



Return Address:

16251 WASHOUGA RIVER
WASHOUGA WA
98671

Skamania County
Real Estate Excise Tax
N/A
AUG 26 2025

PAID N/A
Skamania County Treasurer
Memo Naghan Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee JERRY WALKER, 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 WIFE
Relationship to decedent

of JAMES GORDON WALKER, who died on 09/04/2015
Decedent/Grantor Date

at WASHOUGA SKAMANIA WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: LOT 16 AND 17 WHISPERING HILLS RIVER ESTATES ACCORDING TO THE RECORDED PLAT THEREOF, RECORDED IN BOOK "A" OF PLATS, PAGE 130, IN THE COUNTY OF SKAMANIA, STATE OF WASHINGTON.

Skamania County Assessor

Date 8/26/25 Parcel# 65

020515100 20000

Assessor's Property Tax Parcel/Account Number: 020515100 20500
(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)

Dated: 08-26-2025

JERRY L WALKER

Affiant's full name

360-837-3896

Telephone number

14251 WASHOUEAL RIVER ROAD

WASHOUEAL WASHINGTON 98671

City

Street

State

Zip Code

Jerry L Walker
Signature

8-26-2025
Date

State of Washington County of Skamania

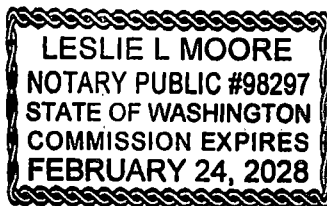
I know or have satisfactory evidence that Jerry L Walker
(name of person)

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: 08/26/2025

Leslie L Moore
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Carson

Notary Public in and for the State of Washington

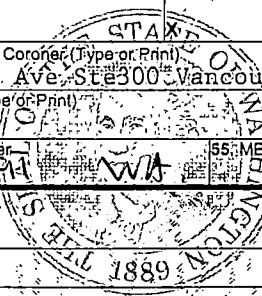
My appointment expires: 02/2024

STATE OF WASHINGTON DEPARTMENT OF HEALTH

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

1. Legal Name (include AKA's if any) First Middle LAST Suffix James Gordon Walker				2. Death Date September 4, 2015	
3. Sex (M/F) Male	4a. Age - Last Birthday 77	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number 518-5-1189	
6. County of Death Skamania		7. Birthdate August 19, 1938		8a. Birthplace (City, Town, or County) San Jose California	
8b. (State or Foreign Country) California		9. Decedent's Education 9th Grade		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 5th St.) (Include Apt. No.) 16251 Washougal River Road				13b. City or Town Washougal	
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98671	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 30 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Jerry Leotta Pratt	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Lather			18. Kind of Business/Industry (Do not use Company Name) Carpentry Industry		
19. Father's Name (First, Middle, Last, Suffix) Gordon Walker			20. Mother's Name Before First Marriage (First, Middle, Last) Doris Hoffman		
21. Informant's Name Jerry Walker		22. Relationship to Decedent Spouse	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 16251 Washougal River Road Washougal WA 98671		
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) 16251 Washougal River Road		
26a. City, Town, or Location of Death Washougal		26b. State WA	27. Zip Code 98671		
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Columbia River Crematory		30. Location-City/Town, and State White Salmon, Washington	
31. Name and Complete Address of Funeral Facility Straub's Funeral Home 325 NE 3rd Ave Camas WA 98607				32. Date of Disposition September 8, 2015	
33. Funeral Director Signature X <i>Neil Blaw</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. ventricular fibrillation		Interval between Onset & Death minutes	
Sequentially 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. atrial fibrillation		Interval between Onset & Death years	
		c. chronic obstructive pulmonary disease		Interval between Onset & Death years	
		d.			
35. Other significant conditions contributing to death but not resulting in the underlying cause given above pulmonary hypertension				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 type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days before 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 checked="" 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 - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. X <i>Rick Nicoski MD</i>			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 cause(s) and manner stated.		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Rick Nicoski 417 SE 164th Ave Ste 300 Vancouver WA 98684			50. Hour of Death (24hrs) 0604		51. Name and Title of Attending Physician if other than Certifier (Type or Print)
52. Date Signed (MM/DD/YYYY) 09/04/2015			53. Title of Certifier MD		
54. License Number 30591 WA		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature X <i>Neil Blaw</i>				58. Date Received (MM/DD/YYYY) 09/08/2015	
59. Amendments					





Affidavit for Correction

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(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
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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)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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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 forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order.
All changes must be established by documentary proof submitted with the affidavit
 Examples of documentary proof: Certificate of Naturalization Medical Record School Transcripts
 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 We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

- 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 be present.

CERTIFIED

DOH CHS 023a 6/11/10

SEP 8 2015

Sarah Present
Health Officer

Skamania Co, Public Health

UU00110868