WHEN RECORDED RETURN TO: REAL ESTATE EXCICE TAX 29351 DEC 19 2011 DOCUMENT TITLE(S) SKAMANIA COUNTY TREASURER Lack of Probate affinava REFERENCE NUMBER(S) of Documents assigned or released: [] Additional numbers on page _ __ of document. GRANTOR(S): Darrell Genee [] Additional names on page _ of document. GRANTEE(S): eanne] Additional names on page of document. LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter): 6 of document.

03101600140206

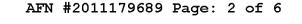
The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to

] Additional parcel numbers on page

verify the accuracy or completeness of the indexing information.

AFN #2011179689 Recorded 12/19/2011 at 02:12 PM DocType: ALP Filed by: JEANNE

R. HUNT Page: 1 of 6 Auditor Timothy O. Todd Skamania County, WA



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 Bast of the Willemette Meridian, more particularly described as follows:

Beginning at the Southeast corner of the said Section 15: thence Mest along the South line of the Southeast Quarter 270.00 feet to said Southeast Quarter 397.00 feet, more or less, to the Southerly Right-of-Nay line of the Cook/Underwood Road as traveled and southeasterly Right-of-May line of the Cook/Underwood Road as traveled and Southeasterly Right-of-May line of said Cook/Underwood Road to a Quarter; thence South 15.00 feet North of the South line of said Southeast is 105.00 feet Mest of the point to the South line that feet to the point of beginning; thence East 105.00 feet to a point on the South line that feet to the point of beginning;

ALSO KNOWN AS LOT 2 OF PETE AND AVA CROVE'S SHORT PLAT, recorded in Book 2 of Short plats, Page 23-A, under Auditors File no. 85268. records of Skamming 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 Gounty Assessor Date 10/19/11 Particle 3-10-16-1462

Skamania County As Sor Dafe 12-19-11 Parcell 3-10-16-1402 AFN #2011179689 Page: 3 of 6

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 Skamonia)	
The undersigned, <u>Jeanne</u> Renee H	wh, executes this affidavit relating to the estate
of Darrell Gene Hunt (her	ein "Decedent"), who died on Dec on 201, in
the County of Skamania, State of WAS	buooto, then being a resident of the City of
Linderwicza , County of Sica	man a 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 ins	
survivorship identified in that certain deed recor	ded on[mm/dd/yyyy], under
Recording Noin	County, Washington,
other (identify:)	
decedent left no surviving children surviving parents, brothers and sist	ner; and the of any predeceased child or adopted child (if the, then the undersigned has listed below all of the the ters of decedent); and the ters at law if the decedent had not been married
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	F
Address:	
Name & relationship	
Address:	
Address:	
Name & relationship	
Address:	
Address:	

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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 DOVER BUILDING ADDITION OF THE COLUMN
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:
M married to Teane 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
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
of, under Probate No
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.
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. 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.
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. 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):
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. That State and/or Federal succession or inheritance taxes are due, but have not been paid. 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
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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. That State and/or Federal succession or inheritance taxes are due, but have not been paid. 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
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. That State and/or Federal succession or inheritance taxes are due, but have not been paid. 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

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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 obligation
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 stat
and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as follow
(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 forti
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 or any misstatement of fact herein.
antilline.
DATED: December 19, 2011
June Reve Hunt
(Signantire) Teanne Rense Hunt
(Print or type full name)
12341 COOK underwood Rd
(Full address and telephone number) (NOLULUS TO A WA 98651 509-637-3101 WASHING
Windows 19
UBSCRIBED and SWORD TO before merthis day of 3 20 0
Votary Public in and for the State of
Vashington, residing at

AFN #2011179689 Page: 6 of 6

Decree 1. Genje HUNT 1. Ser, native Ser Age Leaf terrodes (Ref. 1994; Yyes, Series) 1. Ser, native Series Series	Legal Name (tribude AKA's if any) Pirst	Washington-State-	T	Janua - He Niteriol Branchina de la Constantina del Constantina de la Constantina del Constantina de la Constantina de l	
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13. Fixed force: County 13.1. Titled Reprovation Name of explosions 13. Exercise 13. Exe	13a, Residence: Number and Street (e		White	2 J 1	m y de la companya d
3.1 Years	13c. Residence: County 1 Skaman La	3d. Tribal Reservation Name (if applicab	Washington	13f. Zip Codé + 4 98651	13g. Inside City Limit
Maintenance Manager Army Corps of Engineers	31 Years	Married > > >	Jeanne Renee Bi	rt::: "Yar: " you	The state of the s
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Passenger Other (Specify) 48a. Certifying Physician. To the best of my knowlettle, teath occurred at the time, date, and place and due to the cause(s) and manner stated. 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. 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. 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. 50b. Hour of Death (24hrs) 51b. Name and Title of Attending Physician if other than Certifier (Type opening). 51c. Date Signed Microscoper 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. 51c. Hour of Death (24hrs) 52c. Date Signed Microscoper 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. 52c. Hour of Death (24hrs) 52c. Date Signed Microscoper 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. 52c. Hour of Death (24hrs) 52c. Date Signed Microscoper 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. 52c. Date Signed Microscoper 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. 52c. Date Signed Microscoper 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. 52c. Date Signed Microsco	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, lead to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injuriate initiated the events resulting in death) LAST 35. Other significant conditions contributions and the conditions contributions are contributed in the conditions contributed in th	as, injuries, of complications – that directe etiology (DONC) ABBREVIATE. A d. d. ing to death, but not resulting in the und 39. If female Pregnant at time of death 2. Hour of Injury (24hrs) 43. Place of	Due to (or as a consequence of): Intring cause given above	36. Autopsy?	Interval between Onset & Interval between Onset & Interval between Onset & Interval between Caset & Interval between Case
place and due to the cause(s) and manner stated. X 49. Name and Address of Certifier - Physician, Medical Examiner or Coroner Re of Friday. Stephen Vogt 1151 May St. Hood River Remains 1763. 51. Name and Title of Attending Physician if other than Certifier (Type of Print). 52. Date Signed Manner Stephen Number Remains 186. Was case referred to ME/Coroner? MD 53. Title of Certifier Stephen.	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, lead to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injurithat initiated the events resulting in death)LAST 35. Other significant conditions contributions and the conditions contribution of the condition of the condi	as, injuries, of complications – that directe etiology (Do.NCT ABBREVIATE. A Management of the unit of	Due to (or as a consequence of):	36. Autopsy: 37. V comp 12 days before death sto 1 year before death stypear n site, restaurant, wooded area). Apt N 2 Tip Cc 47. If transportation inj	Interval between Onset & Interval between Onse
Stephen Vogt 1151 May St. Hood River BR 97031 51. Name and Title of Attending Physician if other than Certifier (Type op Print). 52. Date Signed Myopmyn, 12 0 0 2011 53. Title of Certifier MD 54. License Number MD 57. Peoliter Stephen 58. Date Secretary (Augustus).	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, lead to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injurthat inflated the events resulting in death) LAST 35. Other significant conditions control 18. Manner of Death Natural Homicide Accident Undetermined Stricte Pending 41. Date of Injury (MMDDAYYYY) 44. 45. Location of Injury: Number & Street: City or Town:	d. d	Due to (or as a consequence of): Jerlying cause given above Not pregnant, but pregnant within a lot pregnant, but pregnant 43 day: Unknown if pregnant within the past injury (e.g., Decedent's home, construction) Stat	36. Autopsy? 37. V comp 2 days before death sto 1 year before death stylear a site, restaurant, wooded area). Apt N 2 in Zip Cc 47. If transportation in Driver/Operator Passenger	Interval between Onset & Interval between Onse
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