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05/25/2023 01:31 PM Pages: 1 of 6 Fees: \$208.50
Skagit County Auditor

After recording mail to:

Stiles & Lehr Inc., P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA 98284

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Dera Thompson
DATE 5.25.23

Address: 18147 Montborne Road, Mount Vernon, WA 98274
Legal: LTS 2 TO 4, BLK 20, PLAT OF THE TOWN OF MONTBORNE; PTN BLK 14, PLAT OF THE TOWN OF MONTBORNE
Tax Parcel #: P74607 / 4135-020-004-0004
P74596 / 4135-014-900-0101

LACK OF PROBATE REAL ESTATE AFFIDAVIT

State of Washington)
) ss.
County of Skagit)

The affiants, JACOB BRIAN BENNETT and VICKIE BENNETT, execute this affidavit relating to the estate of ROBERT B. BENNETT, the Decedent, who died on September 8, 2022, in the County of Skagit, State of Washington, then being a resident of the County of Skagit, State of Washington. A copy of the death certificate is attached hereto.

JACOB BRIAN BENNETT and VICKIE BENNETT, being first duly sworn, depose and say:

1. This affidavit is to be recorded as an affirmation of facts showing that affiant JACOB BRIAN BENNETT is the rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The affiant JACOB BRIAN BENNETT is (check one):

- The lawful surviving spouse of the Decedent
- Registered domestic partner of the Decedent
- Surviving child 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:) _____

Names of All Heirs of the Decedent

3. That all the heirs at law and next of kin of the decedent that were living at the time of the Decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:

- (a) a spouse or registered domestic partner, and
- (b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent).

The heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

<u>Full Name</u>	<u>Age</u>	<u>Relationship to Decedent</u>
Vickie Bennett 18147 Montborne Rd Mount Vernon, WA 98274	legal	spouse
Jacob Brian Bennett 1007 Sterling Street Sedro Woolley, WA 98284	legal	son

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:

Parcel "A":

Lots 2, 3, and 4 in Block 20 "PLAT OF THE TOWN OF MONTBORNE, SKAGIT COUNTY, WASHINGTON" as per plat recorded in Volume 2 of Plats, Page 80, records, of Skagit County, Washington, TOGETHER WITH the Southwesterly ½ of unopened Oregon Street adjacent thereto and the Northeasterly ½ of the alley adjacent thereto.

Parcel "B":

That portion of Lots 6 to 17, inclusive Block 14, "PLAT OF THE TOWN OF MONTBORNE, SKAGIT COUNTY, WASHINGTON", as per plat recorded in Volume 2 of Plats, Page 80, records of Skagit County, Washington, lying Westerly of the following described line: Beginning at a point on the Southwesterly line of Lot 1, Block 20 of said plat, said point being 339.8 feet Southeast from the Westerly corner of Lot 9 of said Block 20; thence

along a line curving to the left intersecting the Northeasterly line of said Block 20, 316.8 feet Southeasterly from the Northerly corner of Lot 9 of said Block 20 and intersecting the Southwesterly line of Block 14, 283 feet Southeasterly from the Westerly corner of Lot 10 of Block 14 and intersecting the southwesterly line of Lot 6 of Block 14, 152.3 feet Southeasterly from the Westerly corner of Lot 9 of Block 14; thence Northerly along a straight line to a point on the Northwesternly line of Block 14, 93 feet Northeasterly from the Westerly corner of Lot 9 of Block 14; TOGETHER WITH the Northeasterly $\frac{1}{2}$ of unopened Oregon Street adjacent to said Lots 10 through 16, inclusive; ALSO TOGETHER WITH the Northeasterly $\frac{1}{2}$ of the unopened alley adjoining said Lots 6,7,8 and 9, and ALSO TOGETHER WITH the Southwesterly $\frac{1}{2}$ of the unopened alley adjoining said Lots 10, 11, 12, 13 and 14; and ALSO TOGETHER WITH the Southeasterly $\frac{1}{2}$ of unopened Lafayette Street adjoining said Lots 9 and 10.

5. Status of the Will (if any)

- The decedent left no Will that devises real property.
 The decedent left a Will that devises real property.
 The decedent's estate is not being probated.

The decedent died having left a Last Will and Testament, dated 07/14/2022. The Will devises and states that:

II (B) I hereby give, devise and bequeath my interest in the real property that I currently own with Frank Bennett, located at 18147 Montborne Road, Mount Vernon, WA 98274 (Parcel P74596/4135-014-900-0101 and P74607/4315-020-004-0004) to Jake Bennett for his own separate use and benefit.

SUBJECT TO my spouse, Vickie L. Bennett, shall be allowed to live in the real property located at 18147 Montborne Road, Mount Vernon, WA 98274 for an undertermined term following the date of my death, free of rent, on the following conditions:

1. Vickie L. Bennett shall pay when due, all utilites, taxes, expenses of maintaining said property in suitable repair and condition, and any premiums on insurance on said property, and other expenses thereof.
2. If Vickie L. Bennett vacates the property, she has up to and including ninety (90) days to revoke her decision to vacate the property before this life estate is terminated.

DATED: 5-15, 2023

[Signature]
Jacob Brian Bennett - Affiant

DATED: 5/12, 2023

[Signature]
Vickie Bennett - Affiant

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

On this day personally appeared before me **Jacob Brian Bennett** to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.



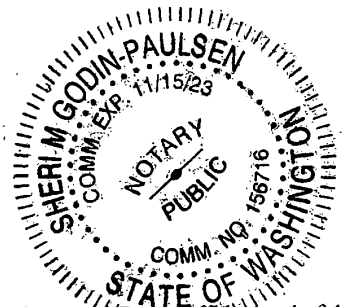
GIVEN under my hand and official seal this 15 day of May, 2023.

[Signature]
NOTARY PUBLIC in and for the
State of Washington, residing at
Clearlake
Commission Expires: 11-15-23

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

On this day personally appeared before me **Vickie Bennett** to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 12 day of May, 2023.



[Signature]
NOTARY PUBLIC in and for the
State of Washington, residing at
Clearlake
Commission Expires: 11-15-23

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-046318

DATE ISSUED: 09/12/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ROBERT BRIAN
LAST NAME(S): BENNETT

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: SEPTEMBER 08, 2022

HOUR OF DEATH: 11:15 PM

SEX: MALE AGE: 61 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]

BIRTHPLACE: MOUNT VERNON, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: VICKIE CARGISLE

OCCUPATION: LOGGER

INDUSTRY: LOGGING

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: VICKIE BENNETT

RELATIONSHIP: WIFE

ADDRESS: 18147 MONTBORNE ROAD MOUNT VERNON, WA 98274

CAUSE OF DEATH:

A: NON-ST ELEVATION MYOCARDIAL INFARCTION

INTERVAL: 3 DAYS

B: CORONARY ARTERY DISEASE

INTERVAL: YEARS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: METASTATIC
HEPATOCELLULAR CARCINOMA, ATRIAL FIBRILLATION

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: HOSPITAL

FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 18147 MONTBORNE ROAD

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

INSIDE CITY LIMITS: NO COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 18 YEARS

FATHER: FRANK BENNETT

MOTHER: [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: SEPTEMBER 12, 2022

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: THOMAS CUFLEY

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: DOUGLAS HAYES, DO

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1415 E. KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

DATE SIGNED: SEPTEMBER 10, 2022

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: SEPTEMBER 12, 2022



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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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 Birth 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 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)	<input type="checkbox"/> Hospital <input type="checkbox"/>
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:

The record currently shows:	The true fact is:
8.	9.
10.	11.
12.	13.

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

14a. Signature:	14b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	Date:

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

- Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:
- Birth/Marriage/Divorce record
 - Military record (DD-214)
 - School transcripts
 - Social Security Numident Report
 - Certificate of Naturalization
 - Hospital/medical record
 - Copy of Passport / Enhanced ID
 - Green/Permanent Resident card (I-551)
- You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.**

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.
 - Proof documentation must be five or more years old or established within five years of birth.
 - This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).
- Child under 18**
- If legal guardian(s), include certified court order proving guardianship.
 - Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required.
 - To correct the sex of the child, one proof documentation 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 proof documentation are required.
 - If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
 - To correct parent's birth date, place of birth, or name, one proof documentation 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.

Death Certificates

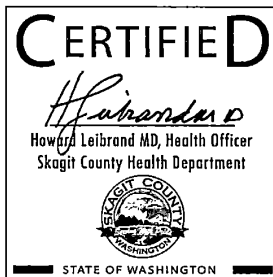
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified 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 proof documentation.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



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



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