

Recording Requested By  
And When Recorded Mail to:  
Philippe E. Craig  
A Professional Law Corporation  
1016 Walnut Street  
San Luis Obispo, CA 93401

## AFFIDAVIT - DEATH OF CO-TRUSTEE

STATE OF CALIFORNIA )

) ss.

COUNTY OF SAN LUIS OBISPO )

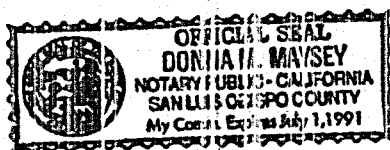
The undersigned, of legal age, being first duly sworn, deposes and says:

1. Duncan N. Byrd and Evelyn N. Byrd, as trustors, entered into a Declaration of Trust dated February 25, 1988, pursuant to which was established the Byrd Revocable Family Trust.
2. Duncan N. Byrd and Evelyn N. Byrd were named as original co-trustees.
3. Pursuant to the terms of the Declaration of Trust, upon the death of the first co-trustee, the remaining co-trustee shall act as sole successor trustee.
4. Duncan N. Byrd became deceased on November 3, 1989, as evidenced by a certified copy of his certificate of death which is attached hereto and incorporated herein by this reference.
5. Duncan Ned Byrd mentioned in the attached certified copy of certificate of death, is the same person as Duncan N. Byrd, who is named as one of the initial co-trustees pursuant to the terms of the Byrd Revocable Family Trust.
6. Evelyn N. Byrd is filing this Affidavit with each county in which the trust held record ownership of property, or was the beneficiary under a deed of trust, to establish her succession as sole successor trustee pursuant to the aforesaid Declaration of Trust and to enable her to administer said real estate and/or deeds of trust pursuant to the terms of such trust.
7. The trust estate includes interest in real property located in Klamath County, Oregon, which is more fully described in attached Exhibit "A."
8. Titleholders of the foregoing property until the death of Duncan N. Byrd were Duncan N. Byrd and Evelyn N. Byrd, Trustees of the Byrd Revocable Family Trust under revocable trust agreement dated February 25, 1988. As a result of the death of Duncan N. Byrd, the successor titleholder will be Evelyn N. Byrd as successor Trustee under the aforesaid Declaration of trust.

Dated: February 28, 1990

*Evelyn N. Byrd*  
EVELYN N. BYRD

SUBSCRIBED AND SWORN TO before me this 28th day of February, 1990.



*Doniata Maysey*  
Notary Public in and for said  
County and State

90 MAR 15 AM 11 36

**EXHIBIT "A"**

**RE: BYRD REVOCABLE FAMILY TRUST / Duncan N. Byrd, Deceased**  
**Real Property Assets located in Klamath County, Oregon:**

1. Unimproved real property , Tax Lot Number R-3513-033DO-08100-000-00  
 (Lot 4, Block 20, Tract No. 1010, first addition to Ferguson Mountain Pines,  
 County of Klamath, Oregon).

**EXHIBIT "A"**

# CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
USE BLACK INK ONLY

3-89-40-001318-4896

<b>STATE FILE NUMBER</b> 1A. NAME OF DECEASENT—FIRST (GIVEN) <b>DUNCAN</b> 4. RACE <b>WHITE</b> 8. STATE OF BIRTH <b>TX</b> 12. MILITARY SERVICE? 19 <b>43</b> TO 19 <b>45</b> <input type="checkbox"/> NONE 16A. USUAL OCCUPATION <b>PRODUCTION FOREMAN</b>		<b>MIDDLE</b> <b>NED</b> 5. SPANISH/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO SPECIFY _____ 10A. FULL NAME OF FATHER <b>ERNEST BYRD</b> 13. SOCIAL SECURITY NUMBER <b>571-26-7939</b> 16B. USUAL KIND OF BUSINESS OR INDUSTRY <b>PETROLEUM</b>		<b>LAST (FAMILY)</b> <b>BYRD</b> 6. DATE OF BIRTH—MONTH, DAY, YEAR <b>FEBRUARY 10, 1925</b> 10B. STATE OF BIRTH <b>MS</b> 14. MARITAL STATUS <b>MARRIED</b> 16C. USUAL EMPLOYER <b>GETTY OIL CO.</b>		<b>LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER</b> 9A. DATE OF DEATH—MONTH, DAY, YEAR <b>NOVEMBER 3, 1989</b> 7. AGE IN YEARS <b>64</b> 11A. FULL MAIDEN NAME OF MOTHER <b>ARTIE DUNCAN</b> 11B. STATE OF BIRTH <b>TX</b>	
<b>USUAL RESIDENCE</b> 18A. RESIDENCE—STREET AND NUMBER OR LOCATION <b>155 FAIRVIEW DRIVE</b> 18D. COUNTY <b>SAN LUIS OBISPO</b>		18E. NUMBER OF YEARS IN THIS COUNTY <b>31</b> 18F. STATE OR FOREIGN COUNTRY <b>CA</b>		18C. CITY <b>ARROYO GRANDE</b> 18C. ZIP CODE <b>93420</b>			
<b>PLACE OF DEATH</b> 19A. PLACE OF DEATH <b>SIERRA VISTA HOSPITAL</b> 19B. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>1010 MURRAY AVENUE</b>		19C. CITY <b>SAN LUIS OBISPO</b> 19D. COUNTY <b>CA</b>		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>EVELYN BYRD, WIFE</b> <b>155 FAIRVIEW DRIVE</b> <b>ARROYO GRANDE, CA 93420</b>			
<b>CAUSE OF DEATH</b> 21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE—FILL IN LINE FOR A, B, AND C—TYPE OR PRINT) IMMEDIATE CAUSE: (A) <b>Renal failure</b> DUE TO: (B) <b>Bilateral ureteral obstruction</b> DUE TO: (C) <b>Progressive lymphoma</b> 25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSES GIVEN IN 21 <b>None</b>		22. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 23. WASopsy PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 24B. IF YES, WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 25. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 27? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 26. DATE, TIME, AND TYPE <b>6/8/82</b> <b>Node biopsy</b>		27A. DECEASENT ATTENDED SINCE: MONTH, DAY, YEAR <b>6/29/82</b> 27B. DECEASENT LAST SEEN ALIVE: MONTH, DAY, YEAR <b>11/3/89</b>			
<b>PHYSICIAN'S CERTIFICATION</b> I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 27C. PHYSICIAN'S LICENSE NUMBER <b>G-25721</b> 27D. DATE SIGNED <b>11-6-1989</b>		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS <b>GARY L. HARKINS M.D.</b> <b>1235 OSOS STREET</b> <b>SAN LUIS OBISPO, CA 93401</b>		27F. SIGNATURE OF CORONER OR DEPUTY CORONER <b>[Signature]</b> 28B. DATE SIGNED <b>[Date]</b>			
<b>CORONER'S USE ONLY</b> 29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined <b>[Blank]</b> 30A. PLACE OF INJURY <b>[Blank]</b> 30B. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 30C. DATE OF INJURY—MONTH, DAY, YEAR <b>[Blank]</b> 30D. HOUR <b>[Blank]</b>		31. LOCATION (STREET AND NUMBER OF LOCATION AND CITY) <b>[Blank]</b> 32. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) <b>[Blank]</b>		<b>FUNERAL DIRECTOR AND LOCAL REGISTRAR</b> 34A. DISPOSITION <b>BU</b> 34B. PLACE OF FINAL DISPOSITION <b>ARROYO GRANDE CEMETERY</b> <b>ARROYO GRANDE, CA</b> 34C. DATE OF DISPOSITION—MONTH, DAY, YEAR <b>11-8-1989</b> 34D. SIGNATURE OF FUNERAL DIRECTOR <b>[Signature]</b> 34E. LICENSE NUMBER <b>5789</b>			
35A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>MARSHALL-SPOO SUNSET F.C.</b> 35B. LICENSE NO. <b>FD-0985</b> 35C. SIGNATURE OF LOCAL REGISTRAR <b>[Signature]</b> 35D. REGISTRATION DATE <b>NOV 07, 1989</b>		36. STATE REGISTRAR A. <b>[Blank]</b> B. <b>[Blank]</b> C. <b>[Blank]</b> D. <b>[Blank]</b> E. <b>[Blank]</b> F. <b>[Blank]</b> GENSUS TRACT <b>[Blank]</b>		<b>STATE REGISTRAR</b> A. <b>[Blank]</b> B. <b>[Blank]</b> C. <b>[Blank]</b> D. <b>[Blank]</b> E. <b>[Blank]</b> F. <b>[Blank]</b> GENSUS TRACT <b>[Blank]</b>			

V3-7 (REV 1-89)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

This is to certify, that this is a true and correct  
copy of the record on file in this office and that the same  
has been carefully compared.

County of  
San Luis Obispo  
Health Department

11/15/89  
[Signature]  
Deputy Registrar

STATE OF OREGON: COUNTY OF KLAMATH: 55.

Filed for record at request of Philippe B. Craig the 16th day  
of March A.D., 1990 at 11:36 o'clock AM., and duly recorded in Vol. M90  
of Deeds on Page 4894.

FEE \$18.00

Evelyn Riehn - County Clerk  
By [Signature]