



After recording, return to:  
 Kathleen Watkins  
 3300 SE Evans  
 Troutdale, OR 97060

Skamania County  
 Real Estate Excise Tax

N/A

AUG 13 2025

PAID N/A  
Skamania County Treasurer  
Multnomah Deputy

Grantor (Name of Decedent): James W. Watkins

Grantee (Heirs): Kathleen Watkins

Abbreviated Legal Description: Cabin 88 NORTHWOODS

Tax Parcel No.(s): 96000088000000 DN

### INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF Washington

COUNTY OF Clark

The undersigned, Kathleen Watkins, executes this affidavit relating to the estate of James W. Watkins (herein "Decedent"), who died on February 5, 2014, in the County of Multnomah, State of Oregon, then being a resident of the City of Troutdale, County of Clark, State of Oregon. (A copy of the death certificate is attached hereto.)

Multnomah em

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 a 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 (1) 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): \_\_\_\_\_

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

**Names of All Heirs of the Decedent**

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.  
[Use the reverse side or attach a list if necessary]

Name and relationship: Kathleen Watkins, Wife

Name and relationship: \_\_\_\_\_

Name and relationship: \_\_\_\_\_

Name and 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:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

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.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Kathleen Watkins

Signature

Kathleen Watkins

Print Name

State of Washington

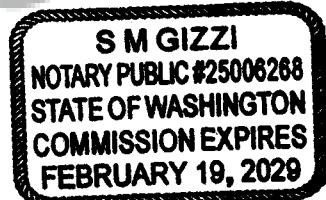
County of Clark

This record was acknowledged before me on 07/31/25 by Kathleen Watkins.

(Signature of notary public)

Notary Public in and for the State of WA

My commission expires: 02/19/2029



## STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

679566

I.D. TAG NO.

OREGON HEALTH AUTHORITY  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

136-2014-001874

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

Legal Name	First James	Middle Waldo	Last Watkins	Suffix	Death Date February 05, 2014
Sex Male	Age 69 years	Social Security Number			County of Death Multnomah
Birthdate March 15, 1944	Birthplace Eugene, Oregon				Was Decedent Ever in U.S. Armed Forces? Yes
Residence: 3300 SE Evans Avenue				City/Town Troutdale	
Residence County Multnomah	State or Foreign Country Oregon			Zip Code + 4 97060	Inside City Limits? Yes
Marital Status at Time of Death Married	Spouse's Name Prior to First Marriage Kathy Barger				
Father's Name Theodore Watkins				Mother's Name Prior to First Marriage Iona Morgan	
Informant's Name Kathy Watkins	Telephone Number Not Available	Relationship to Decedent Spouse	Mailing Address 3300 SE Evans Avenue, Troutdale, OR 97060		
Place of Death Hospital-Inpatient	Facility Name Adventist Medical Center				
Location of Death 10123 SE Market	City/Town or Location of Death Portland			State Oregon	Zip Code + 4 97216
Method of Disposition Cremation	Place of Disposition Portland Cremation Center, LLC			Location (City/Town and State) Portland, Oregon	
Name and Complete Address of Funeral Facility Mt. Scott Funeral Home	4205 SE 59th Ave, Portland, Oregon 97206				
Date of Disposition February 13, 2014	Funeral Director's Signature ► Kent Blackmon			Electronically Signed	OR License Number CO-3824
Registrar's Signature ► Jennifer A. Woodward				Date Received February 11, 2014	Local File Number
Amendment					

45-2CCS (01/06)



\*20140214000\*



I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS OR A DELEGATED LOCAL OFFICE.

February 19, 2014

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

Jennifer A. Woodward

JENNIFERA WOODWARD, Ph.D.

STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

unofficial  
copy



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