

When recorded mail to
and Mail Tax statements to
Kay A. Harvey, Trustee
333 Lewers, Apt 505
Honolulu, HI 96815

AFFIDAVIT -- DEATH OF TRUSTEE

STATE OF HAWAII)
COUNTY OF HONOLULU)

KAY A. HARVEY, of legal age, being first duly sworn, deposes
and says:

1. C. R. Harvey and Kay A. Harvey, husband and wife, as Settlers, entered into a Declaration of Trust dated October 1, 1988, pursuant to which was established the C. R. and KAY A. HARVEY TRUST, a revocable grantor trust.
2. Pursuant to the terms of the Declaration of Trust, C. R. Harvey and Kay A. Harvey were named as original trustees.
3. The Declaration of Trust provides that if, for any reason, either C. R. Harvey or Kay A. Harvey is unable to act as trustee, the other shall act as sole trustee.
4. C. R. Harvey died on April 7, 1990, as evidenced by a certified copy of his Certificate of Death which is attached hereto and incorporated herein by reference.
5. Constantine Robert Harvey named in the attached certified copy of Certificate of Death is the same person as C. R. Harvey, named as one of the trustees pursuant to the terms of the Declaration of Trust.
6. Kay A. Harvey is filing this Affidavit with the Klamath County Recorder to establish her as sole trustee pursuant to the aforesaid Declaration of Trust and to enable her to administer and distribute real property pursuant to the terms of said trust.
7. The trust estate includes an interest in certain real property located in Klamath County, Oregon, recorded as document no. 97978, on March 13, 1989 in Vol. M89, page 4216, described as:

Lot 12 in Block 12 OREGON SHORES SUBDIVISION-Tract #1053, in the County of Klamath, State of Oregon, as shown on the Map filed on October 3, 1973, in Volume 20, pages 21 and 22 of MAPS in the office of the County Recorder of said County.

SUBJECT TO: Covenants, conditions, reservations, easements, restrictions, rights of way, and all matters appearing of record.

SEP 24 PM 12 31

Affidavit - Death of Trustee
Kay A. Harvey, Surviving Trustee

19155

8. Titleholders of the foregoing real property, until the death of C. R. Harvey were C. R. Harvey and Kay A. Harvey, Trustees of the C. R. and Kay A. Harvey Trust, initially created October 1, 1988. As a result of the death of C. R. Harvey, Kay A. Harvey will be sole trustee under the aforesaid Declaration of Trust.

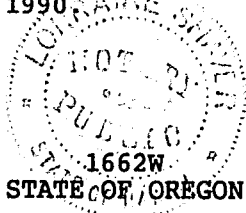
I, KAY A. HARVEY, declare under penalty of perjury under the laws of the State of Hawaii that the foregoing is true and correct, and that this declaration was executed on September 12th, 1990, at Honolulu, Hawaii.

Kay A. Harvey, Trustee
Kay A. Harvey, Trustee

COUNTY OF HONOLULU)
STATE OF HAWAII)

Personally appeared the above-named KAY A. HARVEY, a widow, and acknowledged the foregoing instrument to be her voluntary act and deed.

SUBSCRIBED AND SWORN TO before me this 12th day of September, 1990.



Lorraine Shaver
NOTARY PUBLIC FOR HAWAII
My Commission Expires: 4-24-91

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the ____ day
of _____ A.D. 1990 at _____ o'clock __M.,
and duly recorded in Vol. _____, of _____ on Page _____
County Clerk

By _____

FEE \$

Return: Kay A. Harvey
333 Lewers, Apt 505, Honolulu, HI 96815

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

3-90-40-000488

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA	1A. NAME OF DECEDENT—FIRST (GIVEN) CONSTANTINE		1B. MIDDLE ROBERT		1C. LAST (FAMILY) HARVEY		2A. DATE OF DEATH—MO. DAY, YR. APRIL 7, 1990 FD		2B. HOUR 0600		3. SEX M	
	4. RACE White		5. SPANISH/HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO. DAY, YR. June 17, 1914		7. AGE IN YEARS 75		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HOURS HOURS MINUTES	
	8. STATE OF BIRTH CO		9. CITIZEN OF WHAT COUNTRY U.S.A.		10A. FULL NAME OF FATHER Constantine A. Harvey		10B. STATE OF BIRTH VA		11A. FULL MAIDEN NAME OF MOTHER Harriett Birdsey		11B. STATE OF BIRTH IL	
	12. MILITARY SERVICE? 19 31 to 19 35 <input type="checkbox"/> NONE		13. SOCIAL SECURITY NO. 522-01-0368		14. MARITAL STATUS Married		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Kay Asako		16D. YEARS IN OCCUPATION 40		17. EDUCATION—YEARS COMPLETED 12	
USUAL RESIDENCE	18A. RESIDENCE—STREET AND NUMBER OR LOCATION 2437 Stern Deck						18B. CITY Bradley		18C. ZIP CODE 93426			
	18D. COUNTY San Luis Obispo		18E. NUMBER OF YEARS IN THIS COUNTY 10		18F. STATE OR FOREIGN COUNTRY CA		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Kay Harvey - wife 2437 Stern Deck Bradley, CA 93426					
PLACE OF DEATH	19A. PLACE OF DEATH Residence		19B. IF HOSPITAL, SPECIFY ONE: IP, EP/OP, DOA ---		19C. COUNTY San Luis Obispo		TIME INTERVAL BETWEEN ONSET AND DEATH		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
	19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 2437 Stern Deck		19E. CITY Bradley						23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
CAUSE OF DEATH	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Cardio-Respiratory Failure ▶ Instant								24. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
	DUE TO (B) Cerebral Laceration ▶ Instant								24A. WAS MEDICAL INSPECTION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
	DUE TO (C) Self-inflicted gunshot to head ▶ ---								24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
PHYSI- CIAN'S CERTIFI- CATION	25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 ---						26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. no					
	I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR		DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR		27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN ▶ Beir Wanner Deputy Coroner		27C. PHYSICIAN'S LICENSE NUMBER		27D. DATE SIGNED			
CORONER'S USE ONLY	I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER ▶ Beir Wanner Deputy Coroner		28B. DATE SIGNED April 10, 1990		29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined Suicide		30A. PLACE OF INJURY residence		30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	30C. DATE OF INJURY MONTH, DAY, YEAR 4-7-90		31. HOUR A.M.		32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY) 2437 Stern Deck, Bradley, CA		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) 20 gauge shotgun to head		34C. DATE MO. DAY, YEAR Apr. 13, 1990		35A. SIGNATURE OF EMBALMER not embalmed.	
FUNERAL DIRECTOR AND LOCAL REGISTRAR	34A. DISPOSITION(S) Cremation		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS 2437 Stern Deck, Bradley, CA		35B. LICENSE NUMBER ---		36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Kuehl-Nicolay, Buchheim Family		36B. LICENSE NO. FD-68		37. SIGNATURE OF LOCAL REGISTRAR ▶ [Signature]	
	38. REGISTRATION DATE April 10, 1990		39. CENSUS TRACT		40. STATE REGISTRAR		41. A.		42. B.		43. C.	
44. D.		45. E.		46. F.		47. G.		48. H.		49. I.		

VS-11 (REV. 3-89)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

This is to certify that this is a full, 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 Department4-20 1990 by **[Signature]**
Deputy RegistrarSTATE OF OREGON, ss.
County of Klamath

Filed for record at request of:

on this 24th day of Sept. A.D., 19 90
at 12:31 o'clock P.M. and duly recorded
in Vol. M90 of Deeds Page 19154

Evelyn Biehn County Clerk

By [Signature]
Deputy.

Fee, \$18.00