INTERVAL: HOURS  
B: ACUTE ON CHRONIC SYSTOLIC CONGESTIVE HEART FAILURE  
INTERVAL: DAYS  
C: CORONARY ARTERY DISEASE  
INTERVAL: YEARS  
D:  
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: ACUTE HYPOXEMIC  
RESPIRATORY FAILURE, ACUTE RENAL FAILUREDATE 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: SKAGIT VALLEY HOSPITAL  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274RESIDENCE STREET: 9676 COUGAR LANE  
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 23 YEARSFATHER/PARENT: CHARLES DONALD BENSON  
MOTHER/PARENT: MARVAL [REDACTED]METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNT VERNON CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: APRIL 24, 2017

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: REX E. WATTMANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY  
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: ROBERT W. COONEY, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1415 E. KINCAID STREET  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
DATE SIGNED: APRIL 21, 2017CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHERYL PETERSON  
DATE RECEIVED: APRIL 24, 2017



## Affidavit for Correction

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

 Skagit County 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	Required information must match current information on record			
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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 Legal Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
	6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)			
	7. 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 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 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

INSTRUCTIONS – go to [www.doh.wa.gov](http://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

- 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.
- 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

- 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.
- 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 documentary proof.
- 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


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

\*CERTIFIED\*

APR 24 2017

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


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