

THAT, on December 12, 2016, ROBERT D. MUNSELL, a single man, and for the purpose of establishing a Transfer on Death beneficiary pursuant to the Washington Uniform Real Property Transfer on Death Act (RCW 64.80 et. seq.), via Transfer on Death Deed, recorded under Skagit County Auditor's File Numbers 201701170215, 201701170214, and 201701170216, conveyed and quit claimed to beneficiaries, TODD R. BOHON, CYNTHIA M. COOPER, a married woman, but as to her sole and separate estate, and LEAH G. PLAISANCE, a married woman, but as to her sole and separate estate, **and only to take effect only upon Grantor's death**, any and all interest he had in the following described real property situated in the County of Skagit, State of Washington:

PROPERTY 1 (Parcel No. P46570):

Lot 2, Short Plat No. 93-067, approved September 23, 1994, recorded September 23, 1994 in Volume 11 of Short Plats, pages 116 and 117, under Auditor's File No. 9409230041 and being a portion of Government Lot 7 and the Southwest 1/4 of the Southeast 1/4, Section 26, Township 36 North, Range 1 East, W.M.

TOGETHER WITH a non-exclusive easement for access and utilities over the 60 foot wide strip dedicated on the face of the Short Plat.

Situate in the County of Skagit, State of Washington.

PROPERTY 2 (Parcel No. P46646):

Lot 4, Short Plat No. 93-067, approved September 23, 1994, recorded September 23, 1994 in Volume 11 of Short Plats, pages 116 and 117, under Auditor's File No. 9409230041 and being a portion of Government Lot 7 and the Southwest 1/4 of the Southeast 1/4, Section 26, Township 36 North, Range 1 East, W.M.

TOGETHER WITH a non-exclusive easement for access and utilities over the 60 foot wide strip dedicated on the face of the Short Plat.

Situate in the County of Skagit, State of Washington.

PROPERTY 3 AND 4 (Parcel Nos. P46575 & P46612):

PARCEL A:

That portion of Government Lot 7 and the Southwest 1/4 of the Southeast 1/4 of Section 26, Township 36 North, Range 1 East, W.M., described as follows:

Beginning at a point on the meander line of Bellingham Channel, 370 feet North of the South line of Government Lot 7 of Section 26, Township 36 North, Range 1 East, W.M.;
thence East parallel to the South line of said Lot 7 to the West line of the County Road;
thence run Northerly along the West line of the County Road to a point which is 50 feet North of the above described East and West line;
thence West parallel to the South line of said Lot 7 to the meander line of Bellingham Channel;
thence Southerly along said meander line to the point of beginning.

Situate in the County of Skagit, State of Washington.

PARCEL B:

That portion of the tidelands of the second class situate in front of adjacent to and abutting upon Government Lot 7, Section 26, Township 36 North, Range 1 East, W.M., heretofore conveyed to the grantors, W.V. Wells and H.C. Berney, by deed from the State of Washington, dated May 3, 1945, which said deed was filed for record in the office of the Auditor of Skagit County, Washington on May 29, 1945, and there recorded in Volume 201 of Deeds, page 232, under Auditor's File No. 380666, described as follows:

That portion of said tidelands above described lying between a line parallel to and 370 feet North of the South line of said Lot 7 extended West over and across said tidelands and a line 50 feet North of and parallel to said line above described and extended West over and across said tidelands.

Situate in the County of Skagit, State of Washington.

THAT attached hereto as Exhibit A is a certified copy of the Death Certificate of ROBERT D. MUNSELL, deceased, issued by the Department of Health for the State of Washington showing that the decedent died on the 21st day of November, 2023 (with the decedent's social security number and with mother's maiden name redacted).

THAT Affiants further state that they are the surviving beneficiaries designated under the above referenced Transfer on Death Deed, and that the decedent named in the certificate of death is one and the same person as set forth in the Transfer on Death Deed recorded as referenced to above.

THAT the expenses of the last illness and funeral and burial of the decedent have been paid, as evidenced by receipts in our possession, or provisions have been made for full payment of any and all future and currently unknown expenses connected therewith;

[kb/clients/Munsell-Robert nonprobate/Affidavit of Surviving TOD Benes/12/11/2023](#)

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THAT the decedent had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance;

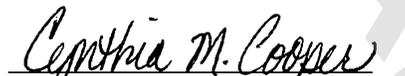
THAT there will be State of Washington Inheritance Tax due as a result of the decedent's death, which said amount of said tax has not been determined yet at the time of execution of this document;

THAT there is no Federal Estate tax due as a result of decedent's death;

THAT this affidavit has been executed for three purposes: (1) to confirm the death of the real property owner, (2) to confirm the property's subsequent vesting pursuant to the terms of the decedent/Grantor's previously recorded Transfer on Death Deed, and (3) to induce a title company to issue its policies of title insurance on real property passing to the affiants herein in reliance upon the representations set forth above. Affiants agree to indemnify and hold the title company harmless from loss or damage which it may suffer as a result of said reliance.


TODD R. BOHON, Beneficiary

DATED: 1/18/2024


CYNTHIA M. COOPER, Beneficiary

DATED: 2/6/2024

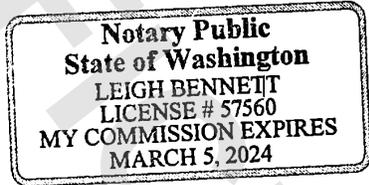

LEAH G. PLAISANCE, Beneficiary

DATED: 2/11/2024

STATE OF WASHINGTON)
)
) ss
COUNTY OF SNOHOMISH)

I certify that I know or have satisfactory evidence that TODD R. BOHON signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 18th day of January, 2024.



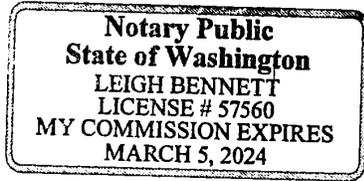
Leigh Bennett

Notary Public in and for the State of Washington
Residing at Edmonds
My commission expires: 3/5/24

STATE OF WASHINGTON)
)
) ss
COUNTY OF SNOHOMISH)

I certify that I know or have satisfactory evidence that CYNTHIA M. COOPER signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 6th day of February, 2024.



Leigh Bennett

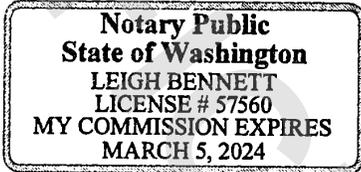
Notary Public in and for the State of Washington
Residing at Edmonds
My commission expires: 3/5/24

STATE OF WASHINGTON)
) | ss
COUNTY OF SNOHOMISH)

I certify that I know or have satisfactory evidence that LEAH G. PLAISANCE signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 1st day of February, 2024.

Leigh Bennett



Notary Public in and for the State of Washington
Residing at Edmonds
My commission expires: 3/5/24

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-057130

DATE ISSUED: 11/28/2023

FEE NUMBER: 311123

FIRST AND MIDDLE NAME(S): ROBERT DEAN
LAST NAME(S): MUNSELL

COUNTY OF DEATH: KING
DATE OF DEATH: NOVEMBER 21, 2023
HOUR OF DEATH: 12:37 PM
SEX: MALE AGE: 86 YEARS
SOCIAL SECURITY NUMBER:

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: MECHANIC
INDUSTRY: AUTOMOTIVE/MARINE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

INFORMANT: LEAH PLAISANCE
RELATIONSHIP: STEPDAUGHTER
ADDRESS: 3010 154TH ST SE MILL CREEK, WA 98012

CAUSE OF DEATH:
A: LEFT MIDDLE CEREBRAL ARTERY STROKE
INTERVAL: 23 DAYS
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: HOSPITAL
FACILITY OR ADDRESS: HARBORVIEW MEDICAL CENTER
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98104

RESIDENCE STREET: 4930 S. INDIAN VILLAGE LANE
CITY, STATE, ZIP: ANACORTES, WA 98221-9021
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 23 YEARS

FATHER: JOHN W MUNSELL
MOTHER:

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NW PREFERRED CREMATORY

CITY, STATE: MOUNTLAKE TERRACE, WASHINGTON
DISPOSITION DATE: NOVEMBER 27, 2023

FUNERAL FACILITY: BECK'S TRIBUTE CENTER

ADDRESS: 405 5TH AVENUE S.
CITY, STATE, ZIP: EDMONDS, WASHINGTON 98020
FUNERAL DIRECTOR: AMBER N. LYNN

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: VIVIAN Q. YANG, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1959 NE PACIFIC ST (BOX 356100)
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98195
DATE SIGNED: NOVEMBER 22, 2023

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 23-4675
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: GRACIE TANGALAN
DATE RECEIVED: NOVEMBER 27, 2023

EXHIBIT A



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 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: 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 <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: PO Box or Street Address City State Zip						
Telephone Number: ()			Email Address:			

Use this section only if 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:	Date:	Printed name:	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

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. Proof documentation must be five or more years old or established within five years of birth.
4. 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.
- *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.

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.

Death Certificates

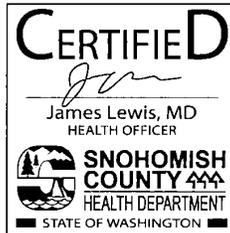
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
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 proof documentation.
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.



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



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