

WHEN RECORDED RETURN TO:

Merrilee Dunahoo
200 Brock Lane
Grants Pass, OR 97527

DOCUMENT TITLE(S):
Lack of Probate Affidavit

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
Lloyd James Dunahoo

REAL ESTATE EXCISE TAX
30451
DEC 18 2013

GRANTEE:
Merrilee Dunahoo, A Single Woman

RAID exempt
[Signature]
SKAMANIA COUNTY TREASURER

LEGAL DESCRIPTION:
Lot 19, Block 6, of the Plat of Relocated North Bonneville, according to the plat thereof, recorded in Book 'B', Page 12, Skamania County, State of Washington.

TAX PARCEL NUMBER(S):
02-07-20-4-3-3600-00 *[initials]*

Skamania County Assessor
Date 12-18-13 Parcel# 27-20-4-3-3600
[initials]

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

Title Insurance Commitment No.: S13-0352 County: Skamania

STATE OF)
COUNTY OF) SS:

The undersigned, MERRILEE DUNAHOO executes this affidavit relating to the estate of LLOYD JAMES DUNAHOO wherein "Decedent", who died on APRIL 20, 2010 the County of SKAMANIA, State of WASHINGTON, then being a resident of the City of N. BONNEVILLE, 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: MERRILEE DUNAHOO - WIFE
Address: 200 BROCK LANE GRANTS PASS, OR 97527
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 LLOYD JAMES DUNAHOO MERRILEE DUNAHOO MD
 - ☐ unmarried, not a registered domestic partner
 - ☐ unmarried, a registered domestic partner of _____
2. That on the date of death the Decedent was:
 - ☒ married to MERRILEE DUNAHOO
 - ☐ 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 \$ _____.

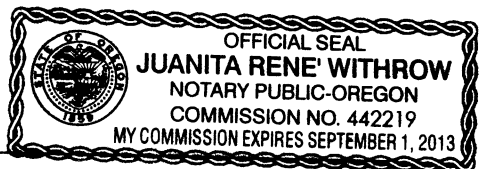
This affidavit is made to induce Columbia Gorge TITLE INSURANCE COMPANY (the Company) to insure real property covered by the Company's commitment for title insurance number set forth above, in which Decedent held an interest at the time of the Decedent's death. The undersigned urges the Company to issue 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: 9/26th, 2013

(Signature) MERRILEE DUNAHOO
(Print or type full name)
200 BROCK LANE - GRANTS PASS, OR 97527
(Full address and telephone number) 341-956-8999

SUBSCRIBED and SWORN TO before me this 26th day of September, 2013

Notary Public in and for the State of Oregon
~~Washington~~, residing at 1014 NW 8th, Grants Pass OR
97526



DEPARTMENT OF HEALTH

1. Legal Name (include AKA's if any) First Middle LAST Suffix Lloyd James Dunahoo Aka Jim				2. Death Date 04/20/2010	
3. Sex (M/F) M	4a. Age - Last Birthday 87	4b. Under 1 Year Months Days 	4c. Under 1 Day Hours Minutes 	5. Social Security Number 	6. County of Death Skamania
7. Birthdate 03/08/1923		8a. Birthplace (City, Town, or County) The Dalles	8b. (State or Foreign Country) Oregon	9. Decedent's Education Bachelor's Degree	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 619 Shahala East				13b. City or Town North Bonneville	
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable) N/A	13e. State or Foreign Country Washington		13f. Zip Code + 4 98639
14. Estimated length of time at residence. 19 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Merrilee Baisinger	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Bookkeeper			18. Kind of Business/Industry (Do not use Company Name) Business		
19. Father's Name (First, Middle, Last, Suffix) Lloyd K. Dunahoo			20. Mother's Name Before First Marriage (First, Middle, Last) Ethel Maie Baker		
21. Informant's Name Merrilee Dunahoo		22. Relationship to Decedent Spouse		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 619 Shahala East, North Bonneville, Washington 98639	
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence			25. Facility Name (if not a facility, give number & street or location) 619 Shahala East		
26a. City, Town, or Location of Death North Bonneville		26b. State WA		27. Zip Code 98639	
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Cascade Cremation Center		30. Location-City/Town, and State Tualatin, Oregon	
31. Name and Complete Address of Funeral Facility Crown Memorial Center-17064 SE McLoughlin Boulevard, Milwaukie, OR 97267				32. Date of Disposition 04/28/2010	
33. Funeral Director Signature X <i>[Signature]</i>					
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.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Due to (or as a consequence of):		Interval between Onset & Death	
→ Coronary Arrest				Immediate	
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	
→ Parkinson's Disease				9 years	
d.		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 N/A				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"/> Accident <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"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of 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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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: Apt. No.: City or Town: County: State: Zip Code+ 4:					
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. X				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. <i>[Signature]</i>	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Daniel C. McGill - 7064 SE McLoughlin Blvd, Milwaukie, WA 98648				50. Hour of Death (24hrs) 1800	
51. Name and Title of Attending Physician if other than Certifier (Type or Print) 				52. Date Signed (mm/dd/yyyy) 04/28/2010	
53. Title of Certifier Dep. Coroner		54. License Number 39129		55. Coroner File Number 	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				57. Registrar Signature <i>[Signature]</i>	
58. Date Received (mm/dd/yyyy) 04/28/2010				59. Amendments 	

DOH 15-003 Rev. 07/2007
DOH 15-003 (5/09)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.