

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
M. McInnis

Skamania County, WA
Total: \$306.50
ALP
Pgs=4

2025-001267

08/13/2025 01:01 PM

Request of: COLUMBIA GORGE TITLE



Grantor (Name of Decedent): James W. Watkins

Grantee (Heirs): Kathleen Watkins

Abbreviated Legal Description: Cabin 88 NORTHWOODS

Tax Parcel No.(s): 96000088000000

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*

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.

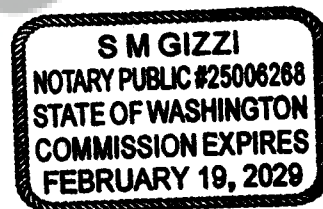
Kathleen Watkins
Signature

Kathleen Watkins
Print Name

State of Washington
County of Clark

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

[Signature]
(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


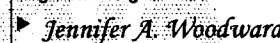
OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

679566

I.D. TAG NO.

136-2014-001874

STATE FILE NUMBER

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

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Unofficial
Copy



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