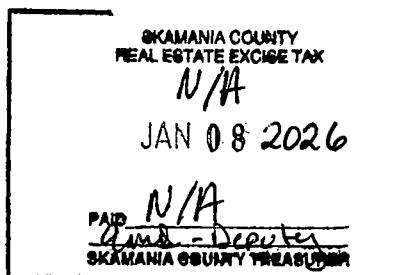




Return Address:

Debbie Achziger
P.O. Box 516
Carson WA 98610



AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Debra May Achziger, 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 David Alan Achziger, who died on 12/8/2022
 Decedent/Grantor Date

at Jackson Madison
 City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lot 2 Rich Meadows SD BK B/PG 106

Skamania County Assessor OMDate 1/8/26 Parcel# 04072630150400

122 Meadow Crest Road

Assessor's Property Tax Parcel/Account Number: 04072630150400 *for*
 (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 34)

Dated: 1/8/2026

Debra M. Achziger

Debra M. Achziger

STATE OF WASHINGTON

ss.

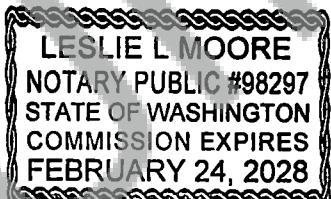
COUNTY OF SKAMANIA

I certify that I know or have satisfactory evidence that Debra M. Achziger (is/are) the person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument, on oath stated that he/she/they authorized to execute the instrument and acknowledge it as the of to be the free and voluntary act of such party(ies) for the uses and purposes mentioned in this instrument.

Dated: 1-8-2026

Leslie L. Moore

Notary name printed or typed: Leslie L Moore
Notary Public in and for the State of Washington
Residing at Carson
My appointment expires: 2/24/2028



STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 088273

1. Decedent's Legal Name DAVID ALAN ACHZIGER			2. Sex MALE	3. Date of Death 12/08/2022	
4. Time of Death (Approx.) 12:56 AM	5a. Age 73	6. Date of Birth 09/10/1949	7. Birthplace SCOTTSBLUFF, NE		
8a. Place of Death INPATIENT					
8b. Facility Name JACKSON-MADISON CO. GENERAL HOSPITAL		8c. City or Town JACKSON	8d. County of Death MADISON		
9. Marital Status MARRIED	10. Surviving Spouse (name prior to first marriage) DEBRA LEE	11a. Decedent's Usual Occupation TRUCK DRIVER	11b. Kind of Business/Industry FREIGHT		
12. Social Security Number	13a. Residence-State or Foreign Country WASHINGTON	13b. County SKAMANIA	13c. City or Town CARSON		
13d. Street and Number 122 MEADOW CREST RD.	13e. Inside City Limits? YES	13f. Zip Code 98610	14. Was Decedent ever in US Armed Forces? YES		
15. Decedent's Education ASSOCIATE DEGREE	16. Decedent of Hispanic Origin? NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race WHITE			
18. Father's Name PETE ACHZIGER	19. Mother's Name Prior to First Marriage HARRIET WEBB				
20a. Informant's Name DEBRA ACHZIGER	20b. Relationship to Decedent WIFE	20c. Mailing Address P.O. BOX 516, CARSON, WA 98610			
21a. Method of Disposition BURIAL REMOVAL FROM STATE	21b. Place of Disposition SKYLINE MEMORIAL GARDENS	21c. Location PORTLAND, OR			
22a. Signature of Funeral Director ►/e/ DAVID JAMES PLUNK	22b. License Number 6441	22c. Signature of Embalmer ►/e/ DAVID JAMES PLUNK	22d. License Number 6442	23a. Name and Address of Funeral Home GEORGE A. SMITH AND SONS FUNERAL HOME - N HIGHLAND AVE, 2812 NORTH HIGHLAND AVENUE, JACKSON, TN 38305	23b. License Number 1026
24. Registrar's Signature ►/e/ EDWARD G BISHOP III	25. Date Filed 01/20/2023				
26. Certifier 26a. <input checked="" type="checkbox"/> PHYSICIAN - TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED. 26b. <input type="checkbox"/> MEDICAL EXAMINER - ON THE BASIS OF EXAMINATION, AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.					
27a. Certifier ►/e/ MICHAEL ALLEN REVELLE	27b. License Number 034579	27c. Date Signed 01/20/2023			
27d. Name and Address MICHAEL ALLEN REVELLE 620 SKYLINE DRIVE, JACKSON, TN 38301					
28. Part I. 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. ENTER ONLY ONE CAUSE ON A LINE					Approximate Interval Onset to Death HOURS
a. SEPTIC SHOCK					
b. PERFORATED BOWEL					
c. NECROTIC PANCREATIC MASS					UNKNOWN
d. PANCREATIC CANCER					
Part II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I ACUTE RENAL FAILURE; CIRRHOSIS; HEART FAILURE					29a. Was an Autopsy Performed? NO
					29b. Were Autopsy Findings Available to Complete the Cause of Death? NO
30. Manner of Death NATURAL	31. Did Tobacco Use Contribute to Death? UNKNOWN	32. If Female: N/A			
33. If Transportation-Injury, Specify:	34a. Date of Injury	34b. Time of Injury	34c. Injury at Work?	34d. Place of Injury	
	34e. Describe How Injury Occurred			34f. Location of Injury	

PH-1659E

RDA 10112

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

Edward G. Bishop III

Edward G. Bishop III

State Registrar

Ralph Alvarado
Ralph Alvarado, MD, FACP
Commissioner

Date Issued: May 16, 2023

CERTIFICATION OF VITAL RECORD



unofficial
copy



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