



202507030057

07/03/2025 02:13 PM Pages: 1 of 5 Fees: \$307.50
Skagit County Auditor

Return Address:

5119 Glenwood Drive
Klamath Falls, OR
97603-8513

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2025 2091
JUL 03 2025

Amount Paid \$ 0
Skagit Co. Treasurer
By LT Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Craig S Barta, 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 Son
Relationship to decedent

of Dora Jane Wilson, who died on 11/28/2018
Decedent/Grantor Date

at Klamath Falls Klamath Oregon
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Portion SE SW 27.33.4 EWM

See Attached Exhibit A

Assessor's Property Tax Parcel/Account Number: P17383
(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 4)

Craig Steven Barta 62 Son Pam Jane Wilson
5119 Glenwood Drive Hamath Falls, OR 97603-8513
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: 14th March 2025

CRAIG S BARTA

Affiant's full name

360 503 9644

Telephone number

5119 Glenwood Drive

Klamath Falls ^{Street} OR 97603-8513
City State Zip Code

Craig Barta
Signature

14th March 2025
Date

State of Oregon County of Klamath

I know or have satisfactory evidence that Craig Steven Barta
(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: 3/14/25

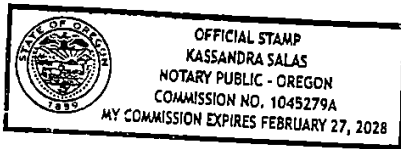
Kassandra Salas
Signature of Notary Public

(SEAL OR
STAMP)

Residing at: Chase bank

Notary Public in and for the State of Oregon

My appointment expires: 02/2028



STATE OF OREGON

CERTIFICATION OF VITAL RECORD

837741
I.D. TAG NO.

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-2018-032542
STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name Dora		First Jane	Middle Wilson	Last Wilson	Suffix	Death Date November 28, 2018	
	Sex Female	Age 82 years	Social Security Number		County of Death Klamath			
	Birthdate	Birthplace Great Falls, Montana			Was Decedent Ever in U.S. Armed Forces? No			
	Residence: 2437 Kane Street 109				City/Town Klamath Falls			
	Residence County Klamath		State or Foreign Country Oregon		Zip Code + 4 97603-6891		Inside City Limits? No	
	Marital Status at Time of Death Widowed			Spouse's Name Prior to First Marriage David C Wilson				
	Father's Name Howard - Nelson			Mother's Name Prior to First Marriage Velma				
	Informant's Name Craig Steven Barta		Telephone Number Not Available	Relationship to Decedent Son		Mailing Address 5119 Glenwood Drive, Klamath Falls, OR 97603-8513		
	Place of Death Licensed Assisted Living Facility		Facility Name Rogue River Place					
	Location of Death 2437 Kane St		City/Town or Location of Death Klamath Falls			State Oregon	Zip Code + 4 97603	
	Method of Disposition Cremation		Place of Disposition Pyramid Cremations			Location (City/Town and State) Klamath Falls, Oregon		
	Name and Complete Address of Funeral Facility Davenport's Chapel of The Good Shepherd, 2680 Memorial Drive, Klamath Falls, Oregon 97601							
	Date of Disposition TBD	Funeral Director's Signature William F Davenport			Electronically Signed	OR License Number CO-3104		
	Registrar's Signature /S/ Jessica F Dale		Date Received December 04, 2018		Local File Number 18 - 256			

TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner? No	Autopsy? No	Were autopsy findings available to complete the cause of death?		Time of Death 0416			
	CAUSE OF DEATH					Approximate Interval: Onset to Death		
	IMMEDIATE CAUSE a. Endometrial Cancer					2016, 2 Years		
	Due to (or as a consequence of) ↓ b.							
	Due to (or as a consequence of) ↓ c.							
	Due to (or as a consequence of) ↓ d.							
	Other significant conditions contributing to death:							
	Manner of Death Natural	If Female Not Applicable		Did tobacco use contribute to death? 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 Gwen Patricia Smith, 4745 S 6th Street, Klamath Falls, Oregon 97603								
Name and Title of Attending Physician If Other than Certifier					Date Signed December 03, 2018			
Medical Certifier /S/ Gwen Patricia Smith			Title of Certifier N.P.		License Number 201703928NP-PP			
Amendment								

45-2CC (01/06)

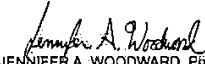


20250216363

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.

April 10, 2025

DATE ISSUED:


 JENNIFER A. WOODWARD, PH.D.
 STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTACT STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



EXHIBIT A

P17383

(0.0400 ac) THE WEST 110 FEET OF NORTH 23.5 FEET OF THE SOUTH HALF OF THE NORTH HALF OF THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 27, TOWNSHIP 33 NORTH, RANGE 4 EAST, W.M., EXCEPT FOR THE WEST 30 FEET FOR THE ROAD.