



Return Address:

Jan Waker  
12651 SW Mount Vista Ct  
Tigard, OR 97224

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Jan G Waker, 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 Steven D. Waker, who died on 4/3/2006  
Decedent/Grantor Date

at West Linn Clackamas Oregon  
City County State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

Cabin 12 North Woods  
Cougar WA

Skamania County  
Real Estate Excise Tax  
N/A  
DEC 18 2025

PAID N/A  
M. M. Nowashan Deputy  
Skamania County Treasurer

Assessor's Property Tax Parcel/Account Number: 87 # 96-000012  
(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)

Jan G. Waker, 72, wife

12651 SW Mount Vista Ct. Tigard OR 97224

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

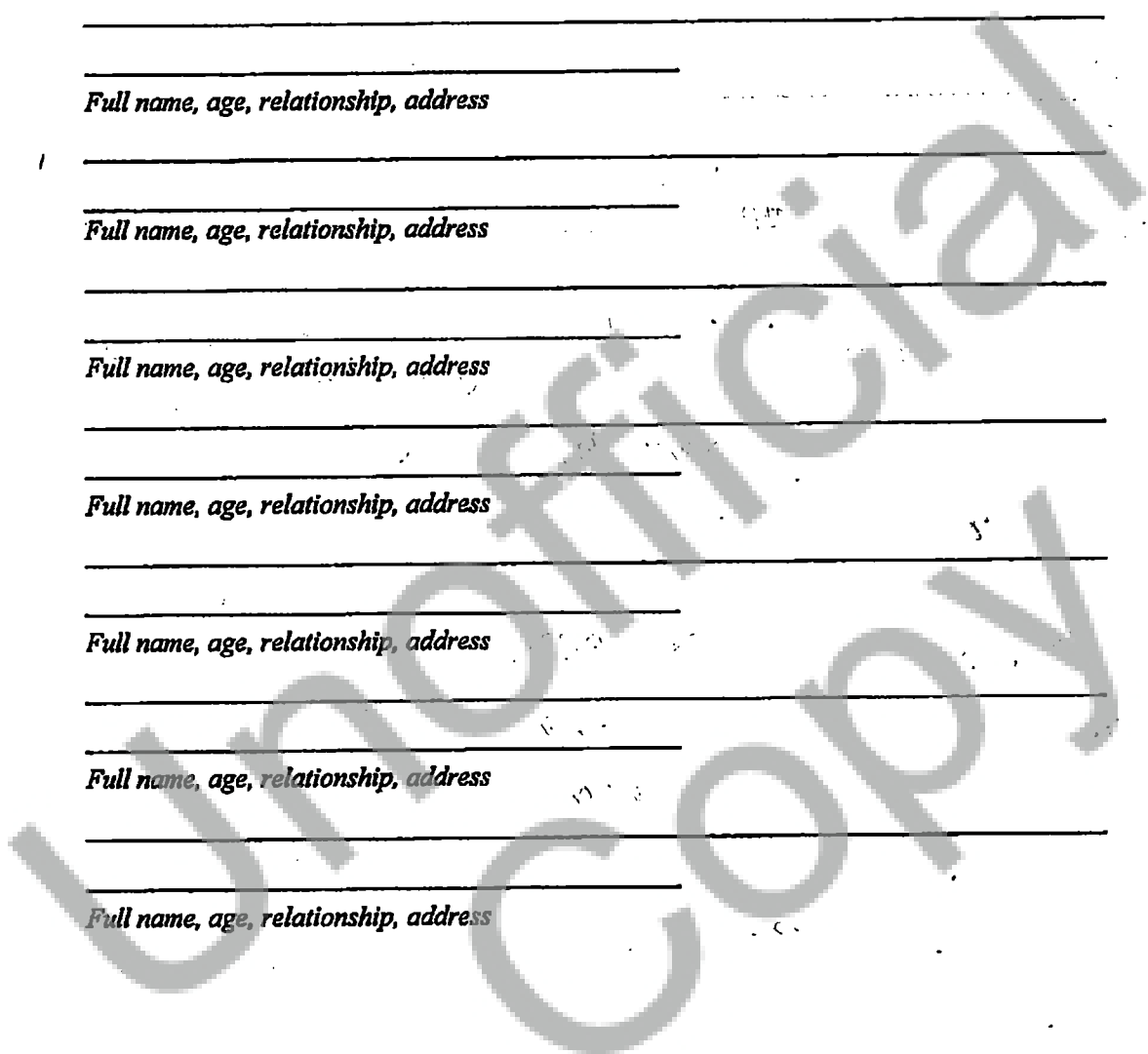
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address



Dated: October 30, 2025

Jan G. Waker

Affiant's full name

503-502-6622

Telephone number

12651 SW Mount Vista Ct.

Tigard <sup>Street</sup> OR 97224  
City State Zip Code

Jan G Waker 10/30/2025  
Signature Date

State of OREGON County of Multnomah

I know or have satisfactory evidence that Jan G. Waker  
(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.

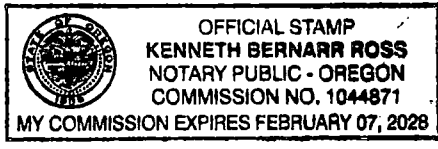
Dated: 10/30/2025 Kenneth B Ross  
Signature of Notary Public

(SEAL OR STAMP)

Residing at: Portland, Oregon

Notary Public in and for the State of Oregon

My appointment expires: 02/07/2028



# CERTIFICATION OF VITAL RECORD

TYPE OR,  
PRINT IN  
PERMANENT  
BLACK INK.

452983

## OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-

STATE FILE NUMBER

1. Legal Name (First, Middle, Last, Suffix) <b>Steven Dale Waker</b>					2. Death Date (MON DD YYYY) <b>April 3, 2006</b>	
3. Sex (M/F) <b>Male</b>	4a. Age - Last Birthday <b>58</b>	4b. Under 1 Year <b>Months: Days: Hours: Minutes:</b>	4c. Under 1 Day <b>Hours: Minutes:</b>	5. Social Security Number <b>[REDACTED]</b>	6. County of Death <b>Clackamas</b>	
7. Birthdate (MON DD YYYY) <b>July 17, 1947</b>		8a. Birthplace (City/Town, or County) <b>Portland</b>		8b. (State or Foreign Country) <b>Oregon</b>		9. Decedent's Education <b>Masters Degree</b>
10. Was Decedent of Hispanic Origin? (Yes or No, if yes, specify.) <b>No</b>			11. Decedent's Race(s) <b>White</b>		12. Was Decedent Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13. Residence: Number and Street (e.g., 624 SE 5th Street, Apt. No. 8) <b>4003 S. Ridge Court</b>				14. City/Town <b>West Linn</b>		
15. Residence County <b>Clackamas</b>		16. State or Foreign Country <b>Oregon</b>		17. Zip Code + 4 <b>97068</b>		18. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. Marital Status at Time of Death <b>Married</b>			20. Spouse's Name (If married or widowed, give name prior to first marriage) <b>Jan Haskell</b>			
21. Usual Occupation (indicate type of work done during most of working life. DO NOT USE "RETIRED") <b>Company President</b>				22. Kind of Business/Industry (DO NOT USE COMPANY NAME) <b>Natural Foods</b>		
23. Father's Name (First, Middle, Last, Suffix) <b>Fred A. Waker</b>				24. Mother's Name Prior to First Marriage (First, Middle, Last) <b>Melba A. Traver</b>		
25. Informant's Name <b>Jan Waker</b>		26. Telephone Number <b>503-657-0009</b>		27. Relation to Decedent <b>Wife</b>		28. Mailing Address (Number & Street, City/Town, State, Zip + 4) <b>4003 S. Ridge Court, West Linn, Oregon 97068</b>
29. Place of Death <b>Decedent's Residence</b>			30. Facility Name			
31. Location of Death (give address) <b>4003 S. Ridge Court</b>			32. City/Town or Location of Death <b>West Linn</b>		33. State <b>Oregon</b>	
34. Zip Code + 4 <b>97068</b>						
35. Method of Disposition <b>Cremation</b>		36. Place of Disposition (Name of cemetery, crematory, or other place) <b>Ross Hollywood Crematory</b>		37. Location <b>Portland, Oregon</b>		
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) <b>Skyline Memorial Gardens &amp; Funeral Home 4101 NW Skyline Blvd. Portland, Oregon 97229</b>						
39. Date of Disposition (MON DD YYYY) <b>04/06/2006</b>		40. Funeral Director's Signature <i>[Signature]</i>			41. OR License Number <b>CO 3801</b>	
42. Registrar's Signature <i>[Signature]</i>			43. Date Received (MON DD YYYY) <b>APR 11 2006</b>		44. Local File Number <b>000709</b>	
45. Record Amendment						
46. Was case referred to Medical Examiner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		47. Autopsy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		49. Time of Death <b>19:26</b>
CAUSE OF DEATH (See instructions and examples.)						
50. 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.						Approximate Interval: Onset to Death
Final disease or condition resulting in death →		IMMEDIATE CAUSE ↓				
Due to (or as a consequence of) ↓		<b>myocardial infarction</b>				<b>30 min</b>
Due to (or as a consequence of) ↓		<b>morbid obesity</b>				<b>1hr</b>
Due to (or as a consequence of) ↓		<b>hypertension</b>				<b>1hr</b>
Due to (or as a consequence of) ↓		<b>sleep apnea</b>				<b>1hr</b>
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:						
52. 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		53. If Female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death			54. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
55. Date of Injury (MON DD YYYY)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
59. Location of Injury (Number & Street, City/Town, State, Zip + 4)						
60. Describe how injury occurred.						61. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)
62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4) <b>Lauren Gearhart MD 16463 SW Boones Ferry Road, Lake Oswego, Oregon 97035</b>						
63. Name and Title of Attending Physician [If Other than Certifier]						
64. Title of Certifier <b>MD</b>		65. License Number <b>OR16077</b>		66. Date Certified (MON DD YYYY) <b>4/6/2006</b>		
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <i>[Signature]</i>				68. Medical Examiner - 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.		
69. Record Amendment						

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER

STEWART TITLE 992353 T.O.

4/11/06 = 5

ORIGINAL - VITAL RECORDS COPY

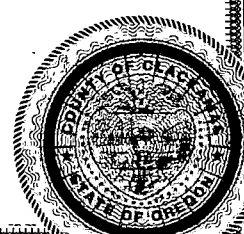
45-2 (01/06)

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE CLACKAMAS COUNTY REGISTRAR.

DATE ISSUED: **APR 11 2006**

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

*Melinda A. Mowery*  
MELINDA A. MOWERY  
COUNTY REGISTRAR  
CLACKAMAS COUNTY, OREGON



000232142

000232142



Unofficial Copy

Clackamas County Official Records  
Sherry Hall, County Clerk

2010-048977



\$47.00

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08/16/2010 08:43:18 AM

AFTER RECORDING RETURN TO:  
AMERITITLE  
1326 N. HWY 99W #101  
DUNDEE, OR 97115

D-DC Cnt=1 Str=10 LESLIE  
\$5.00 \$16.00 \$16.00 \$10.00

47