

**WHEN RECORDED RETURN TO:**

Jeanne Renee Hunt  
12341 Cook Underwood Rd  
Underwood WA 98651

**REAL ESTATE EXCISE TAX**

29351

DEC 19 2011

PAID

Exempt  
Michael J. Bellard, Clerk  
SKAMANIA COUNTY TREASURER

**DOCUMENT TITLE(S)**

Lack of Probate affidavit

**REFERENCE NUMBER(S)** of Documents assigned or released:

☐ Additional numbers on page \_\_\_\_\_ of document.

**GRANTOR(S):**

Darrell Genee Hunt

☐ Additional names on page \_\_\_\_\_ of document.

**GRANTEE(S):**

Jeanne Renee Hunt

☐ Additional names on page \_\_\_\_\_ of document.

**LEGAL DESCRIPTION** (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

S16 T3N R10E

☐ Complete legal on page 6 of document.

**TAX PARCEL NUMBER(S):**

JB 03101600140206 

☐ Additional parcel numbers on page \_\_\_\_\_ of document.

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

BOOK 183 PAGE 486

A tract of land located in the East half of the Southeast Quarter of the Southeast Quarter of Section 16, Township 3 North, Range 10 East of the Willamette Meridian, more particularly described as follows:

Beginning at the Southeast corner of the said Section 16; thence West along the South line of the Southeast Quarter 270.00 feet to the point of beginning; thence North parallel with the East line of said Southeast Quarter 397.00 feet, more or less, to the Southerly Right-of-Way line of the Cook/Underwood Road as traveled and established MAY 1, 1978; thence Southwesterly along the Southeasterly Right-of-Way line of said Cook/Underwood Road to a point that is 315 feet North of the South line of said Southeast Quarter; thence South 316.00 feet to a point on the South line that is 105.00 feet West of the point of beginning; thence East 105.00 feet to the point of beginning.

ALSO KNOWN AS LOT 2 OF PETE AND AVA GROVE'S SHORT PLAT, recorded in Book 2 of Short plats, Page 23-A, under Auditors File no. 85268, records of Skamania County, Washington.

EXCEPT that portion conveyed to Skamania County by instrument recorded FEBRUARY 11, 1976, in Book 70, Page 437, records of Skamania County.

Skamania County Assessor

Date 10/19/11 Parcel 3-10-16-1402

Skamania County Assessor

Date 2-19-11 Parcel 3-10-16-1402

**LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)**  
**FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY PROPERTY**

Title Insurance Commitment No.: \_\_\_\_\_, County: \_\_\_\_\_

STATE OF Washington )

SS:

COUNTY OF Skamania )

The undersigned, Jeanne Renee Hunt, executes this affidavit relating to the estate of Darrell Gene Hunt (herein "Decedent"), who died on Dec 07 2011, in the County of Skamania, State of Washington, then being a resident of the City of Underwood, County of Skamania, State of Washington.  
 (A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

That the undersigned is (check one):

- ☒ the lawful surviving spouse of the Decedent
- ☐ Surviving child of the Decedent
- ☐ Registered domestic partner 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): \_\_\_\_\_

That the undersigned has listed below all of the heirs at law and next of kin of Decedent, including but not limited to:

1. spouse or registered domestic partner; and
2. children, adopted children, the issue of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of decedent); and
3. all parties who would have been heirs at law if the decedent had not been married or a registered domestic partner on the date of death:

That the heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching a list if necessary):

Name & relationship: N/A

Address: \_\_\_\_\_

Name & relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Name & relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Name & relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Name & relationship: \_\_\_\_\_

Address: \_\_\_\_\_

That immediately prior to the date of death the Decedent was an owner of the real estate described in the above referenced Title Insurance Commitment (herein the "Real Estate"), and that the Decedent's ownership interest was [check one]:

- ☒ Community property  
☐ Separate property  
☐ Joint tenancy property

**CHECK ALL BOXES WHICH APPLY IN EACH SECTION:**

1. That on the date the Real Estate was purchased the Decedent was:
  - ☒ married to Jeanne Renee Hunt
  - ☐ unmarried, not a registered domestic partner
  - ☐ unmarried, a registered domestic partner of \_\_\_\_\_
2. That on the date of death the Decedent was:
  - ☒ married to Jeanne Renee Hunt
  - ☐ unmarried, not a registered domestic partner
  - ☐ unmarried, a registered domestic partner of \_\_\_\_\_
3. ☐ That the decedent left a Will, *a copy of which is attached hereto.*  
☒ That the decedent left no Will.  
☐ That the decedent executed a Community Property Agreement. It was recorded under \_\_\_\_\_ County recording number \_\_\_\_\_. (If unrecorded, attach a copy)
4. ☒ That the decedent's estate is not being probated.  
☐ That the decedent's estate is subject to probate proceedings in \_\_\_\_\_ County, State of \_\_\_\_\_, under Probate No. \_\_\_\_\_
5. ☒ That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.  
☐ That State and/or Federal succession or inheritance taxes in the amount of \$\_\_\_\_\_ have been paid. Copies of the release/discharge are attached hereto.  
☐ That State and/or Federal succession or inheritance taxes are due, but have not been paid.
5. ☒ That the decedent has not received assistance from the State of Washington for medical care.  
☐ That the decedent has received assistance from the State of Washington for medical care.  
☐ That the State of Washington has been fully reimbursed for assistance for medical care.

*(This paragraph applies only if the Real Estate referred to above was owned by the Decedent in joint tenancy):*

That at all times from the date on which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the Real Estate was held in joint tenancy, and that the interest of no one or more of the joint tenants has ever been independently conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law; and that the joint tenancy continued in full force until the death of the Decedent and, if there are two or

more surviving joint tenants, including the undersigned, the joint tenancy continues in effect as to the interests of the surviving joint tenants.

That the undersigned knows of his/her own knowledge, and so states, that each and all of the obligations against the estate of the Decedent (including, but not limited to: all the debts of decedent; all of the expenses of Decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as follows (use reverse side or attach a list if necessary): \_\_\_\_\_

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ \_\_\_\_\_, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ \_\_\_\_\_, and including the value of Decedent's separate property, if any, of approximately \$ \_\_\_\_\_, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ \_\_\_\_\_.

This affidavit is made to induce \_\_\_\_\_ TITLE INSURANCE COMPANY (the Company) to insure real property covered by the Company's commitment for title insurance number set forth above, in which Decedent held an interest at the time of the Decedent's death. The undersigned urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The undersigned, for himself/herself and for the undersigned's heirs, executors and administrators, indemnifies the Company or any other person, including a purchaser of the Real Estate, for any loss arising from reliance on any misstatement of fact herein.

DATED: December 19, 20 11

Jeanne Renee Hunt  
(Signature)

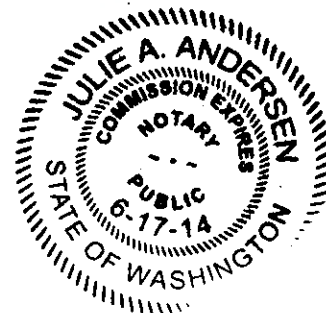
Jeanne Renee Hunt  
(Print or type full name)

12341 Cook Underwood Rd  
(Full address and telephone number)

Underwood WA 98551 509-637-3101

SUBSCRIBED and SWORN TO before me this 19 day of 12, 20 011

Julie A. Andersen  
Notary Public in and for the State of  
Washington, residing at Carson

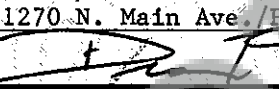
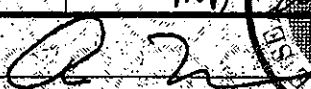




# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## Washington State Certificate of Death

State File Number

1. Legal Name (Include AKA's if any) First Middle LAST Suffix <b>Darrell Gene HUNT</b>				2. Death Date <b>Dec. 7, 2011</b>	
3. Sex (M/F) <b>Male</b>	4a. Age - Last Birthday <b>65</b>	4b. Under 1 Year Months Days <b>0 0</b>	4c. Under 1 Day Hours Minutes <b>0 0</b>	5. Social Security Number <b>[REDACTED]</b>	6. County of Death <b>Skamania</b>
7. Birthdate <b>Nov. 20, 1946</b>	8a. Birthplace (City, Town, or County) <b>Unknown</b>	8b. (State or Foreign Country) <b>Indiana</b>	9. Decedent's Education <b>High School Graduate</b>		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>			11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>12341 Cook Underwood Road</b>				13b. City or Town <b>Underwood</b>	
13c. Residence: County <b>Skamania</b>	13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>Washington</b>	13f. Zip Code + 4 <b>98651</b>	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence: <b>31 Years</b>	15. Marital Status at Time of Death <b>Married</b>	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>Jeanné Renee Birt</b>			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). <b>Maintenance Manager</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Army Corps of Engineers</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Roy W. Hunt</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Gay Nell Taylor</b>		
21. Informant's Name <b>Jeanne Hunt</b>		22. Relationship to Decedent <b>Wife</b>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>12341 Cook Underwood Road Underwood, WA 98651</b>		
24. Place of Death, if Death Occurred in a Hospital: <b>Decedent's Residence</b>			25. Facility Name (If not a facility, give number & street or location) <b>12341 Cook Underwood Road</b>		
26a. City, Town, or Location of Death <b>Underwood</b>			26b. State <b>WA</b>	27. Zip Code <b>98651</b>	
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Columbia River Crematory</b>		30. Location-City/Town, and State <b>White Salmon, Washington</b>	
31. Name and Complete Address of Funeral Facility <b>Gardner Funeral Home 1270 N. Main Ave / POB 390 White Salmon, WA 98672</b>				32. Date of Disposition <b>Dec. 8, 2011</b>	
33. Funeral Director Signature X 					
34. 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. Add additional lines if necessary. <b>Small Cell Lung Cancer</b>					
IMMEDIATE CAUSE (Final disease or condition resulting in death) →		Due to (or as a consequence of):		Interval between Onset & Death <b>Months</b>	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		Due to (or as a consequence of):		Interval between Onset & Death	
Due to (or as a consequence of):		Due to (or as a consequence of):		Interval between Onset & Death	
Due to (or as a consequence of):		Due to (or as a consequence of):		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: <b>City or Town: County: State: Zip Code + 4:</b>				46. Describe how injury occurred	
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)				48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. <b>Steph</b>	
48b. Medical Examiner/Coroner - 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) and manner stated.				49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Stephen Vogt 1151 May St. Hood River, OR 97031</b>	
50. Hour of Death (24hrs) <b>2100</b>				51. Name and Title of Attending Physician if other than Certifier (Type or Print)	
52. Date Signed (mm/dd/yyyy) <b>12/08/2011</b>		53. Title of Certifier <b>MD</b>		54. License Number <b>MD</b>	
55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		57. Registrar Signature 	
58. Date Received (mm/dd/yyyy) <b>DEC 08 2011</b>		59. Amendments			