



Return Address:

Linda J Pyle

2895 SE Powell Valley Rd Apt 208

Gresham, OR 97080

Skamania County
Real Estate Excise Tax

N/A
NOV 13 2025

PAID N/A
KSA Deputy
Skamania County Treasurer

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Linda J Pyle, 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 Ronald W Pyle, who died on July 30th 2025
Decedent/Grantor *Date*

at Portland Moltnomah Or
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lot 3 of the Delina S/P # 2007165128

Skamania County Assessor

Date 11-13-25 Parcel # 03083522010200
jm

Assessor's Property Tax Parcel/Account Number: 03-08-35-22-0102-00
(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 ____)

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 7, 2025

Affiant's full name

Linda Jean Pyle

Telephone number

2895 SE Powell Valley Rd Apt 208

Gresham

City

OR

State

97080

Zip Code

Linda J. Pyle
Signature

November 7, 2025
Date

State of Oregon County of Multnomah

I know or have satisfactory evidence that

Linda J Pyle
(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: 11/07/2025

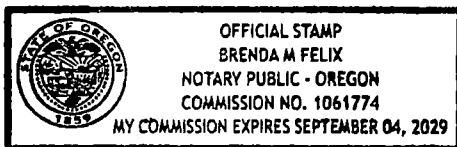
Brenda Felix
Signature of Notary Public

(SEAL OR
STAMP)

Residing at: 225 NE Burnside Rd Gresham OR 97030

Notary Public in and for the State of Oregon

My appointment expires: 09/04/2029



STATE OF OREGON

CERTIFICATION OF VITAL RECORD

1143496

I.D. TAG NO.

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-2025-024619

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

Legal Name	First	Middle	Last	Suffix	Death Date
Ronald	Wayne	Pyle			July 30, 2025
Sex	Age	Social Security Number	County of Death		
Male	72 years		Multnomah		
Birthdate	Birthplace	Was Decedent Ever in U.S. Armed Forces?			
February 17, 1953	Enid, Oklahoma	Yes			
Residence:	City/Town				
2895 SE Powell Valley Road #208	Gresham				
Residence County	State or Foreign Country	Zip Code + 4	Inside City Limits?		
Multnomah	Oregon	97080	Yes		
Marital Status at Time of Death	Spouse's Name Prior to First Marriage				
Married	Linda Jean Minsker				
Father's Name	Mother's Name Prior to First Marriage				
Jack Pyle Jr.	Donna Huffman				
Informant's Name	Telephone Number	Relationship to Decedent	Mailing Address		
Linda Jean Pyle	Not Available	Spouse	2895 SE Powell Valley Road #208, Gresham, OR 97080		
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 Street	Portland			Oregon	97216
Method of Disposition	Place of Disposition	Location (City/Town and State)			
Cremation	PFS Crematory	Portland, Oregon			
Name and Complete Address of Funeral Facility					
Neptune Cremation Service 11211 SE 82nd Avenue Ste. N Happy Valley, Oregon 97086					
Date of Disposition	Funeral Director's Signature		Electronically Signed	OR License Number	
TBD	Kent Blackmon			CO-3824	
Registrar's Signature	Date Received		Local File Number		
Jennifer A. Woodward	August 08, 2025				
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
No	No			0355
CAUSE OF DEATH				Approximate Interval Onset to Death
IMMEDIATE CAUSE ↓				days
a. Anoxic brain injury				days
Due to (or as a consequence of) ↓				days
b. Out of hospital cardiac arrest				days
Due to (or as a consequence of) ↓				
c.				
Due to (or as a consequence of) ↓				
d.				
Other significant conditions contributing to death				
CHF, ESRD, HTn, CAD, T2DM				
Manner of Death	If Female	Did tobacco use contribute to death?		
Natural	Not Applicable	Unknown		
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				
Samyon Itzhakov 10123 SE Market Street, Portland, Oregon 97216				
Name and Title of Attending Physician if Other than Certifier			Date Signed	
			August 08, 2025	
Medical Certifier	Electronically Signed	Title of Certifier	License Number	
Samyon Itzhakov		D.O.	DO209038	
Amendment				



20250818466

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:

August 14, 2025

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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