

BE NO PART OF ANY STEVENS-NESS FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS.



Brian W. Lightcap
13342 NW Newberry Road
Portland, OR 97231

STATE OF OREGON,
County of } ss.

Grantor's Name and Address
Andrew B. Lightcap
7416 N. Newman Ave.
Portland, OR 97203

I certify that the within instrument was
received for recording on
at o'clock M., and recorded in

Grantee's Name and Address
After recording, return to (Name, Address, Zip):
Andrew B. Lightcap
7416 N. Newman Ave.
Portland, OR 97203

Multnomah County Official Records
R Weldon, Deputy Clerk 2011-138576



\$46.00

00919456201101385760030035 12/09/2011 03:16:36 PM

1R-W DEED Cnt=1 Stn=10 RECCASH1
\$15.00 \$11.00 \$15.00 \$5.00

Until requested otherwise, send all tax statements to (Name, Address, Zip):
Andrew B. Lightcap
7416 N. Newman Ave.
Portland, OR 97203

WARRANTY DEED

KNOW ALL BY THESE PRESENTS that Brian W. Lightcap
hereinafter called grantor, for the consideration hereinafter stated, to grantor paid by Andrew B. Lightcap
hereinafter called grantee, does hereby grant, bargain, sell and convey unto the grantee and grantee's heirs, successors and assigns,
that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining,
situated in Multnomah County, State of Oregon, described as follows, to-wit:
See legal description attached.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

To Have and to Hold the same unto grantee and grantee's heirs, successors and assigns forever.
And grantor hereby covenants to and with grantee and grantee's heirs, successors and assigns, that grantor is lawfully seized
in fee simple of the above granted premises, free from all encumbrances except (if any encumbrances, so state):

and that
grantor will warrant and forever defend the premises and every part and parcel thereof against the lawful claims and demands of all
persons whomsoever, except those claiming under the above described encumbrances.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 100.00
The actual consideration consists of or includes other property or value given or promised which is the whole part of the (indicate
which) consideration. (The sentence between the symbols if not applicable, should be deleted. See ORS 93.030.)

In construing this deed, where the context so requires, the singular includes the plural, and all grammatical changes shall be
made so that this deed shall apply equally to corporations and to individuals.

In witness whereof, the grantor has executed this instrument on December 9, 2011; if grantor
is a corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized to do
so by order of its board of directors.

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD
INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO
195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, AND SECTIONS 2 TO 9 AND 17,
CHAPTER 855, OREGON LAWS 2009. 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 THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL,
AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, 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 ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, ORE-
GON LAWS 2007, AND SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009.

Brian W. Lightcap
Brian W. Lightcap

STATE OF OREGON, County of Washington ) ss.
This instrument was acknowledged before me on December 9, 2011
by Brian W. Lightcap
This instrument was acknowledged before me on
by
as
of



Ris Weldon
Notary Public for Oregon
My commission expires 11-13-12

LEGAL DESCRIPTION

The following described property in the County of Multnomah and State of Oregon:

That part of the Northeast quarter of Section 33, Township 2 North, Range 1 West of the Willamette Meridian, in the County of Multnomah and State of Oregon, bounded on the West by the half section line running North and South through the center of said Section 33, on the Southeasterly and Easterly side by the Newberry County Road #325 on the Northeasterly side by the St. Helens Road, on the North side by the North line of said Section 33, and on the Northwesterly side by the Southeasterly side of the plat of ARMONA; EXCEPTING therefrom the following described property:

Beginning at a stone monument at road angle four of County Road #325 (said monument being on the Northwesterly side of the road as now traveled) and running thence along the Southerly side of a private roadway North 60° 40' West 41.6 feet to a point; thence North 48° 14' West 102.0 feet to a point; thence North 41° 30' West 74.00 feet to a point; thence North 36° 28' West 121.6 feet to a point; thence North 47° 12' West 189.0 feet to a point beyond said private roadway; thence South 33° 43' West 174.8 feet to a point; thence South 14° 33' West 403.0 feet to a point; thence South 12° 30' East 556.5 feet to a point; thence South 87° 30' East 238.8 feet to a point; thence North 51° 40' East 190.3 feet to a point; thence North 0° 23' East 211.3 feet to a point; thence North 9° 50' East 158.8 feet to a point; thence North 4° 28' East 113.8 feet to a point; thence North 18° 11' East 57.3 feet to a point; thence North 0° 11' West 71.0 feet to the point of beginning; FURTHER EXCEPTING that portion described as follows:

Beginning at a stone monument at road angle four of County Road #325 (said monument being on the Northwesterly side of the road as now traveled); said point being the point of beginning of the parcel conveyed to Willard J. Miller and Ellen L. Miller recorded June 13, 1978 in Book 1271 page 811, Deed Records; thence following the boundary of said Miller Parcel along the Southerly side of a private roadway North 60° 40' West 41.6 feet; thence North 48° 14' West 102.0 feet; thence North 41° 30' West 74.00 feet; thence North 36° 28' West 121.6 feet; thence North 47° 12' West 189.0 feet to a point beyond said private roadway; thence leaving the boundary of the Miller Parcel and continuing along an extension of the last course North 47° 12' West to the Southeasterly side of the plat of ARMONA; thence Northeasterly along said Southeasterly line to the North line of Section 33, Township 2 North, Range 1 West; thence Easterly along the North line of Section 33, Township 2 North, Range 1 West to the Southwesterly line of the St. Helens Road (also known as Lower Columbia River Highway); thence Southeasterly along said Southwesterly line to the Northerly line of the Newberry County Road #325; thence Westerly along said Northerly line to the point of beginning;

AND FURTHER EXCEPTING the portions conveyed to the United Railways Company by deed recorded June 19, 1913 in Book 630 page 34, Deed Records, and to the State of Oregon, by and through its State Highway Commission, by Deed recorded April 24, 1934 in Book 248 page 393, Deed Records.

**CERTIFICATION OF VITAL RECORD**

G-5082  
I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

136

State File Number

Local File Number

1. DECEDENT'S NAME First: <u>Christine</u> Middle: <u>Ann</u> Last: <u>LIGHTCAP</u>			2. SEX <u>Female</u>	3. DATE OF DEATH (Month, Day, Year) <u>May 27, 1994</u>	
4. SOCIAL SECURITY NUMBER <u>321-36-5299</u>	5a. AGE-Last Birthday (Years) <u>50</u>	5b. Under 1 Year Mos. <u>  </u> Days <u>  </u>	5c. Under 1 Day Hours <u>  </u> Mins. <u>  </u>	6. BIRTHPLACE (City and State or Foreign Country) <u>St. Charles, IL</u>	
7. DATE OF BIRTH (Month, Day, Year) <u>February 14, 1944</u>					
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) <u>Road</u>					
10. FACILITY NAME (if not institution, give street and number) <u>One mile north of Germantown Road on Cornelius Pass Road</u>			11. CITY, TOWN, OR LOCATION OF DEATH <u>Portland</u>	12. COUNTY OF DEATH <u>Washington</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Teacher</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Junior High Education</u>	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>	12. SPOUSE (If Married, Widowed) <u>Brian Lightcap</u>	
13a. RESIDENCE - STATE <u>Oregon</u>	13b. COUNTY <u>Multnomah</u>	13c. CITY, TOWN OR LOCATION <u>Portland</u>	13d. STREET AND NUMBER <u>13342 NW Newberry</u>		
14. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	15. ZIP CODE <u>97231</u>	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes	15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u>  </u> College (1-4 or 5+) <u>5+</u>	
17. FATHER - NAME first middle last <u>Robert Joseph Filip</u>		18. MOTHER - NAME first middle maiden <u>Marcia Johnsen</u>		19. INFORMANT - NAME and relationship to deceased <u>Zachary Lightcap - Son</u>	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <u>  </u>		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Uniservice Crematory</u>		20c. LOCATION - City or Town, State <u>Portland, OR</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Jan R. [Signature]</i>		21b. LICENSE NUMBER (Of Licensee) <u>AF-1307</u>	22. NAME, ADDRESS AND ZIP OF FACILITY <u>Hennessey, Goetsch &amp; McGee Funeral Home 210 NW 17th Ave Portland, OR 97209</u>		
23. DATE FILED (Month, Day, Year) <u>JUN 03 1994</u>		24. REGISTRAR'S SIGNATURE <i>James F. Bennett</i>			
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		26. WAS IT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			
10 TO BE COMPLETED BY CERTIFYING PHYSICIAN					
27. TIME OF DEATH <u>  </u> M <input type="checkbox"/> Yes <input type="checkbox"/> No		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Larry V. Lewman</i>					
30. DATE SIGNED (Month, Day, Year) <u>June 1, 1994</u>					
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <u>LARRY V. LEWMAN, M. D., STATE MEDICAL EXAMINER, 301 N. E. KNOTT, PORTLAND, OREGON 97212</u>					
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>  </u>					
CONDITIONS OF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE EXCEPT THE UNDERLYING CAUSE LAST					
33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.					
PART I (a) <u>CHEST INJURIES</u>			Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
(b) <u>  </u>			Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I			37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
38. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			39. If yes were findings considered in determining cause of death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
40. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide	41a. DATE OF INJURY (Month, Day, Year) <u>May 27, 1994</u>	41b. TIME OF INJURY <u>8:10P M</u>	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	41d. DESCRIBE HOW INJURY OCCURRED <u>Passenger in two auto crash</u>	
41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify) <u>Road</u>			41f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>One mile north of Germantown Road on Cornelius Pass Road, Portland, OR</u>		

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 11-82

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE WASHINGTON COUNTY REGISTRAR.



DATE ISSUED JUL 15 1994

COUNTY REGISTRAR  
WASHINGTON COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE