

Recording requested by
Elinor B. Grant
Attorney at Law
290 Chaplin Lane
San Luis Obispo, CA 93405
(805)543-4384

When recorded mail to
and Mail Tax statements to
Thomas L. Sheppard, Trustee
290 Chaplin Lane
San Luis Obispo, CA 93405

AFFIDAVIT -- DEATH OF TRUSTEE

STATE OF CALIFORNIA)
COUNTY OF SAN LUIS OBISPO)

THOMAS L. SHEPPARD, 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, and Kay a. Harvey became sole trustee.
5. Kay A. Harvey died on March 16, 1991, as evidenced by a certified copy of her Certificate of Death which is attached hereto and incorporated herein by reference.
6. Kay Asako Harvey named in the attached certified copy of Certificate of Death is the same person as Kay A. Harvey, named as trustee pursuant to the terms of the Declaration of Trust.
7. The trust was amended on April 26, 1990, and again on September 12, 1990. The second trust amendment names Satsuko Okumura as successor trustee, and Thomas L. Sheppard is named second successor trustee.
8. Article 9 of the second trust amendment provides:
Any named trustee may request the next successor trustee to serve with her or him for all or any trusts created pursuant to this trust agreement. Only one signature is required to execute trust checks, instruments or documents to conform to the requirements of the trust declaration.
9. On April 5, 1991, by written instrument, Satsuko Okumura requested Thomas L. Sheppard to serve with her as cotrustee. On April 2, 1991, Thomas L. Sheppard consented to act as cotrustee.
10. Thomas L. Sheppard, as successor cotrustee, is filing this Affidavit with the Klamath County Recorder to establish Satsuko Okumura and Thomas L. Sheppard as cotrustees pursuant to the aforesaid Declaration of Trust and to enable them to administer and distribute real property pursuant to the terms of said trust.

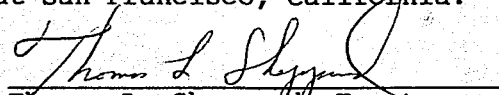
11. The trust estate includes an interest in certain real property located in Klamath County, Oregon, recorded as document no. 97978, on March 13, 1989 in Vol. M89, page 4216, and Affidavit - Death of Trustee recorded on September 20, 1990 in Vol. M90, page 19154, described as:

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.

12. Titleholder of the foregoing real property, until the death of Kay A. Harvey was Kay A. Harvey, Trustee of the C. R. and Kay A. Harvey Trust, initially created October 1, 1988. As a result of the death of Kay A. Harvey, Satsuko Okumura and Thomas L. Sheppard are cotrustees under the aforesaid Declaration of Trust.

I, THOMAS L. SHEPPARD, declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on April 19, 1991, at San Francisco, California.

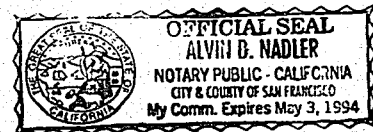

Thomas L. Sheppard, Trustee

STATE OF CALIFORNIA)
COUNTY OF SAN FRANCISCO)

On April 19, 1991, before me, Alvin B. Nadler personally appeared, Thomas L. Sheppard, Trustee, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature Alvin B. Nadler



1662W

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: Thomas L. Sheppard, Trustee
290 Chaplin Lane
San Luis Obispo, CA 93405

CERTIFICATE OF DEATH

STATE
FILE NO. 151

8284

1. DECEASED - FIRST NAME KAY		MIDDLE NAME ASAHO		LAST NAME HARVEY		2. SEX Female		3. DATE OF DEATH (MONTH, DAY, YEAR) March 16, 1991	
4a. RACE Japanese		4b. IS PERSON OF SPANISH ORIGIN? 10. Puerto Rican 20. Mexican 30. Cuban 40. Guatemalan & Guatemalan 50. Other & Unknown Spanish Origin NO		5a. AGE - LAST BIRTHDAY (YEAR) 65		5b. UNDER 1 YR. MOS. DAYS HOURS MIN.		6. DATE OF BIRTH (MONTH, DAY, YEAR) Aug. 5, 1925	
7a. ISLAND OF DEATH Oahu		7b. CITY, TOWN OR LOCATION OF DEATH Honolulu		7c. HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 1584 Epukane Street				7d. IF HOSP. OR INST. INDICATE DOA, OR EMER. SA, INPATIENT (SPECIFY) -	
8. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) Hawaii		9. CITIZEN OF WHAT COUNTRY U.S.A.		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) -		12. WAS RECORDING EVER IN U.S. ARMED FORCES? (Specify Yes or No) No	
13. SOCIAL SECURITY NUMBER 576-20-3193		14a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Mortgage Consultant - Retired		14b. KIND OF BUSINESS OR INDUSTRY Financial & Banking Services		14c. EDUCATION (Specify highest grade completed) 12			
15a. RESIDENCE - STATE Hawaii		15b. COUNTY Honolulu		15c. CITY, TOWN, OR LOCATION Honolulu		15d. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes		15e. NUMBER AND STREET 1584 Epukane Street, 96818	
16. FATHER - FIRST NAME Asaemon		MIDDLE NAME Komatsu		LAST NAME Matsuyo		17. MOTHER - FIRST NAME Yamane		MAIDEN NAME Yamane	
18a. INFORMANT - NAME Satsuko Okumura		18b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 222 Liliuokalani Avenue, Honolulu, Hawaii 96815							
19a. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation		19b. CEMETERY OR CREMATORY - NAME Oahu Crematory		19c. LOCATION Honolulu, Hawaii					
19d. DATE (MONTH, DAY, YEAR) March 22, 1991		19e. PERMIT NUMBER #281		20a. FUNERAL HOME - NAME HOSOI GARDEN MORTUARY, INC.		20b. FUNERAL DIRECTOR - SIGNATURE <i>Ken Nakano</i>			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and circumstances stated and described below (Items #21b through #27g where applicable) (Signature and Title) <i>Kenneth I. Nakano</i>		21b. DATE SIGNED (MO., DAY, YR.) 3/19/91		21c. TIME OF DEATH 7:30 A.		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ON		21e. PRONOUNCED DEAD (TIME) AT	
22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and circumstances stated and described below (Items #22b through #27g where applicable) (Signature and Title) <i>Kenneth I. Nakano</i>		22b. DATE SIGNED (MO., DAY, YR.) 3/19/91		22c. TIME OF DEATH 7:30 A.		22d. PRONOUNCED DEAD (MO., DAY, YR.) ON		22e. PRONOUNCED DEAD (TIME) AT	
23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (TYPE OR PRINT) Kenneth Nakano, M.D., 888 South King St., Honolulu, Hawaii 96813									
24a. REGISTRAR - SIGNATURE <i>J. S. Smith</i>		24b. DATE RECEIVED BY LOCAL REGISTRAR MAR 19 1991		24c. DATE FILED BY STATE REGISTRAR MAR 19 1991					
PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)									
IMMEDIATE CAUSE (a) MULTIPLE SCLEROSIS DUE TO, OR AS A CONSEQUENCE OF: (b) 3 YEARS DUE TO, OR AS A CONSEQUENCE OF: (c)								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
25. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST									
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART (a)									
26a. AUTOPSY (YES OR NO) NO									
26b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?									
27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		27b. DATE OF INJURY (MONTH, DAY, YEAR)		27c. TIME OF INJURY		27d. DESCRIBE HOW INJURY OCCURRED			
27e. INJURY AT WORK? (SPECIFY YES OR NO)		27f. PLACE OF INJURY-AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)							
27g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)									

APR - 2 1991

I CERTIFY THIS IS A TRUE COPY
OF THE RECORD ON FILE IN THE
HAWAII STATE DEPARTMENT OF HEALTH
Alvin T. Onoka, Ph.D.
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of _____ the 3rd day
of May A.D., 19 91 at 12:06 o'clock P M., and duly recorded in Vol. M91
of _____ Deeds on Page 8282

FEE \$18.00

Evelyn Biehn County Clerk

By Pauline M. Mulenbacher