



00023152202600000350040046

Return Address:

Debbie Achziger
P.O. Box 516
Carson WA 98610

SKAMANIA COUNTY
 REAL ESTATE EXCISE TAX

N/A

JAN 08 2026

PAID N/A
Debbie Achziger
 SKAMANIA COUNTY TREASURER

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 WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lot 2 Rich Meadows SD BK B/PG 106

Skamania County Assessor OM

Date 1/8/26 Parcel# 04072630150400

122 Meadow Crest Road

Assessor's Property Tax Parcel/Account Number: 04072630150400
 (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.

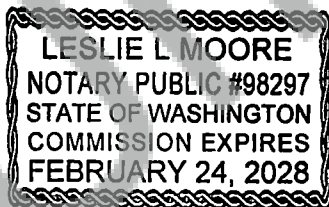
COUNTY OF SKAMANIA

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 [REDACTED]		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		22d. License Number 6442	
22a. Signature of Funeral Director /s/ DAVID JAMES PLUNK		22b. License Number 6441		22c. Signature of Embalmer /s/ DAVID JAMES PLUNK		22e. License Number 1026	
23a. Name and Address of Funeral Home GEORGE A. SMITH AND SONS FUNERAL HOME - N HIGHLAND AVE, 2812 NORTH HIGHLAND AVENUE, JACKSON, TN 38305							
24. Registrar's Signature /s/ 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 /s/ 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. IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequence by 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. a. SEPTIC SHOCK b. PERFORATED BOWEL c. NECROTIC PANCREATIC MASS d. PANCREATIC CANCER						Approximate Interval Onset to Death HOURS HOURS UNKNOWN	
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?	
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

14887223

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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