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03/12/2026 01:44 PM Pages: 1 of 5 Fees: \$307.50  
Skagit County Auditor

Return Address:

2017 CASCADE COURT  
ANACORTES, WA  
98221

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2026-0711  
MAR 12 2026

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

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee JENNIE KATHLEEN WALLIS, 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 SURVIVING SPOUSE  
*Relationship to decedent*

of WALTER JAMES WALLIS, who died on 3 MARCH, 2026  
*Decedent/Grantor* *Date*

at ANACORTES SKAGIT WASHINGTON  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

UNIT 22 'FOREST RIDGE PUD Ph. 2'

Assessor's Property Tax Parcel/Account Number: P120116  
(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 \_\_\_\_\_)

JENNIE KATHLEEN WALLIS, AGE 83, SURVIVING SPOUSE  
2017 CASCADE COURT ANACORTES, WA 98221  
Full name, age, relationship, address

MARK WALLIS, AGE 62, SON  
UNIT 2020 BOX 171 APO, AE 09817  
Full name, age, relationship, address

LONDON CHRISTINE LEMHARA, AGE 59, DAUGHTER  
2017 CASCADE COURT ANACORTES, WA 98221  
Full name, age, relationship, address

MICHELLE LOUISE ALLEMAN, AGE , DAUGHTER  
4727 McHUGH LN HELENA, MT 59602  
Full name, age, relationship, address

WOLF WILLIAM SMITH, AGE 19, GRAND SON  
Full name, age, relationship, address

WILLOW BAYLEY SMITH, AGE 16, GRAND DAUGHTER  
2015~~TH~~ PL 17081 BROOKSIDE BLVA. NE LAKE FOREST PARK, WA 98155  
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 12 MARCH, 2026

JENNIE KATHLEEN WALLIS

Affiant's full name

360 929-5978

Telephone number

2017 CASCADE COURT

Street

ANACORTES, WA 98221

City

State

Zip Code

Jennie Kathleen Wallis  
Signature

Mar. 12, 2026  
Date

State of Washington County of Skagit

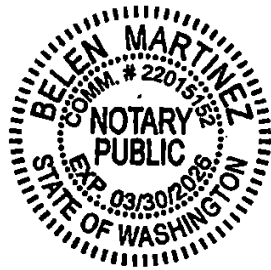
I know or have satisfactory evidence that Jennie Kathleen Wallis  
(name of person)

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: 03/12/2026

Belen Martinez  
Signature of Notary Public

(SEAL OR  
STAMP)



Residing at: Skagit County

Notary Public in and for the State of WA

My appointment expires: 03/2026

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2026-010953

DATE ISSUED: 03/09/2026  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): WALTER JAMES  
LAST NAME(S): WALLIS

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MARCH 03, 2026  
HOUR OF DEATH: 12:40 AM  
SEX: MALE AGE: 86 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: ISLAND HOSPITAL  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221-2590

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

RESIDENCE STREET: 2017 CASCADE COURT  
CITY, STATE, ZIP: ANACORTES, WA 98221  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 2 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: LOS ANGELES, CALIFORNIA

FATHER: EARL LEROY WALLIS  
MOTHER: BEATRICE [REDACTED]

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: JENNIE KATHLEEN SMITH

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORY

OCCUPATION: SURFACE WARFARE OFFICER  
INDUSTRY: US NAVY  
EDUCATION: MASTER'S DEGREE  
US ARMED FORCES: YES

CITY, STATE: ANACORTES, WASHINGTON  
DISPOSITION DATE: MARCH 09, 2026

INFORMANT: JENNIE WALLIS  
RELATIONSHIP: WIFE  
ADDRESS: 2017 CASCADE COURT, ANACORTES, WA 98221

FUNERAL FACILITY: EVANS FUNERAL CHAPEL AND CREMATORY INC.

CAUSE OF DEATH:  
A: CARDIAC ARREST  
INTERVAL: 5 MINUTES  
B: OBSTRUCTIVE CORONARY DISEASE  
INTERVAL: 5 YEARS

ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
FUNERAL DIRECTOR: LEONARD J. WILLIAMS

C: INTERVAL:

D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PARKINSON'S DISEASE

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN  
PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

CERTIFIER NAME: JOHN R. MATHIS, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1211 24TH STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
DATE SIGNED: MARCH 06, 2026

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON  
DATE RECEIVED: MARCH 09, 2026

