

2006-018267

Klamath County, Oregon



00003451200600182670020024

09/11/2006 03:08:25 PM

Fee: \$26.00

After Recording Return to:

HECTOR ABARCA and MARBEL ABARCA

1768 Chinichilla Way  
Klamath Falls, Or 97603

Until a change is requested all tax statements

Shall be sent to the following address:

HECTOR ABARCA and MARBEL ABARCA

Same as above

ASPEN: 63835 MS  
**WARRANTY DEED**  
(INDIVIDUAL)

PENNY S. SPIES, herein called grantor, convey(s) to HECTOR ABARCA and MARBEL ABARCA, husband and wife, herein called grantee, all that real property situated in the County of KLAMATH, State of Oregon, described as:

Lot 18, Block 3, Tract No. 1027, MT. SCOTT MEADOW, according to the official plat thereof on file in the office of the Clerk of Klamath County, Oregon.

CODE 008 MAP 3107-001AO TL 10700 KEY #80502

and covenant(s) that grantor is the owner of the above described property free of all encumbrances except covenants, conditions, restrictions, reservations, rights, rights of way and easements of record, if any, and apparent upon the land, contracts and/or liens for irrigation and/or drainage

and will warrant and defend the same against all persons who may lawfully claim the same, except as shown above.

The true and actual consideration for this transfer is \$6,000.00.  
(here comply with the requirements of ORS 93.930)

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER CHAPTER 1, OREGON LAWS 2005 (BALLOT MEASURE 37 (2004)). THIS INSTRUMENT DOES 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 AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY UNDER CHAPTER 1, OREGON LAWS 2005 (BALLOT MEASURE 37 (2004)).

Dated August 27, 2006.

Penny S. Spies  
PENNY S. SPIES

STATE OF HAWAII, County of Honolulu ss.

On August 31<sup>st</sup>, 2006 personally appeared the above named PENNY S. SPIES and acknowledged the foregoing instrument to be her voluntary act and deed.

This document is filed at the request of:



525 Main Street  
Klamath Falls, OR 97601  
Order No.: 00063835

Before me: Keith C. Chamberlain  
Notary Public for Hawaii

My commission expires: 03-03-2010

Official Seal



#26A

CERTIFICATE OF DEATH

STATE  
FILE NO. 151

1. DECEASED — FIRST NAME <b>RICHARD</b>		MIDDLE NAME <b>MARSHALL</b>		LAST NAME <b>SPIES</b>		2. SEX <b>MALE</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>OCTOBER 7, 2000</b>	
4a. RACE <b>CAUCASIAN</b>	4b. IS PERSON OF SPANISH ORIGIN? 1. Puerto Rican 2. Mexican 3. Cuban 4. Central-S. American 5. Other & Unknown Spanish Origin <b>NO</b>		5a. AGE—LAST BIRTHDAY (years) <b>69</b>	5b. UNDER 1 YR. MOS. DAYS HOURS MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR) <b>JULY 13, 1931</b>		7a. COUNTY OF DEATH <b>HONOLULU</b>	
7a-1. ISLAND OF DEATH <b>OAHU</b>	7b. CITY, TOWN OR LOCATION OF DEATH <b>HONOLULU</b>		7c. HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>814 KOKO ISLE CIRCLE</b>			7d. IF HOSP. OR INST. INDICATE DOA, OP/EMER. RM., INPATIENT (SPECIFY) <b>-</b>		
8. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) <b>ILLINOIS</b>		9. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>MARRIED</b>		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>PENELOPE SUE FLANNER</b>		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) <b>NO</b>
13. SOCIAL SECURITY NUMBER <b>336-20-2027</b>		14a. USUAL OCCUPATION (GIVE NAME OF BUSINESS OR INDUSTRY DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>MASONRY CONTRACTOR</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>MASONRY CONTRACTING SERVICES</b>		14c. EDUCATION (Specify highest grade completed) <b>COLL. 3</b>		
15a. RESIDENCE-STATE <b>HAWAII</b>	15b. COUNTY <b>HONOLULU</b>	15c. CITY, TOWN OR LOCATION <b>HONOLULU</b>		15d. INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>YES</b>	15e. NUMBER, STREET AND ZIP <b>814 KOKO ISLE CIRCLE, 96825</b>			
16. FATHER — FIRST NAME <b>MARSHALL</b>		MIDDLE NAME <b>RANDALL</b>		LAST NAME <b>SPIES</b>		17. MOTHER — FIRST NAME <b>BERYLE</b>		MIDDLE NAME <b>JANE</b> MAIDEN NAME <b>SCHUELER</b>
18a. INFORMANT — NAME <b>PENELOPE S. SPIES</b>				18b. MAILING ADDRESS (STREET OR P.O. BOX, CITY OR TOWN, STATE, ZIP) <b>814 KOKO ISLE CIRCLE, HONOLULU, HAWAII 96825</b>				
19a. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>CREMATION</b>		19b. CEMETERY OR CREMATORY-NAME <b>OAHU CREMATORY</b>			19c. LOCATION <b>HONOLULU, HAWAII</b>			
19d. DATE (MONTH, DAY, YEAR) <b>OCTOBER 10, 2000</b>		19e. PERMIT NUMBER <b>44605</b>		20a. FUNERAL HOME-NAME <b>ULTIMATE SERVICES</b>				
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and circumstances stated and described below (Items #21b through #27g where applicable) (Signature and Title) <i>[Signature]</i>		21b. DATE SIGNED (MO., DAY, YR.) <b>10-11-00</b>		21c. TIME OF DEATH <b>9:01 P.M.</b>		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and circumstances stated and described below (Items #22b through #27g where applicable) (Signature and Title) <i>[Signature]</i>		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) <b>KEVIN K. LOH, M.D.,</b>		21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (TYPE OR PRINT) <b>1329 LUSITANA STREET, SUITE 307, HONOLULU, HAWAII 96813</b>		21f. REGISTRAR - SIGNATURE <i>[Signature]</i>		21g. DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 10 2000</b>		21h. DATE RECEIVED BY STATE REGISTRAR <b>OCT 10 2000</b>
PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
25. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST								
(a) IMMEDIATE CAUSE <b>Brain metastasis</b>								<b>6 minutes</b>
(b) DUE TO, OR AS A CONSEQUENCE OF <b>Lung Cancer</b>								<b>7 minutes</b>
(c) DUE TO, OR AS A CONSEQUENCE OF								
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a), (b), AND (c)								26a. AUTOPSY (YES OR NO)
								26b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?
27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		27b. DATE OF INJURY (MONTH, DAY, YEAR)		27c. TIME OF INJURY		27d. DESCRIBE HOW INJURY OCCURRED		
27e. INJURY AT WORK? (SPECIFY YES OR NO)		27f. PLACE OF INJURY: AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)						
27g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)								

OCT 10 2000

ABSTRACT OF THE RECORD FOR FILE IN  
THE HAWAII STATE DEPARTMENT OF HEALTH

*[Signature]* Ph.D.  
STATE REGISTRAR