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Commitment Number: 29658039

AFFIDAVIT OF DEATH

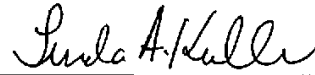
EXEMPT FROM EXCISE TAX
WAC 458-61A-202(6)(b) transfer to remaining joint tenant

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 2022-815
Date 03/03/2022

STATE OF wa
COUNTY OF skagit

Linda A. Kuller ("Affiant"), being first duly cautioned and sworn, and having personal knowledge of the facts and being competent to testify as to these matters, deposes and says as follows:

1. Benjamin C. Kuller aka Benjamin Clark Kuller, formerly of Skagit County, Washington, died Jan. 10, 2014 a legal resident of the State of Washington.
2. A certified copy of the Death Certificate for Benjamin Clark Kuller is attached to this Affidavit.
3. The decedent and this Affiant were the grantees in a certain deed dated Jan. 22, 2008 recorded Feb. 5, 2008 at Instrument #200802040155, of the Deed Records of Skagit County, Washington (the "Deed"), with respect to the property legally described as follows: SITUATE IN THE CITY OF MOUNT VERNON, COUNTY OF SKAGIT, STATE OF WASHINGTON. LOT 19, "THUNDERBIRD NORTH," AS PER PLAT RECORDED IN VOLUME 11 OF PLATS, PAGES 37 AND 38, RECORDS OF SKAGIT COUNTY, WASHINGTON. Parcel No: P79439
4. In the Deed, the grantees designated are Linda A. Kuller single and Benjamin C. Kuller single, as joint tenants with right of survivorship.
5. The address of Affiant is 918 Tomahawk Dr., Mount Vernon, WA 98273.
6. Affiant gives this Affidavit for the purpose of transferring the title to the foregoing property to Affiant on the records of the Recorder's Office in Skagit County, Washington.



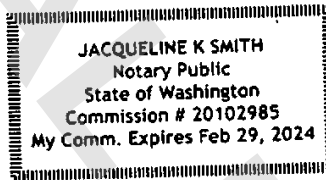
Linda A. Kuller

Sworn to before me and subscribed in my presence by Linda A. Kuller this
6th day of Jan, 2022


Notary Public

This instrument prepared by:

Jay A. Rosenberg, Esq., Rosenberg PLLC, Attorneys At Law, 101 South Reid Street, Suite 307,
Sioux Falls, South Dakota 57103 (513) 247-9605 Fax: (866) 611-0170.



GEORGIA DEATH CERTIFICATE

State File Number 2014GA000000792

1. DECEDENT'S LEGAL FULL NAME (First, Middle, Last) BENJAMIN CLARK KULLER		1a. IF FEMALE, ENTER LAST NAME AT BIRTH		2. SEX MALE	2a. DATE OF DEATH (Mo., Day, Year) ACTUAL DATE OF DEATH 01/10/2014
3. SOCIAL SECURITY NUMBER [REDACTED]	4a. AGE (Years) 88	4b. UNDER 1 YEAR Mos. Days Hours Mins.	4c. UNDER 1 DAY Mos. Days Hours Mins.	5. DATE OF BIRTH (Mo., Day, Year) [REDACTED]	
6. BIRTHPLACE PANAMA CANAL ZONE	7a. RESIDENCE - STATE GEORGIA	7b. COUNTY HABERSHAM		7c. CITY, TOWN DEMOREST	
7d. STREET AND NUMBER 380 CROSS CREEK TRAIL	7e. ZIP CODE 30535	7f. INSIDE CITY LIMITS? NO		8. ARMED FORCES? YES	
8a. USUAL OCCUPATION ENGINEER		8b. KIND OF INDUSTRY OR BUSINESS AEROSPACE			
9. MARITAL STATUS DIVORCED	10. SPOUSE NAME			11. FATHER'S FULL NAME (First, Middle, Last) BENJAMIN FRANKLIN KULLER	
12. MOTHER'S MAIDEN NAME (First, Middle, Last) ZONI [REDACTED]	13a. INFORMANT'S NAME (First, Middle, Last) GAYLE MEAGHER			13b. RELATIONSHIP TO DECEDENT DAUGHTER	
13c. MAILING ADDRESS 380 CROSS CREEK TRAIL DEMOREST GEORGIA 30535			14. DECEDENT'S EDUCATION BACHELOR'S DEGREE		
15. ORIGIN OF DECEDENT (Italian, Mex., French, English, etc.) NO, NOT SPANISH/HISPANIC/LATINO		16. DECEDENT'S RACE (White, Black, American Indian, etc.) (Specify) WHITE			
17a. IF DEATH OCCURRED IN HOSPITAL		17b. IF DEATH OCCURRED OTHER THAN HOSPITAL (Specify) NURSING HOME - LONG TERM CARE FACILITY			
19. HOSPITAL OR OTHER INSTITUTION NAME (If not in other give street and no.) BENTLEY ASSISTED LIVING		19. CITY, TOWN or LOCATION OF DEATH JEFFERSON		20. COUNTY OF DEATH JACKSON	
21. METHOD OF DISPOSITION (Specify) CREMATION	22. PLACE OF DISPOSITION GEORGIA CREMATION CENTERS 4325 HIGHWAY 92 ACWORTH GEORGIA 30102		23. DISPOSITION DATE (Mo., Day, Year) 01/11/2014		
24a. EMBALMER'S NAME NOT EMBALMED	24b. EMBALMER LICENSE NO.	25. FUNERAL HOME NAME GEORGIA CREMATION CENTERS			
25a. FUNERAL HOME ADDRESS 4325 HIGHWAY 92 ACWORTH GEORGIA 30102		26a. SIGNATURE OF FUNERAL DIRECTOR DONALD KENNETH MILLER			
27. DATE PRONOUNCED DEAD (Mo., Day, Year) 01/10/2014		28. HOUR PRONOUNCED DEAD 07:20 AM		28b. FUN. DIR. LICENSE NO. AMENDMENTS 4764	
29a. PRONOUNCER'S NAME RALPH E CROWE III		29b. LICENSE NUMBER 63644		29c. DATE SIGNED 01/10/2014	
30. TIME OF DEATH 07:20 AM		31. WAS CASE REFERRED TO MEDICAL EXAMINER NO			
32. Part I. Enter the chain of events - diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.					Approximate interval between onset and death
IMMEDIATE CAUSE (Final disease or condition resulting in death)					DAYS
A. ISCHEMIC COLITIS					
Due to, or as a consequence of					
B.					
Due to, or as a consequence of					
C.					
Due to, or as a consequence of					
D.					
Part II. Enter significant conditions contributing to death but not related to cause given in Part I A. If female, indicate if pregnant or birth occurred within 90 days of death.					
35. TOBACCO USE CONTRIBUTED TO DEATH UNKNOWN		36. IF FEMALE NOT APPLICABLE		37. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify) NATURAL	
38. DATE OF INJURY (Mo., Day, Year)	39. TIME OF INJURY	40. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)		41. INJURY AT WORK? (Yes or No)	
42. LOCATION OF INJURY (Street, Apartment Number, City or Town, State, Zip, County)					
43. DESCRIBE HOW INJURY OCCURRED				44. IF TRANSPORTATION INJURY	
45. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. Medical Coroner (Name, Title, License No.) RALPH E CROWE III, MD, 63644				46. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. Medical Examiner/Coroner (Name, Title, License No.)	
45a. DATE SIGNED (Mo., Day, Year) 01/20/2014	45b. HOUR OF DEATH 07:20 AM	46a. DATE SIGNED (Mo., Day, Year)	46b. HOUR OF DEATH		
47. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH RALPH E CROWE III 109 COLLEGE AVENUE ELBERTON GEORGIA 30635					
48. REGISTRAR (Signature) /S/ DEBORAH C. ADERHOLD				49. DATE FILED - REGISTRAR (Mo., Day, Year) 01/21/2014	

THIS IS TO CERTIFY THAT THIS IS A TRUE REPRODUCTION OF THE ORIGINAL RECORD ON FILE WITH THE STATE
OFFICE OF VITAL RECORDS, GEORGIA DEPARTMENT OF COMMUNITY HEALTH. THIS CERTIFIED COPY IS ISSUED
UNDER THE AUTHORITY OF CHAPTER 31-10, CODE OF GEORGIA, AND 290-1-3 DPH RULES AND REGULATIONS.



STATE REGISTRAR AND CUSTODIAN
GEORGIA STATE OFFICE OF VITAL RECORDS

County Custodian:

Issued by:

Date Issued:


JAN 21 2014

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