



00019700202400016220040048

Return Address:

Ciara Griffiee
706 Crook Ave
La Grande, OR 97850

Skamania County
Real Estate Excise Tax

N/A
OCT 16 2024

PAID N/A
Skamania County Treasurer
M. Monaghan

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Ciara Griffiee, being first duly sworn
Name of Affiant

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real

property described below, and is daughter
Relationship to decedent

of Nancy Perry, who died on 6-22-24
Decedent/Grantor Date

at Gresham Multnomah Oregon
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lot 1 of the Strade Short Plat, recorded in
Book 3 of Short Plats, page 140, Skamania
County Records, Washington.

Skamania County Assessor

Date 10/16/24 Parcel # 3-8-17-3-500

Assessor's Property Tax Parcel/Account Number: 03081730050000
(Attach full legal description of the property)

☐ Decedent left no Last Will and Testament.

☒ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of
predeceased child or adopted child, parents, brothers and sisters of the decedent.
Affiant hereby identifies all heirs at law of the decedent: (use additional pages if
necessary)

(Page 1 of ____)

Dated :

Ciara Cheyenne Griffiee

Affiant's full name

360-990-6177

Telephone number

706 Crook Ave

La Grande OR 97850

City

State

Zip Code

Ciara Griffiee 10-16-2024

Signature

Date

State of Washington County of Skamania

I know or have satisfactory evidence that Ciara cheyenne Griffiee

(name of person)

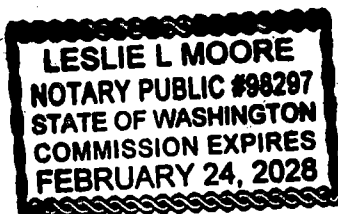
is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 10/16/2024

Leslie L Moore

Signature of Notary Public

(SEAL OR
STAMP)



Residing at: Carson

Notary Public in and for the State of Washington

My appointment expires: 02/24/2028

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

1099424

I.D. TAG NO.

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-2024-024824

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name	First	Middle	Last	Suffix	Death Date
	Nancy	Ann	Perry			June 22, 2024
	Sex	Age	Social Security Number	County of Death		
	Female	59 years		Multnomah		
	Birthdate	Birthplace	Was Decedent Ever in U.S. Armed Forces?			
	June 14, 1965	Vancouver, Washington	No			
	Residence:	City/Town				
	152 Fuller Road	Carson				
	Residence County	State or Foreign Country	Zip Code + 4	Inside City Limits?		
	Skamania	Washington	98610	Yes		
	Marital Status at Time of Death	Spouse's Name Prior to First Marriage				
	Never married					
	Father's Name	Mother's Name Prior to First Marriage				
	Donald E. Perry	Mary Ione Hunt				
Informant's Name	Telephone Number	Relationship to Decedent	Mailing Address			
Ciara Cheyenne Griffiee	Not Available	Daughter	706 Crook Avenue, La Grande, OR 97850			
Place of Death	Facility Name					
Hospital-Inpatient	Legacy Mount Hood Medical Center					
Location of Death	City/Town or Location of Death		State	Zip Code + 4		
24800 SE Stark Street	Gresham		Oregon	97030		
Method of Disposition	Place of Disposition		Location (City/Town and State)			
Cremation	Loveland Crematory		La Grande, Oregon			
Name and Complete Address of Funeral Facility						
Loveland Funeral Chapel 1508 4th Street, La Grande, Oregon 97850						
Date of Disposition	Funeral Director's Signature		Electronically Signed	OR License Number		
July 12, 2024	Ian E. Murphy			CO-4001		
Registrar's Signature	Date Received		Local File Number			
Jennifer A. Woodward	August 13, 2024					
Amendment						

TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner?	Autopsy?	Were autopsy findings available to complete the cause of death?		Time of Death
	Unknown	Unknown			10:50 AM
	CAUSE OF DEATH				Approximate Interval: Onset to Death
	IMMEDIATE CAUSE ↓				days
	a. Uremia				days
	b. Due to (or as a consequence of) ↓				months
	Hepatorenal Syndrome				
	c. Due to (or as a consequence of) ↓				
	Alcohol Cirrhosis Complicated by Hepatocellular Carcinoma				
	d. Due to (or as a consequence of) ↓				
	Other significant conditions contributing to death				
	Hepatic encephalopathy, Decompensated Cirrhosis, Hepatitis C, Recurrent and Refractory Ascites, Epistaxis.				
	Manner of Death	If Female		Did tobacco use contribute to death?	
	Natural	Not pregnant within 1 year of death		No	
Date of Injury	Time of Injury	Place of Injury	Injury at Work?		
Location of Injury					
Describe how injury occurred					
If transportation injury, specify.					
Name and Address of Certifier					
Angela Gibbs 1120 NW 20th Avenue Ste. 110, Portland, Oregon 97209					
Name and Title of Attending Physician if Other than Certifier				Date Signed	
				August 09, 2024	
Medical Certifier	Electronically Signed	Title of Certifier	License Number		
Angela Gibbs		M.D.	MD182990		
Amendment					

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED: August 16, 2024

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

45-2CC (01/06)

20240822200

Unofficial
Copy



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