



202001130088

01/13/2020 02:57 PM Pages: 1 of 6 Fees: \$108.50  
Skagit County Auditor

QUITCLAIM DEED

*SURVIVING SPOUSE OF SHARON DOWNNEY DECEASED*

The Grantor, *WILLIAM LOUIS BENSON* residing in Snohomish County, WA  
for TEN DOLLARS and other good and valuable consideration, the receipt whereof is hereby acknowledged, does  
hereby remise, release and quitclaim unto the Grantee, *W.S. BENSON* forever, all the right, title, interest and claim in  
and to the following described parcel of land, and improvements and appurtenances thereon in the County of Skagit,  
State of Washington as described more particularly as follows:

*112 according to the plat recorded in Volume 9 of  
Plats 22, 23 and 24, records of SKAGIT COUNTY, WASHINGTON*

\* *WILLIAM LOUIS BENSON*

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
2020152  
JAN 13 2020

*63985 & 63984*

*JAN 13 2020*

Amount Paid \$ *0*  
Skagit Co. Treasurer  
By *HB* Deputy

IN WITNESS WHEREOF, the Grantor and Grantee have signed their names.

Signed, sealed and delivered in presence of:

GRANTOR:

GRANTEE:

*William L Benson*

STATE OF WASHINGTON  
COUNTY OF *Skagit*

On this *13th* day of *Jan*, 2020 personally appeared, personally known to me (or proved to me on the basis of  
satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged  
to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s)

on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Melody A Heidebreder  
Signature

Affiant:        Known ☒ Unknown

ID Produced: WDL

[Seal]



**PARTIAL REVOCATION OF  
COMMUNITY PROPERTY AGREEMENT  
BETWEEN  
SHARON EVA DOWNEY AND WILLIAM LOUIS BENSON**

Sharon Eva Downey and William Louis Benson ("the Parties"), husband and wife, hereby jointly revoke Paragraph 3 ("Disposition of Property") of the Community Property Agreement which they signed on January 29, 2019.

**RECITALS**

- A. Paragraph 3 of the Parties' Community Property Agreement provides that

Upon the death of either party survived by the other party, all interest of the deceased party in the then-current Community Property belonging to the parties shall pass to and become the sole and separate property of the survivor of the parties.

- B. Paragraph 5 of the Community Property Agreement states:

Paragraph 3 above may be revoked by both parties but only: (a) by a written document signed by both spouses and acknowledged before a Notary Public; or (b) by a written document signed by each spouse and/or by a duly appointed Guardian acting on behalf of one spouse (or by Guardians acting on behalf of both spouses) pursuant to Court Order entered by a Court of competent jurisdiction after a finding that one or both of the parties is legally incapacitated.

**REVOCATION OF PROVISION RE DISPOSITION OF  
COMMUNITY PROPERTY AFTER DEATH OF ONE SPOUSE**

1. As permitted under Paragraph 5 of the Agreement, the parties, acting voluntarily and under their own free will, revoke Paragraph 3, which would otherwise direct that after the death of the first spouse all Community Property then owned by the Couple would become the sole property of the Surviving Spouse.
2. The parties reaffirm all other provisions of their January 29, 2019 Community Property Agreement. Those provisions remain in full force and effect. The parties acknowledge that they own all property jointly and as their community property.

3. Each party recognizes that he/she has the right to be represented by independent counsel as regards the advisability of his/her entering into this Agreement and each party waives that right.

IN WITNESS WHEREOF, the Parties have signed this "Partial Revocation of Community Property Agreement" on ~~February~~ <sup>October</sup> 23, 2019.

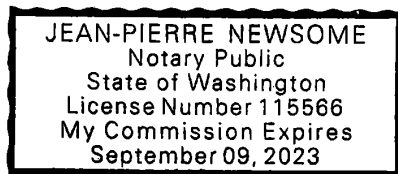
*JPW/S E 23/10/19* *Sharon E Downey*  
 Sharon Eva Downey  
*William Louis Benson*  
 William Louis Benson

STATE OF WASHINGTON )  
 ) ss.  
 COUNTY OF KING )

On this day personally appeared before me SHARON EVA DOWNEY AND WILLIAM LOUIS BENSON, proven to be the individuals described in and who executed the within and foregoing Community Property Agreement, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

*October*  
 GIVEN under my hand and official seal on ~~February~~ <sup>October</sup> 23, 2019.

*JPW/S E 23/10/19*



*Jean-Pierre Newsome*  
 (Printed Name) Jean-Pierre Newsome  
 NOTARY PUBLIC in & for the State of  
 Washington, residing at Seattle, WA  
 My appointment expires on: 9/9/2023

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH



### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-056006

DATE ISSUED: 01/07/2020  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): SHARON EVE  
LAST NAME(S): DOWNEY

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: DECEMBER 16, 2019  
HOUR OF DEATH: 03:32 PM  
SEX: FEMALE AGE: 62 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

BIRTH DATE: [REDACTED]  
BIRTHPLACE: PORTLAND, OR

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: WILLIAM BENSON

OCCUPATION: NUTRITIONIST  
INDUSTRY: HIGHER EDUCATION  
EDUCATION: MASTER'S DEGREE  
US ARMED FORCES: NO

INFORMANT: WILLIAM BENSON  
RELATIONSHIP: SPOUSE  
ADDRESS: 6222 141ST ST. SW, EDMONDS, WA 98026

CAUSE OF DEATH:  
A: BREAST CANCER, STAGE 4  
INTERVAL: 8 YEARS  
B:  
INTERVAL:  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 63345 HIGH RIDGE DR  
CITY, STATE, ZIP: MARBLEMOUNT, WASHINGTON 98267

RESIDENCE STREET: 63345 HIGH RIDGE DR  
CITY, STATE, ZIP: MARBLEMOUNT, WA 98267  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: LOREN MARSH  
MOTHER: EV [REDACTED]

METHOD OF DISPOSITION: DONATION/MEDICAL RESEARCH  
PLACE OF DISPOSITION: UNIVERSITY OF WASHINGTON, DEPT OF BIO-STRUCTURES  
CITY, STATE: SEATTLE, WASHINGTON  
DISPOSITION DATE: DECEMBER 24, 2019

FUNERAL FACILITY: FIRST CALL PLUS OF WASHINGTON

ADDRESS: 6942 S 196TH ST  
CITY, STATE, ZIP: KENT, WASHINGTON 98032  
FUNERAL DIRECTOR: STEVEN M. WEBSTER

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: LESLIE A. ESTEP, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
DATE SIGNED: DECEMBER 20, 2019

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO  
DATE RECEIVED: DECEMBER 23, 2019



## Affidavit for Correction

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
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<b>Required</b>	<b>Required information must match current information on record</b>				
	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, State, Zip
	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/Maiden	First	Middle
	6. 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)	

7. Return Mailing Address:	
PO 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:

<b>The record now shows:</b>		<b>The true fact is:</b>	
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 2nd 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 using this form, 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). 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 January 2015



\*CERTIFIED\*

JAN 07 2020

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


0 3 2 6 7 2 9 7

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