



WHEN RECORDED RETURN TO:

Joshua Lee Dunn
121 Fernsworth rd
Stevenson, WA 98648

Please print or type information **Washington State Recorder's Cover Sheet** (RCW 65.04)

DOCUMENT TITLE(S) (or transaction contained therein) (all areas applicable to your document must be filled in)

Death Certificate

REFERENCE NUMBER(S) of Documents assigned or released:

Revocable Transfer on Death Deed

[] Additional numbers on page ____ of document.

AFN 2022-001986 9/27/22

GRANTOR(S):

1. EARL LEE DUNN

Skamania County

Real Estate Excise Tax

37786

JUN 05 2025

[] Additional names on page ____ of document.

GRANTEE(S):

1. Joshua Lee Dunn

PAID Exempt

Skamania County Treasurer

KSA, Deputy

3. _____

4. _____

[] Additional names on page ____ of document.

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

See Attached exhibit A

[] Complete legal on page ____ of document.

Assessor's Property Tax Parcel #

02063300090000 XM 6-5-25

[] 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.

"I am signing below and paying an additional \$50.00 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

Signature of Requesting Party

Note to Submitter: Do NOT sign above nor pay additional \$50 fee if the document meets margin/formatting requirements.

Exhibit A

LEGAL DESCRIPTION. The real property that is the subject of this Revocable Transfer on Death deed is situate in the County of Skamania, State of Washington, and is legally described as follows:

County of Skamania, State of Washington

Beginning at the quarter post on the Section line between Sections 33 and 34, Township 2 North, Range 6 E.W.M., thence West 880 feet to the Southeast corner of a tract of land conveyed to Oscar Larson and Ellen Larson, husband and wife, by deed dated August 3, 1949, and recorded August 8, 1949, at page 482 of Book of Deeds, records of Skamania County, Washington; thence West 440 feet; thence North 757.8 feet; thence East 470 feet to the initial point of the tract herein described; thence South 308 feet thence East to the Easterly line of the aforesaid tract conveyed to Larson; thence Northerly along the said Easterly line to the Northeast corner of the said tract; thence West along the North line of the said tract to the initial point.

Skamania County Assessor

Date 6-5-25 Parcel# 02063300090000

201



STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: **2025-024835**

DATE ISSUED: **05/20/2025**
FEE NUMBER:

FIRST AND MIDDLE NAME(S): **EARL LEE**
LAST NAME(S): **DUNN**

COUNTY OF DEATH: **CLARK**
DATE OF DEATH: **MAY 05, 2025**
HOUR OF DEATH: **09:12 PM**
SEX: **MALE** AGE: **77 YEARS**
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: **NO, NOT SPANISH/HISPANIC/LATINO**
RACE: **WHITE**

BIRTH DATE: **DECEMBER 09, 1947**
BIRTHPLACE: **CORVALLIS, OR**

MARITAL STATUS: **DIVORCED**
SURVIVING SPOUSE: **NOT APPLICABLE**

OCCUPATION: **TRUCK DRIVER**
INDUSTRY: **TRANSPORTATION**
EDUCATION: **8TH GRADE OR LESS**
US ARMED FORCES: **YES**

INFORMANT: **WILBUR ROY DUNN**
RELATIONSHIP: **BROTHER**
ADDRESS: **607 CRAWFORD SR KELSO WA 98626**

CAUSE OF DEATH:
A: **END STAGE LIVER DISEASE**
INTERVAL: **MONTHS**
B: **NON-ALCOHOLIC STEATOHEPATITIS**
INTERVAL: **YEARS**
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: **NOT APPLICABLE**

PLACE OF DEATH: **NURSING HOME/LONG TERM CARE FACILITY**
FACILITY OR ADDRESS: **1015 N GARRISON RD**
CITY, STATE, ZIP: **VANCOUVER, WASHINGTON 98664**

RESIDENCE STREET: **121 FARNSWORTH RD**
CITY, STATE, ZIP: **STEVENSON, WA 98648-6109**
INSIDE CITY LIMITS: **NO** COUNTY: **SKAMANIA**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **50 YEARS**

FATHER: **THOMAS ROY DUNN**
MOTHER: **LENORA MAUD DUNN**

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **CLARK COUNTY CREMATORY**

CITY, STATE: **VANCOUVER, WASHINGTON**
DISPOSITION DATE: **MAY 19, 2025**

FUNERAL FACILITY: **ALL COUNTY CREMATION AND BURIAL SERVICE - VANCOUVER**
ADDRESS: **605 E. BARNES STREET SUITE 206**
CITY, STATE, ZIP: **VANCOUVER, WASHINGTON 98661**
FUNERAL DIRECTOR: **NICHOLAS R. BROWN**

MANNER OF DEATH: **NATURAL**
AUTOPSY: **UNKNOWN**
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: **NOT APPLICABLE**
DID TOBACCO USE CONTRIBUTE TO DEATH: **UNKNOWN**
PREGNANCY STATUS IF FEMALE: **NOT APPLICABLE**

CERTIFIER NAME: **DUSTIN COLEGROVE, DO**
TITLE: **DO**
CERTIFIER ADDRESS: **5400 MACARTHUR BLVD**
CITY, STATE, ZIP: **VANCOUVER, WASHINGTON 98668**
DATE SIGNED: **MAY 09, 2025**

CASE REFERRED TO ME/CORONER: **YES**
FILE NUMBER: **NOT APPLICABLE**
ATTENDING PHYSICIAN: **NOT APPLICABLE**

LOCAL DEPUTY REGISTRAR: **ELIZABETH HORTON**
DATE RECEIVED: **MAY 19, 2025**