

04 JAN 5 AM 10:21

BARGAIN AND SALE DEED (Individual or Corporate)

After Recording Return to:

RICHARD T. WATUNABE
BARBARA A. WATUNABE

P.O. Box 306
Malheur, OR 97625

Until a change is requested all tax statements
shall be sent to the following address:

RICHARD T. WATUNABE and BARBARA A. WATUNABE

Same as above

Aspen 58102

Vol M04 Page 00325

State of Oregon, County of Klamath

Recorded 01/05/2004 10:21 a. m

Vol M04 Pg 325-26

Linda Smith, County Clerk

Fee \$ 26.00 # of Pgs 2

BARGAIN AND SALE DEED

KNOW ALL MEN BY THESE PRESENTS, That LOUISE H. FLETCHER, hereinafter called Grantor, for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto RICHARD T. WATANABE and BARBARA A. WATANABE husband and wife, hereinafter called Grantee, and unto grantee's heirs, successors and assigns all of that certain real property with the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, situated in the County of KLAMATH, State of Oregon, described as follows, to-wit:

Lot 26, Block 20, Tract No. 1113, OREGON SHORES UNIT NO. 2, according to the official plat thereof on file in the office of the Clerk of Klamath County, Oregon.

To Have and to Hold the same unto the said grantee and grantee's heirs, successors and assigns forever.
The true and actual consideration paid for this transfer, stated in terms of dollars, is \$8,000.00.
(here comply with the requirements of ORS 93.930)

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

In Witness Whereof, the grantor has executed this instrument December 18, 2003; if a corporate grantor, it has caused its name to be signed and seal affixed by its officers, duly authorized thereto by order of its board of directors.

LOUISE H. FLETCHER

Louise Fletcher by Lexie Lamborn
BY LEXIE LAMBORN, HER ATTY IN FACT Her Attorney

STATE OF WASHINGTON,

County of San Juan

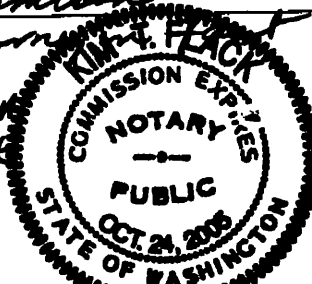
19th day of December 2003, by Lexie Lamborn as Attorney in fact for Louise Fletcher.

Kim J. Flack
Notary Public for Washington

My commission expires:

BARGAIN AND SALE DEED
LOUISE H. FLETCHER, as grantor
and

RICHARD T. WATUNABE and BARBARA A.
WATUNABE, husband and wife, as grantee



This document is recorded at the request of:
Aspen Title & Escrow, Inc.
525 Main Street
Klamath Falls, OR 97601
Order No.: 00058102

26

STATE OF WASHINGTON DEPARTMENT OF HEALTH

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

00826

STATE FILE NUMBER

1. NAME CHESTER ALLAN FLETCHER				2. SEX (M / F) Male		3. DEATH DATE (Mo, Day, Yr) January 21 1994	
4. AGE LAST BIRTHDAY (Yrs) 69		5. UNDER 1 YEAR YES		6. BIRTHDATE (Mo, Day, Yr) 3-16-1924		7. BIRTHPLACE (City, State or Foreign Country) Los Angeles, CA	
8. UNDER 1 DAY YES		9. UNDER 1 DAY YES		10. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes		11. COUNTY OF DEATH Skagit	
12. CITY, TOWN OR LOCATION OF DEATH Anacortes				13. PLACE OF DEATH—IN BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 701 38th Street			
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married				15. SURVIVING SPOUSE (If wife, give maiden name) Louise Heinzman			
16. SOCIAL SECURITY NO. 573-20-7831				17. DECEDENT'S EDUCATION (Specify only highest grade completed) 12			
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Recreation Director				19. KIND OF BUSINESS OR INDUSTRY Parks & Recreation			
20. CITY/TOWN OR LOCATION City of Los Angeles				21. RACE (Specify) White			
22. RESIDENCE—NUMBER AND STREET 701 38th Street				23. CITY/TOWN OR LOCATION Anacortes			
24. STATE WA				25. ZIP CODE 98221			
26. FATHER'S NAME—FIRST, MIDDLE, LAST u				27. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Mildred Wolfe			
28. INFORMANT—NAME Louise H. Fletcher				29. ADDRESS—STREET OR RFD NO., CITY OR TOWN, STATE, ZIP 701 38th Street - Anacortes, WA 98221			
30. BURIAL CREMATION REMOVAL OTHER (Specify) Crementation				31. DATE (Mo, Day, Yr) 1-25-1994			
32. CEMETERY/CREMATORY—NAME Uniservice Crematory				33. LOCATION—CITY/TOWN, STATE Seattle, Washington			
34. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>				35. NAME OF FACILITY Bleitz Funeral Home			
36. ADDRESS OF FACILITY 316 Florentia Street				37. CITY/TOWN, STATE, ZIP Seattle, WA 98109			
38. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN SIGNATURE AND TITLE <i>[Signature]</i> M.D.				39. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER SIGNATURE AND TITLE X			
40. DATE SIGNED (Mo, Day, Yr) Jan 24, 94				41. HOUR OF DEATH (24 Hrs.) 2310			
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Alexander M. Spence, M.D.				43. PRONOUNCED DEAD (Mo, Day, Yr) 18 months			
44. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Alexander M. Spence, M.D. 1959 NE Pacific, Seattle, WA 98195				45. ME/CORONER FILE NUMBER			
46. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death): Coloblastoma multiforme brain tumor							
DO NOT ENTER THE MODE OF DYING, SUCH AS CHOKING OR RESPIRATORY ARREST, STROKE, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.							
47. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:							
48. ACC. SUICIDE, HOMICIDE, UNDET., OR PENDING INQUEST. (Specify)				49. ALIEN STATUS (Yes / No) No			
50. SAUARY DATE (Mo, Day, Yr)				51. HOURS OF SAUARY (24 Hrs.)			
52. PLACE OF SAUARY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)				53. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE			
54. SAUARY AT WORK? (Yes / No)				55. DATE RECEIVED (Mo, Day, Yr) Jan 28, 1994			



[Signature]
Howard Leibrand, M.D.
Health Officer

Signed *[Signature]*
Sharon D. Beeson
Skagit County Deputy Health Officer

Date _____