

Skamania County, WA
Total: \$110.50
ALP
Pgs=8

2020-000759

04/01/2020 09:48 AM

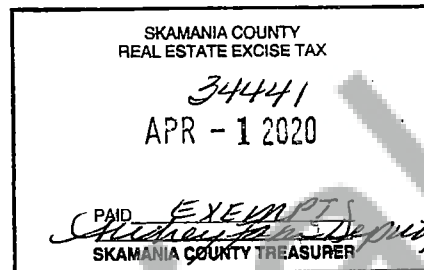
Request of: WFG TITLE



00003167202000007590080088

After recording, return to:

WFG Title
2105 NE 12th St
Vancouver, WA 98686



INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF WA)

COUNTY OF Clark,) SS:

The undersigned, Dustin H Nuhn, executes this affidavit relating to the estate of Robb H Nuhn (herein "Decedent"), who died on 2/18/2020, in the County of Clark, State of WA, then being a resident of the City of Vancouver, County of Clark, State of WA. (A copy of the death certificate is attached hereto.)

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

1. This Affidavit is to be recorded as an affirmation of facts showing that I am the rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The undersigned is (check one):

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

Names of All Heirs of the Decedent

3. That all the heirs at law and next of kin of the decedent that were living at the time decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:
(a) a spouse or registered domestic partner, and

(b) children, adopted children, the children 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).

[Use the reverse side or attaching a list if necessary]]

Name & relationship Dustin H Nunn, son

Name & relationship _____

Name & relationship _____

Name & relationship _____

Description of the Property

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skamania State of Washington, and described as follows:

[INSERT either complete legal description, or refer to attachment for full legal description]

See Attached Exhibit A

070524 00000000

5. Status of the Will (if any)

☐ The decedent left a Will that devises real property.

☒ The decedent left no Will that devises real property.

DATED: March 20, 2020

[Signature]

Dustin H Nunn

(Print or type full name)

2524 NE 172nd Ave Vancouver, WA 98684 Ph: 503-705-7162

(Full address and telephone number)

State of WA

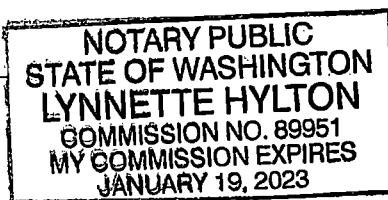
County of Clark

SUBSCRIBED and SWORN TO before me this 20 day of March 20 20

by Dustin H Nunn, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

[Signature]

Notary Public in and for the State of WA
residing at Vancouver



This is a two-part form. The first affidavit is for title company internal use. The second, shorter affidavit is for recording in connection with claiming an exemption from real estate excise tax.

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

Title Insurance Commitment No.: S19-0104KM, County: Sikamania

STATE OF WA)

SS:

COUNTY OF Clark)

The undersigned, Dustin H Nunn, executes this affidavit relating to the estate of

Robb H Nunn (herein "Decedent"), who died on 2/18/2020, in the

County of Clark, State of WA

(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 grandchildren, 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; see RCW 11.04.015:

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 Dustin H Nunn
Address: 2524 NE 172nd Ave Vancouver, WA 98684
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 _____.
 - ☒ unmarried, not a registered domestic partner
 - ☐ unmarried, a registered domestic partner of _____.
2. That on the date of death the Decedent was:
 - ☐ married to _____.
 - ☒ unmarried, not a registered domestic partner
 - ☐ unmarried, a registered domestic partner of _____.
3. That on the date of death the Decedent was a citizen of the following country US and a permanent resident of _____ (if Decedent was a resident different from that of their citizenship).
4. ☐ 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)
5. ☐ 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. _____.
6. If title transferred pursuant to a Transfer on Death Deed:
 - ☐ That there was no consideration (monetary, non-monetary, in-kind, etc.) given for the deed
 - ☐ That there was consideration given in the amount of \$ _____, including the value of monetary, non-monetary, in-kind, and other consideration.
7. ☒ 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 in the approximate amount of \$ _____, but have not been paid.
8. ☒ 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.
9. If title 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,
 - ☐ 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;

☐ 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 \$ 100,000, 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: March 20, 2020

[Signature]
(Signature)

Dustin H Nunn
(Print or type full name)

2524 NE 172nd Ave Vancouver, WA 98684
(Full address and telephone number)

Ph: 503-705-7162

SUBSCRIBED and SWORN TO before me this 20 day of March, 2020

Notary Public in and for the State of WA

Residing

at Vancouver

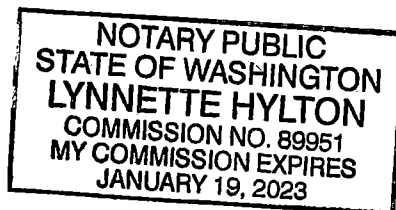


EXHIBIT "A"

The East half of the Northeast Quarter of the Southeast Quarter of Section 24, Township 7 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington.

Unofficial
Copy

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-008206

LOCAL FILE NUMBER: 7169

DATE ISSUED: 02/26/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ROBB HAYDEN

LAST NAME(S): NUNN

COUNTY OF DEATH: CLARK

DATE OF DEATH: FEBRUARY 18, 2020 FOUND

HOUR OF DEATH: 05:14 AM

SEX: MALE

AGE: 57 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: MAY 05, 1962

BIRTHPLACE: PROSSER, WA

MARITAL STATUS: DIVORCED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: CARPENTER

INDUSTRY: STRUCTURAL AND RESIDENTIAL

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: DEANA DEGRANDE

RELATIONSHIP: SISTER

ADDRESS: 3962 CEDAR STREET, WASHOUGAL, WA 98671

CAUSE OF DEATH:

A. [REDACTED]
INTERVAL: SECONDS

B. [REDACTED]
INTERVAL:

C. [REDACTED]
INTERVAL:

D. [REDACTED]
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: UNKNOWN

HOUR OF INJURY: UNKNOWN

INJURY AT WORK: NO

PLACE OF INJURY: OTHER PERSON'S FRONT PORCH

LOCATION OF INJURY: 17315 SE 2ND ST

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98683

COUNTY: CLARK

DESCRIBE HOW INJURY OCCURRED: DECEDENT SHOT HIMSELF IN THE HEAD WITH A SHOTGUN

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: OTHER PERSON'S RESIDENCE

FACILITY OR ADDRESS: 17315 SE 2ND STREET

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98683

RESIDENCE STREET: 2524 NE 172ND AVENUE

CITY, STATE, ZIP: VANCOUVER, WA 98684

INSIDE CITY LIMITS: NO

COUNTY: CLARK

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 4 MONTHS

FATHER: CARL R NUNN

MOTHER: LINDA ROBERTS

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: EVERGREEN MEMORIAL GARDENS CREMATORY

CITY, STATE: VANCOUVER, WASHINGTON

DISPOSITION DATE: FEBRUARY 25, 2020

FUNERAL FACILITY: EVERGREEN-STAPLES FUNERAL CHAPEL

ADDRESS: PO BOX 5426

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98668-5426

FUNERAL DIRECTOR: JENNIFER M. TUCKER

MANNER OF DEATH: SUICIDE

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: MEGAN E. QUINN, MD

TITLE: CORONER/ME

CERTIFIER ADDRESS: PO BOX 5000

CITY, STATE, ZIP: VANCOUVER, WA 98666

DATE SIGNED: FEBRUARY 21, 2020

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: 2020-0415

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: KIMBERLY ST. CYR

DATE RECEIVED: FEBRUARY 25, 2020



Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: **Center for Health Statistics**
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required	Required information must match current information on record			
	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 the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

16a. Signature: Printed name: Date:		16b. Signature of 2 nd parent (if required): Printed name: Date:	
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INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

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. Documentary proof must be five or more years old or established within five years of birth

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof 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.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a 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 documentary proof
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

DOH 422-034 January 2015



CERTIFIED
CLARK COUNTY PUBLIC HEALTH



Alan Melnick, MD, MPH, CPH
Health Officer



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