

Exhibit A to UCC Joe W. Emmert
Betty J. Emmert

Equipment pledged to US Bank as collateral includes:

1 1280' X 5" X 58 Western Wheelline
including: internal drain couplers
hydraulic mover
4X4 valve opener
flushing end plug
#33 sprinklers
20 ft. hose w/adaptor
self levellers-full set
18 guage wheels

Joe W. Emmert

STATE OF OREGON, ss.
County of Klamath

Filed for record at request of:

U. S. National Bank
P.O. Box 729
Medford, Or. 97501

U. S. National Bank
on this 23rd day of Feb. A.D., 19 89
at 11:08 o'clock A.M. and duly recorded
in Vol. M89 of Mortgages Page 3287.
Evelyn Biehn County Clerk
By Randine Muckelbauer
Deputy.

Fee, \$10.00

97408

'89 FEB 23 AM 11 08

Vol. m89 Page 3289

CERTIFICATION OF VITAL RECORD																																																	
Vital Records Unit					136-																																												
Local File Number					State File Number																																												
1. DECEDENT'S NAME		First Nevarte		Middle M		Last SMITH		2. SEX F																																									
3. DATE OF DEATH (Month, Day, Year)		January 8, 1989																																															
4. SOCIAL SECURITY NUMBER		5a. AGE - Last Birthday (Years)		5b. Under 1 Year Mos.		5c. Under 1 Day Hours		6. BIRTHPLACE (City and State or Foreign Country)																																									
012-09-2141		79						Melrose, MA																																									
8. WAS DECEDENT EVER IN U.S. ARMED FORCES?		9a. PLACE OF DEATH (Check only one)		9b. CITY, TOWN, OR LOCATION OF DEATH		9c. COUNTY OF DEATH																																											
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		Klamath Falls Klamath																																											
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)		10b. KIND OF BUSINESS/INDUSTRY		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)		12. SPOUSE (If Married, Widowed)																																											
Payroll Clerk		Lumber Mill		Widowed		Wendell B. Smith																																											
13a. RESIDENCE - STATE		13b. COUNTY		13c. CITY, TOWN, OR LOCATION		13d. STREET AND NUMBER																																											
Oregon		Klamath		Klamath Falls		1114 East St.																																											
13e. INSIDE CITY LIMITS?		13f. ZIP CODE		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)		15. RACE American Indian, Black, White, etc. (Specify)		16. DECEDENT'S EDUCATION (Specify only highest grade completed)																																									
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		97601		<input type="checkbox"/> No <input type="checkbox"/> Yes		White		Elementary (0-12) College (14 or 5+)																																									
17. FATHER - NAME first middle last		18. MOTHER - NAME first middle maiden		19. INFORMANT - NAME and relationship to decedent																																													
Vahan John Manoogian		Aghavnie - Counan		Diane Bramwell, daughter																																													
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		20c. LOCATION - City or Town, State																																													
<input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		Klamath Cremation Service		Klamath Falls, Ore.																																													
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		21b. LICENSE NUMBER (Of Licensee)		22. NAME, ADDRESS AND ZIP OF FACILITY																																													
<i>Micki Ok</i>		3287		O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, Ore.																																													
23. DATE FILED (Month, Day, Year)		24. REGISTRAR'S SIGNATURE		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?																																													
JAN 9 1989		<i>Nancy Kennedy</i>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A																																													
26. TO BE COMPLETED BY CERTIFYING PHYSICIAN		27. TIME OF DEATH		28. WAS MEDICAL EXAMINER NOTIFIED?		29. TO BE COMPLETED ONLY BY MEDICAL EXAMINER																																											
6:35 A.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				30a. TIME OF DEATH																																											
						30b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)																																											
31. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated (Signature)		32. DATE SIGNED (Month, Day, Year)		33. DATE SIGNED (Month, Day, Year)		34. COUNTY																																											
<i>Blake Berven</i>		January 9, 1989																																															
35. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)		36. 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.																																															
Blake Berven, M.D., 2616 Clover St., Klamath Falls, Ore. 97601		<table border="1"> <tr> <td colspan="2">PART I</td> <td colspan="2">37. Did tobacco use contribute to the death?</td> <td colspan="2">38. AUTOPSY</td> <td colspan="2">39. If YES were findings considered in determining cause of death?</td> </tr> <tr> <td colspan="2">(a) Pneumonia</td> <td colspan="2"><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Unk</td> <td colspan="2"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td colspan="2"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</td> </tr> <tr> <td colspan="2">(b) Chronic lymphocytic leukemia</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">(c) OTHER SIGNIFICANT CONDITIONS</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Conditions contributing to death but not related to cause given in Part I.</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> </table>								PART I		37. Did tobacco use contribute to the death?		38. AUTOPSY		39. If YES were findings considered in determining cause of death?		(a) Pneumonia		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Unk		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		(b) Chronic lymphocytic leukemia								(c) OTHER SIGNIFICANT CONDITIONS								Conditions contributing to death but not related to cause given in Part I.							
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40. MANNER OF DEATH		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY		41c. INJURY AT WORK?		41d. DESCRIBE HOW INJURY OCCURRED																																									
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention				M		<input type="checkbox"/> Yes <input type="checkbox"/> No																																											
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)								41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)																																									

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45-2 REV. 1-89

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