

19
Assessor's Parcel Number: 1319-30-631-007 PTM

Recording Requested By:

Name: Michele Dunn
Phone: 360-882-3978

Address: 6314 NE 137th Ave

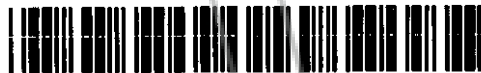
City/State/Zip Vancouver, WA 98682

Real Property Transfer Tax:

DOC # **0799579**
03/26/2012 10:50 AM Deputy: PK
OFFICIAL RECORD
Requested By:
MICHELE DUNN

Douglas County - NV
Karen Ellison - Recorder

Page: 1 of 6 Fee: 19.00
BK-0312 PG-6160 RPTT: 0.00



\$ _____

Affidavit of Death

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

Affidavit of Death

STATE OF Washington
COUNTY OF Clark

I, Michael Dunn, residing at 6314 NE 137th AVE, Vancouver, Washington 98682, being of legal age, depose and say that:

That Linda M Dunn, 13818 NE 45th ST, Vancouver, Washington 98606 died on August 11, 2010 as evidenced by a certified copy of the Certificate of Death, attached hereto;

That decedent owned the following property described in the real property deed attached hereto and incorporated herein;

That I am the successor to the estate of the decedent and to the decedents interest in the described property and no other person has a superior right to the interest of the decedent in the described property;

That no proceeding is being or has been conducted in Washington for administration of the decedent's estate;

That the funeral expenses, expenses of last illness, and all unsecured debts of decedent have been paid.

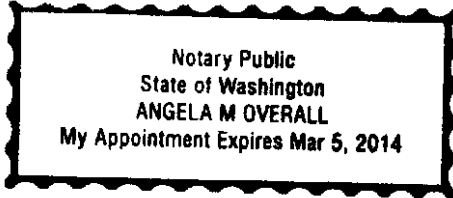
Oath or Affirmation:

I certify under penalty of perjury under Washington law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

Michael Dunn _____
3-7-12 Date

STATE OF WASHINGTON, COUNTY OF CLARK, ss:

On this 7 day of March, 2012, before me personally appeared Michael Dunn, to me known to be the person described in and who executed the foregoing Affidavit, and, being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated herein are true to the best of his/her information, knowledge and belief.



Angela M Overall
Notary Public

notary
Title (and Rank)

My commission expires 3/5/14

Notary Address:

13620 NE 84th ste 107
Vancouver WA 98682

EXHIBIT "A" (49)

A Timeshare estate comprised of:

- PARCEL 1: An undivided 1/51st interest in and to that certain condominium estate described as follows:
- (A) An undivided 1/26th interest as tenants in common, in and to the Common Area of Ridge Crest condominiums as said Common Area is set forth on that condominium map recorded August 4, 1988 in Book 888 of Official Records at Page 711, Douglas County, Nevada, as Document No. 183624.
 - (B) Unit No. 103 as shown and defined on said condominium map recorded as Document No. 183624, Official Records of Douglas County, State of Nevada.
- PARCEL 2: A non-exclusive easement for ingress and egress for use and enjoyment and incidental purposes over, on and through the Common Area as set forth in said condominium map recorded as Document No. 183624, Official Records of Douglas County, State of Nevada.
- PARCEL 3: An exclusive right to the use of a condominium unit and the non-exclusive right to use the real property referred to in subparagraph (A) of Parcel 1, and Parcel 2 above, during one "USE WEEK" as that term is defined in the Declaration of Timeshare Covenants, Conditions and Restrictions for the Ridge Crest recorded April 27, 1989 as Document No. 200951 of Official Records, Douglas County, State of Nevada (the "CC&Rs"). The above described exclusive and non-exclusive rights may be applied to any available unit in The Ridge Crest project during said "USE WEEK" as more fully set forth in the CC&R's.

A Portion of APN 40-370-07

REQUESTED BY
Stewart Title of Douglas County
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

'96 AUG 12 A9:39

394036
BK 0896 PG 1915

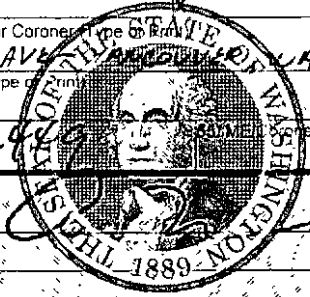
LINDA SLATER
RECORDER
PAID 8.00 DEPUTY

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 1758 Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First Middle LAST Linda Marie Dunn			2. Death Date Aug. 11, 2010		
3. Sex (M/F) Female	4a. Age - Last Birthday 64	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number 3887	6. County of Death Clark
7. Birthdate Nov. 28, 1945		8a. Birthplace (City, Town, or County) Sacramento		8b. (State or Foreign Country) California	9. Decedent's Education Some College ; No 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? No
13a. Residence Number and Street (e.g. 624 SE 5 th St.) (Include Apt. No.) 13818 NE 45th St.				13b. City or Town Vancouver	
13c. Residence County Clark		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98606
13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		14. Estimated length of time at residence 10 Years		15. Marital Status at Time of Death Married	
16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Michael O. Dunn			17. Usual Occupation (indicate type of work done during most of working life (DO NOT USE RETIRED)) E.A. Tax Preparer		
18. Kind of Business/Industry (Do not use Company Name) Tax Service			19. Father's Name (First, Middle, Last, Suffix) Phillip G. Long		
20. Mother's Name Before First Marriage (First, Middle, Last) Wynne E. Holahan			21. Informant's Name Michael Dunn		
22. Relationship to Decedent Spouse		23. Mailing Address Number and Street or RFD No. City or Town State Zip 13818 NE 45th St. Vancouver WA 98606		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) 13818 NE 45th St.			26a. City, Town, or Location of Death Vancouver		26b. State WA
27. Zip Code 98606		28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Heritage Crematory of Oregon	
30. Location-City/Town, and State Portland, Oregon			31. Name and Complete Address of Funeral Facility Neptune Cremation Service - 17819 NE Riverside Prkwy., #E - Portland, OR 97230		
32. Date of Disposition AUG. 13, 2010			33. Funeral Director Signature X <i>Rick Thoutter</i>		

Cause of Death (See instructions and examples)					
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)		a. <i>Cardiopulmonary arrest</i>		Interval between Onset & Death <i>minutes</i>	
Sequently 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		b. <i>cervical cancer</i>		Interval between Onset & Death	
		c.		Interval between Onset & Death	
		d.		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"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input checked="" 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 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 - (On the basis of my knowledge, death occurred at the time, date, and place and due to the causes stated hereon)			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 causes and manner stated hereon)		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) MARY SHEPARD - 7101 NE 137th AVE, BELLEVUE WA 98005			50. Hour of Death (24hrs) 1034		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			52. Date Signed (MM/DD/YYYY) 8/12/10		
53. Title of Certifier DO		54. License Number OP 600 2244		55. State File Number	
57. Registrar Signature <i>[Signature]</i>			56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
58. Amendments			58. Date Received AUG 13 2010		



Part 1 completed by Funeral Director

Part 2 completed by Certifier

BK- 0212
PG- 726
02/03/2012

Page: 5 of 6
0796923

BK- 0312
PG- 6164
03/26/2012

Page: 5 of 6
0799579



Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

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

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
-------------------	------------	----------	------	------------------

Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
--------------------	-------------------	-------------------------------------

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
--	---

The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) Telephone Number:

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

15. Signature:	16. Date:	17. Address:
----------------	-----------	--------------

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof: Certificate of Naturalization Medical Record School Record
Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date)
Insurance Records Birth Record Alien Registration Card (front and back)
Marriage/Divorce Records Passport

- Birth Certificates:**
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
 - The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M A. Doe does not prove the name is Mary Ann Doe.
 - Proof must be five (or more) years old or have been established within five years of birth
 - Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof
 - Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday)
 - This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

- Death Certificates:**
- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
 - The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
 - If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

- Marriage/Dissolution (Divorce) Certificates**
- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
 - To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev 9/2002)

BK- 0212
PG- 727
0796923 Page: 6 Of 6 02/03/2012

BK- 0312
PG- 6165
0799579 Page: 6 Of 6 03/26/2012

CERTIFIED

AUG 17 2010

Alan Melnick
Health Officer

Clark County Public Health

TT00262418