

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. WATUNABE and BARBARA A. WATUNABE 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

STATE OF WASHINGTON,

County of San Juan

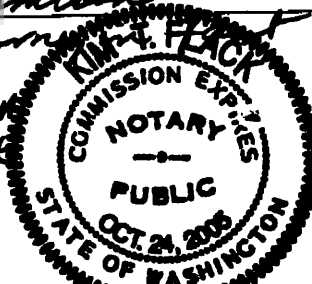
19th day of December 2003, by Lexie Lamborn as Attorney in fact for Louise Fletcher.

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

267

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

LOCAL FILE NUMBER

## CERTIFICATE OF DEATH

146

00826

STATE FILE NUMBER

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



**Howard Leibrand, M.D.**  
Health Officer

Signed **Sharon D. Beeson**  
Skagit County Deputy Health Officer

Date