

2006-020625

Klamath County, Oregon



00006223200600206250020029

10/13/2006 11:36:52 AM

Fee: \$26.00

After Recording Return to:

STEPHEN NAPIER, TRUSTEE
MARY ANN NAPIER, TRUSTEE
6415 Corsini Place

Rancho Palos Verde, Ca. 90275

Until a change is requested all tax statements

Shall be sent to the following address:

Same as above

Aspen: 63950 ms

WARRANTY DEED
(INDIVIDUAL)

LINDA S. WATERS, herein called grantor, convey(s) to STEPHEN NAPIER AND MARY ANNA NAPIER, TRUSTEES OF THE NAPIER TRUST DATED JUNE 11, 2003, herein called grantee, all that real property situated in the County of KLAMATH, State of Oregon, described as:

Lot 22, Block 4, Tract No. 1053, OREGON SHORES, according to the official plat thereof on file in the office of the Clerk of Klamath County, Oregon.

CODE 138 MAP 3507-006DB TL 05200 KEY #229149

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 \$15,500.00.
(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 October 10, 2006.

October 12, 2006

Linda S. Waters
LINDA S. WATERS

STATE OF OREGON, County of

) ss.

On October 12, 2006 personally appeared the above named LINDA S. WATERS 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.: 00063950

Before me: Neddal Abu-Taq
Notary Public for Oregon Virginia
My commission expires: July 31, 2009

Official Seal



\$26.00

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

COPY A

FOR DIVISION OF
VITAL RECORDS

REGISTRATION
AREA NUMBER

129

CERTIFICATE
NUMBER

3430

STATE FILE
NUMBER

DECEDENT

1. FULL NAME
OF DECEDENT

(first) (middle) (last)
Irving A. Waters Jr.

2. SEX male female
☒ ☐

3. DATE OF
DEATH

(mo.) (day) (year)
October 30, 2005

4. AGE
70 years

IF UNDER 1 YEAR
months days

IF UNDER 1 DAY
hours minutes

5. DATE OF
BIRTH

(mo.) (day) (year)
Jan 30, 1935

PLACE OF
DEATH

7. NAME OF HOSPITAL OR INSTITUTION OF DEATH (If none, so state)

INOVA Fair Oaks Hospital

DOA ☐ Out Pat. Emer. Rm. ☐ Inpatient ☒

8. COUNTY OF DEATH

Fairfax

USUAL
RESIDENCE
OF DECEDENT

11. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE

Virginia

12. COUNTY OF DECEDENT'S RESIDENCE (If independent city, leave blank)

Fairfax

13. CITY OR TOWN OF RESIDENCE

Reston

inside city or town limits? ☐ ☒

14. STREET ADDRESS OR RT. NO. OF RESIDENCE

11716 Blue Smoke Trail

ZIP CODE

20191

PERSONAL
DATA OF
DECEDENT

15. NAME OF DECEDENT'S FATHER

Irving A. Waters

16. MAIDEN NAME OF DECEDENT'S MOTHER

Emeline Speath

17. RACE OF DECEDENT

White

18. OF HISPANIC ORIGIN? If yes, specify Cuban, Mexican, Puerto Rican, etc. ☒ no ☐ yes

19. EDUCATION (Specify only highest grade completed)

Elementary/Secondary (0-12) _____ College (1-4 or 5+) 4

20. CITIZEN OF WHAT COUNTRY

USA

21. BIRTHPLACE (state or country)

Connecticut

22. NEVER MARRIED ☐ DIVORCED ☐

MARRIED ☒ WIDOWED ☐

23. IF MARRIED OR WIDOWED, NAME OF SPOUSE (if divorced, leave blank)

Linda S. Waters

24. SOCIAL SECURITY NUMBER

044-26-4955

25. USUAL OR LAST OCCUPATION

Officer

26. KIND OF BUSINESS OR INDUSTRY

U.S. Navy

27. INFORMANT - OR SOURCE OF INFORMATION - RELATIONSHIP

Linda S. Waters/Wife

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → (A) Gastric Cancer
DUE TO (OR AS A CONSEQUENCE OF):

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST (B) _____
DUE TO (OR AS A CONSEQUENCE OF): (C) _____

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

28a. AUTOPSY? AUTHORIZED BY: yes ☐ no ☒

28b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes ☐ no ☐ unknown ☐

28c. IF EXTERNAL CAUSE, IT WAS PRIMARY ☐ or CONTRIBUTING ☐ TO CAUSE OF DEATH

28d. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED

28e. TIME OF INJURY (mo.) (day) (year)

28f. INJURY OCCURRED white ☐ not white ☐ at work ☐

28g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc)

28h. (city or town) (county) (state)

28f. To the best of my knowledge, death occurred at 8:15 /a/h/ (p.m.) on the date and place and from the cause(s) stated.

ACTUAL SIGNATURE

Allen K. Howe

DATE SIGNED

11/1/05

NAME OF ATTENDING PHYSICIAN (Type or Print)

Allen K. Howe, Jr., MD

ADDRESS OF ATTENDING PHYSICIAN

12330 Pinecrest Road, #250, Reston, Va.

FUNERAL
DIRECTOR

29. BURIAL ☐ REMOVAL ☐ CREMATION ☒

30. PLACE OF BURIAL REMOVAL, ETC. (name of cemetery or crematory)

Metropolitan Crematory

(city or county) (state)

Alexandria, VA 22310

31. (Signature of funeral director or person legally filing this certificate)

NAME OF FUNERAL HOME AND ADDRESS: 171 W. Maple Ave. Vienna, VA

FUNERAL SERVICE LICENSEE / NEXT OF KIN

32. (signature of registrar)

DATE RECORD FILED

11/2/05

RESERVED FOR
REGISTRAR'S USE

This is to certify that this is a true and correct reproduction of the original record filed with the FAIRFAX COUNTY HEALTH DEPARTMENT, FAIRFAX VIRGINIA.

NOVEMBER 2, 2005
DATE ISSUED

HEALTH
DEPARTMENT
FAIRFAX

DEPUTY REGISTRAR

(SEAL)

VOID IF ALTERED OR DOES NOT BEAR IMPRESSED SEAL