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DEPARTMENT OF HUMAN RESOURCES

CERTIFICATE OF DEATH

State File Number

Field	Entry
Name (First, Middle, Last)	Robert Henry Walters
Date of Death	September 19, 1985
Race	White
Sex	Male
Age – Last Birthday (Years)	62
Date of Birth	May 11, 1923
City, Town, or Location of Death	Klamath Falls
Hospital or Other Institution	1803 Siskiyou Street
County of Death	Klamath
State of Birth	Idaho
Citizen of What Country	U.S.A.
Married, Never Married, Widowed, Divorced	Widowed
Spouse	Norma
Was Decedent Ever in U.S. Armed Forces	Yes
Social Security Number	544 - 12 - 2303
Usual Occupation	Lumber Grader
Kind of Business or Industry	Lumber Mill
Residence – State	California
County	Shasta
City, Town, or Location	Redding
Street and Number or R.F.D. / Zip	3204 Placer St. / 96001
Inside City Limits	Yes
Father	Jack Walters
Mother	Mollie Gibson
Informant – Name and Relationship to Deceased	Steven Walters / Son
Burial, Cremation, Removal	Removal/Burial
Cemetery or Crematory	Redding Cemetery
Location	Redding, Calif.
Funeral Home	Ward's Klamath Funeral Home - 1945 Main Street - Klamath Falls, Oregon - 97601
Time of Death	6:20 P.M.
Pronounced Dead	Sept. 19 1985/6:20 P.
Death Resulted From	Natural Causes XX
Name of Certifier	Robert E. Jamison, MD
Date Signed	September 21, 1985
County	Klamath
Date Received by Registrar	SEP 23 1985
Part I (a)	Carcinoma of lung
Interval Between Onset and Death	months
Autopsy	No

ORIGINAL - VITAL STATISTICS COPY

45-187 REV 12-83

STATE OF OREGON
County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

[SEAL]

MARIAN ACKERMAN, Registrar Vital Statistics

By [signature] Deputy Registrar

Date Sept 24 1985

VOID IF ALTERED

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH CO. DEPARTMENT OF HEALTH SERVICES

AFFIDAVIT

STATE OF OREGON)
: ss.
County of Klamath)

I, THOMAS F. DELLA-ROSE, being first duly sworn, depose and say:

1. That I am the attorney for STEVEN R. WALTERS and MARGARET WALTERS.

2. That attached to this Affidavit and incorporated herein by reference is a certified copy of the death certificate of ROBERT H. WALTERS, showing the date, place of death, and the marital status of the deceased.

3. That I hereby state on information and belief that ROBERT H. WALTERS died intestate. That his only heir at law known to me is STEVEN R. WALTERS, who was the only child of ROBERT H. WALTERS.

4. That the wife of ROBERT H. WALTERS, NORMA WALTERS, predeceased the decedent.

THOMAS F. DELLA-ROSE

SUBSCRIBED AND SWORN TO before me this 18 day of March, 1986.

NOTARY PUBLIC FOR OREGON
My commission expires: 8/19/86

After recording return to:
Mr. & Mrs. Steven R. Walters
803 Lakeview Blvd
Klamath Falls, Oregon 97601

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Della-Rose
of March A.D., 19 86 at 3:40 o'clock P M., and duly recorded in Vol. M86 on Page 4579

FEE $9.00

Evelyn Biehn, County Clerk
By