



202306260038

06/26/2023 11:10 AM Pages: 1 of 6 Fees: \$208.50  
Skagit County Auditor

When recorded return to:

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2023 7023

JUN 26 2023

Amount Paid \$ 0  
Skagit Co. Treasurer  
By Deputy

COVER SHEET

Document Title: Community Property Agreement

Reference Number: \_\_\_\_\_

Grantor(s): ( ) additional grantor names on page \_\_\_\_\_

1. Richard L. Benson

2. \_\_\_\_\_

Grantee(s): ( ) additional grantee names on page \_\_\_\_\_

1. Sharon Benson

2. \_\_\_\_\_

Abbreviated legal description: ( ) full legal on page \_\_\_\_\_

Dtn Lt 2 S/P 1.84 N'1/2 NW 25-35-3

Parcel/Tax ID Number: ( ) additional tax parcel number(s) on page \_\_\_\_\_

121817

**COMMUNITY PROPERTY AGREEMENT****(Conversion at Death)**

This is an agreement dated this 15<sup>th</sup> day of February, 2006, between **RICHARD G. BENSON** and **SHARON A. BENSON**, husband and wife, pursuant to the provisions of RCW 26.16.120, providing for agreements between husband and wife for the fixing of the status and disposition of community property to take effect upon the death of either.

**IT IS HEREBY AGREED AS FOLLOWS:**

1. That the parties do not intend by this agreement to change the status of any of their property at this time.

2. Upon the death of either of the parties hereto, all separate property owned by either of them shall become community property at which time all property of the deceased shall vest in the survivor.


3. Property held by the parties in joint tenancy, and any transfer or attempted transfer of community property into joint tenancy form, shall not change its status as community property. Holding of such property in joint tenancy, or any transfer or attempted transfer, shall be deemed to be for the convenience of the parties only and such property shall be community property and the absolute ownership and title of all such property shall vest immediately in the survivor of the parties hereto as provided herein.

4. This agreement shall terminate and become void upon the happening of any of the following events:

- a. Mutual abandonment of this agreement by the parties;
- b. Filing of a petition for dissolution of the marriage by either party;

c. Living separate and apart either by conduct or by court decree.

IN WITNESS WHEREOF, the parties have hereto executed this Community Property Agreement the day and year first above written.

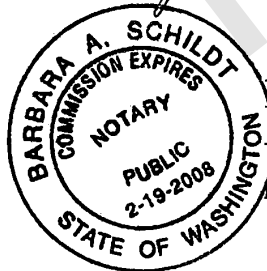
  
Richard G. Benson

  
Sharon A. Benson

STATE OF WASHINGTON )  
COUNTY OF SKAGIT )

I certify that I know or have satisfactory evidence that **RICHARD G. BENSON and SHARON A. BENSON**, husband and wife, 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.

DATED: February 15, 2006.



  
NOTARY PUBLIC  
**BARBARA A. SCHILDT**

(Print or Type Name of Notary)  
My Appointment Expires 2/19/08

PREPARED BY:

Law Offices of  
JACK R. WALLACE  
A Professional Corporation  
P.O. Box 372  
Burlington, WA 98233  
360/757-6153

Community Property Agreement 2  
bas\benenson\cpa

LAW OFFICES OF  
**JACK R. WALLACE**  
A PROFESSIONAL CORPORATION

JACK R. WALLACE

P.O. BOX 372  
10412 CHUCKANUT DRIVE  
BURLINGTON, WASHINGTON 98233  
TELEPHONE (360) 757-6153  
TELECOPIER (360) 757-7783  
EMAIL jackwall@isomedia.com

HARWOOD BANNISTER  
OF COUNSEL

### Agreement Regarding Representation

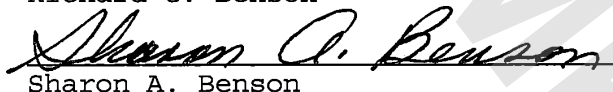
We have requested the Law Offices of Jack R. Wallace, a professional corporation, to represent both of us in connection with our estate planning. We understand that in representing both of us jointly, we must agree to any plan or proposal to be implemented with respect to that planning. We further understand that in connection with this representation, you will decline to accept a confidence or secret from either of us that cannot be shared with the other; and that if we inadvertently make a disclosure, it may result in your withdrawing as our counsel. Also, we understand that if either of us were to meet with you separately, the other may inquire about the substance of that meeting.

In the event we are unable to agree on any aspect of our estate plan, we understand that you will not proceed with that portion of our estate plan. We also understand and acknowledge that you later will not represent one or the other of us in any matter adverse to the other.

We also acknowledge that we have been advised by the Law Offices of Jack R. Wallace that in the course of our estate planning, it may be necessary for us to deal with issues concerning the disposition of our assets, the status or change of the character of separate or community assets, and other matters that may affect us both in our estate planning; and further, that there is a family relationship between us. In this regard, we recognize that this could give rise to a potential or actual conflict between us, and that you are required to obtain our consent and written acknowledgment for your file, pursuant to the Washington Rules of Professional Conduct. We do hereby waive such conflict and each of us does hereby consent to having the Law Offices of Jack R. Wallace represent each of us in connection with estate planning matters.

DATED: 2/15/06 2006.

  
Richard G. Benson

  
Sharon A. Benson

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-018949

DATE ISSUED: 04/28/2020

FEE NUMBER

FIRST AND MIDDLE NAME(S): RICHARD GERALD

LAST NAME(S): BENSON

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: APRIL 24, 2020

HOUR OF DEATH: 08:03 AM

SEX: MALE

AGE: 84 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: SHARON ANNETTE BAKKE

OCCUPATION: FARMER

INDUSTRY: AGRICULTURE

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: YES

INFORMANT: SHARON A BENSON

RELATIONSHIP: WIFE

ADDRESS: 10113 AVON ALLEN RD, BOW, WA, 98232

CAUSE OF DEATH:

A: PARKINSON'S DISEASE WITH DEMENTIA

INTERVAL: 4 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: 400 GILKEY ROAD, #530

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 400 GILKEY ROAD, #530

CITY, STATE, ZIP: BURLINGTON, WA 98233

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 10 MONTHS

FATHER: ADOLF SIGURD BENSON

MOTHER: THORDYS [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: APRIL 26, 2020

FUNERAL FACILITY: SKAGIT CREMATION SERVICES, LLC

ADDRESS: PO BOX 433

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: LEONARD J. WILLIAMS

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: APRIL 24, 2020

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: APRIL 24, 2020



## Affidavit for Correction

06/26/2023 10:10 AM Page 6 of 6

Mail: Administrative Services  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

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 |
|-------------------|------------|----------|------|------------------|

## 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:<br>First Middle Last  |  |  | 2. Date of Event:<br>MM/DD/YYYY   | 3. Place of Event:<br>(City or County) |
| 4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)<br>First Middle Last/Maiden  |  |  | 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)<br>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<br>Person on Record: <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:<br>( ) | 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 2nd parent (if required):

Printed name:

Date:

Printed name:

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

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 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

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). 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 January 2015



\*CERTIFIED\*

APR 28 2020

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



0 3 8 0 4 0 1 2

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