



Return Address:

Marta Stig  
912 Carson Creek RD  
Carson, WA 98610

Skamania County  
Real Estate Excise Tax  
N/A

NOV 21 2024

PAID

N/A

Skamania County Treasurer  
M. Magner

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Marta J Stig, 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 SPOUSE

Relationship to decedent

of Alan P Stig, who died on 09/24/2024  
Decedent/Grantor Date

at Gresham Multnomah OR  
City County State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

T3, R8, Sec 20

T2, R7, Sec 20

See attached exhibit A for full legal description

Assessor's Property Tax Parcel/Account Number: 03082030020105  
(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     )

Ashley Anne Miles 32 daughter  
1045 Tucker RD Grimesland NC 27837-8884  
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : November 21, 2024

Marta J. Stig

Affiant's full name

503-560-3808

Telephone number

912 Carson Creek Rd

Carson WA 98610

City

State

Zip Code

Marta J. Stig 11/21/2024

Signature

Date

State of Washington County of Skamania

I know or have satisfactory evidence that Marta J. Stig

(name of person)

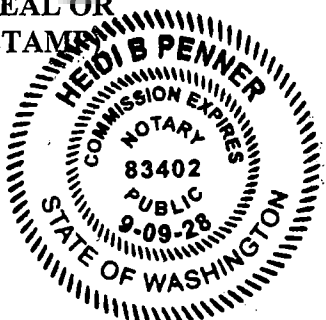
is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 11/21/2024

Heidi B. Penner

Signature of Notary Public

(SEAL OR  
STAMP)



Residing at: Carson

Notary Public in and for the State of WA

My appointment expires: 09/09/2028

## STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

1114389

I.D. TAG NO.

OREGON HEALTH AUTHORITY  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

136-2024-030972

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

Legal Name	First	Middle	Last	Suffix	Death Date
Alan		Powell	Stig		September 24, 2024
Sex	Age	71 years	Social Security Number	County of Death	
Male				Multnomah	
Birthdate	Birthplace	St. Johns, Canada	Was Decedent Ever in U.S. Armed Forces?	No	
November 21, 1952					
Residence:	City/Town	Carson			
912 Carson Creek Road					
Residence County	State or Foreign Country	Washington	Zip Code + 4	Inside City Limits?	
Skamania			98610	No	
Marital Status at Time of Death	Spouse's Name Prior to First Marriage	Marta Anderson			
Married					
Father's Name	Mother's Name Prior to First Marriage	Alma V Powell			
Carl A. Stig					
Informant's Name	Telephone Number	Relationship to Decedent	Mailing Address		
Ashley Miles	Not Available	Daughter	912 Carson Creek Road, Carson, WA 98610		
Place of Death	Facility Name				
Other - Inside Vehicle					
Location of Death	City/Town or Location of Death	State	Zip Code + 4		
Intersection of NE 181st Avenue & NE Sandy Boulevard	Portland	Oregon	97230		
Method of Disposition	Place of Disposition	Location (City/Town and State)			
Cremation	Columbia Gorge Cremation	Hood River, Oregon			
Name and Complete Address of Funeral Facility					
Gardner Funeral Home	156 NE Church Avenue, White Salmon, Washington 98672				
Date of Disposition	Funeral Director's Signature	Electronically Signed	OR License Number		
October 02, 2024	Jack Trumbull		FS-3807		
Registrar's Signature	Date Received	Local File Number			
Jennifer A. Woodward	October 07, 2024				
Amendment					

TO BE COMPLETED BY MEDICAL CERTIFIER

Was case referred to Medical Examiner?	Yes	Autopsy?	Yes	Were autopsy findings available to complete the cause of death?	Yes	Time of Death	Found 0427
CAUSE OF DEATH						Approximate Interval:	Onset to Death
IMMEDIATE CAUSE ↓						Seconds to Minutes	
a. MULTIPLE BLUNT FORCE INJURIES						Seconds to Minutes	
Due to (or as a consequence of) ↓							
b. AUTOMOBILE ACCIDENT							
Due to (or as a consequence of) ↓							
c.							
Due to (or as a consequence of) ↓							
d.							
Other significant conditions contributing to death							
Manner of Death	If Female	Not Applicable	Did tobacco use contribute to death?	Unknown			
Accident							
Date of Injury	Time of Injury	Place of Injury	Injury at Work?	No			
September 24, 2024	0418	Street/Highway					
Location of Injury							
Intersection of NE 181st Avenue & NE Sandy Boulevard, Gresham, Oregon 97230							
Describe how injury occurred	If transportation injury, specify.						
Driver of automobile who was hit by another automobile	Driver/Operator						
Name and Address of Certifier							
Ariel C Viramontes	13309 SE 84th Avenue #100, Clackamas, Oregon 97015						
Name and Title of Attending Physician if Other than Certifier	Date Signed						
	October 07, 2024						
Medical Certifier	Electronically Signed	Title of Certifier	License Number				
Ariel C Viramontes		M.D., M.E.	MD215057				
Amendment							



\*20241029071\*

45-2CC (01/06)

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:

October 22, 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

Unofficial  
Copy



\*008802527\*

008802527

Exhibit A

Parcel # 03082030020100 and 03082030020105

SKAMANIA

County, State of Oregon.

THE EAST HALF OF THE SOUTHWEST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 20,  
TOWNSHIP 3 NORTH, RANGE 8 EAST OF THE WILLAMETTE MERIDIAN, TOGETHER WITH AN  
EASEMENT FOR INGRESS AND EGRESS AND PUBLIC AND PRIVATE UTILITIES 20 FEET IN  
WIDTH, THE SOUTH LINE OF WHICH IS THE SOUTH LINE OF SAID SECTION 20, AND EX-  
TENDING FROM THE SOUTHWEST CORNER OF THE TRACT HEREIN CONVEYED WEST ALONG THE  
SAID SOUTH SECTION LINE TO THE COUNTY ROAD.

Parcel # 0207203424000

Lot 24, Block 8, Plat of Relocated North Bonneville, recorded in Book B of Plats at Page 16,  
under Skamania County Auditor's File No 83466, also recorded in Book B of Plats, Page 32,  
under Skamania County Auditor's file No 84429, records of Skamania County, Washington

Skamania County Assessor

Date 11/21/24 Parcel# 03082030020100  
03082030020105  
020720342400