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WHEN RECORDED MAIL TO:

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MTL 1396-6115

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF CALIFORNIA)
COUNTY OF ALAMEDA) ss.

JAMES BOWLES LAWRENCE and STEVEN ERNEST LAWRENCE,
of legal age, being first duly sworn, depose and say:

That JOHN H. LAWRENCE, the decedent mentioned in
the attached certified copy of Certificate of Death, is the same
person as JOHN HUNDALE LAWRENCE, trustee, named as one of the
parties in that certain Deed dated February 22, 1991, executed
by JOHN HUNDALE LAWRENCE to JOHN HUNDALE LAWRENCE, trustee under
the JOHN HUNDALE LAWRENCE 1991 TRUST AGREEMENT, recorded as
Instrument No. 27502 on March 28, 1991, in Volume M91, Page 5546
of County Records of Klamath, California, covering the property

26709

situated in the said County, State of California, described in Exhibit "A" attached hereto and incorporated herein by reference.

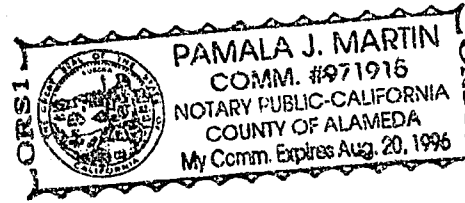
Pursuant to Article VII C.(1), the undersigned have now become the successor co-trustees under the aforementioned Trust Agreement by virtue of the death of John Hundale Lawrence.

James Bowles Lawrence
JAMES BOWLES LAWRENCE
Successor Co-Trustee

St. Ernest Jan
STEVEN ERNEST LAWRENCE
Successor Co-Trustee

Subscribed and Sworn to before me
this 15th day of October, 1992.

Pamala J. Martin
Notary Public Commissioned for Said
County and State



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CERTIFICATE OF DEATH										26710		
STATE OF CALIFORNIA										3-91-61 000677		
USE BLACK INK ONLY										LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
STATE FILE NUMBER			1A. NAME OF DECEDENT—FIRST (GIVEN)		1B. MIDDLE		1C. LAST (FAMILY)		2A. DATE OF DEATH—MO. DAY, YR.		2B. HOUR	
			John		H		Lawrence		Sept. 7, 1991		1333 M	
4. RACE			5. HISPANIC—SPECIFY		6. DATE OF BIRTH—MO. DAY, YR.		7. AGE IN YEARS		8. SEX		9. STATE OF BIRTH	
White			☒ YES ☐ NO		Jan. 7, 1904		87		M		SD	
6. STATE OF BIRTH			9. CITIZEN OF WHAT COUNTRY		10A. FULL NAME OF FATHER		10B. STATE OF BIRTH		11A. FULL MAIDEN NAME OF MOTHER		11B. STATE OF BIRTH	
SD			USA		Carl Lawrence		WI		Gunda Jacobson		SD	
12. MILITARY SERVICE			13. SOCIAL SECURITY NO.		14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)		16. YEARS IN OCCUPATION		17. EDUCATION—YEARS COMPLETED	
			578-44-2136		Wid.				32		17	
18. USUAL OCCUPATION			18B. USUAL KIND OF BUSINESS OR INDUSTRY		19. USUAL EMPLOYER		19B. CITY		19C. ZIP CODE			
Medical-Physics Professor			Education		U of C		Orinda		94563			
15A. RESIDENCE—STREET AND NUMBER OR LOCATION			15B. NUMBER OF YEARS IN THIS COUNTY		15C. STATE OR FOREIGN COUNTRY		20. NAME, RELATIONSHIP, MARITAL ADDRESS AND ZIP CODE OF INFORMANT					
220 Glorietta Blvd.			50		CA		Steven Lawrence - Son					
16D. COUNTY			16E. IF HOSPITAL, SPECIFY		16F. COUNTY		40 Jennifer Lane					
Contra Costa			IP		Alameda		Alamo, CA 94507					
19A. PLACE OF DEATH			19B. STREET ADDRESS—STREET AND NUMBER OR LOCATION		19C. CITY		22. WAS DEATH REPORTED TO CORONER?		23. WAS BIOPSY PERFORMED?		24. WAS AUTOPSY PERFORMED?	
Alta Bates Hospital			1 Colby Plaza		Berkeley		☐ YES ☒ NO		☐ YES ☒ NO		☐ YES ☒ NO	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)			21A. IMMEDIATE CAUSE		21B. DUE TO		21C. DUE TO		25. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25?		26. IF YES, LIST TYPE OF OPERATION AND DATE.	
			(A) CARDIAC ARREST		(B) MASSIVE STROKE				NO			
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21												
PHYSICIAN'S CERTIFICATION			27A. DECEASED ATTENDED SINCE		27B. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		27C. CERTIFIER'S LICENSE NUMBER		27D. DATE SIGNED			
			8/22/91		John M. Friedberg MD 3000 Colby St. Berkeley		6022473		9/5/91			
CORONER'S USE ONLY			29. MANNER OF DEATH—specify one: natural, accidental, suicide, homicide, pending investigation or could not be determined		30A. PLACE OF INJURY		30B. INJURY AT WORK		30C. DATE OF INJURY		30D. HOUR	
							☐ YES ☐ NO					
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)			34A. DISPOSITION(S)		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS		34C. DATE		35A. SIGNATURE OF EMBALMER		35B. LICENSE NUMBER	
			CR/BU		Cypress Lawn Mem. Park, Colma		9/11/91		Not Embalmed			
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)			36B. LICENSE NO.		37. SIGNATURE OF LOCAL REGISTRAR		38. REGISTRATION DATE		39. CENSUS TRACT			
Bayview Chapel, Berkeley			F 446		Camille Henry		SEP 10 1991					
STATE REGISTRAR			A.		B.		C.		D.		E.	

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF
THE DOCUMENT FILED IN THE CITY OF BERKELEY
DEPARTMENT OF PUBLIC HEALTH, BERKELEY, CALIFORNIA.

Camille Henry
HEALTH OFFICER

By: *Jensen Maruss*
DEPUTY

OCT 19 1991

Date:

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Mountain Title co. the 10th day
of Nov. A.D., 1992 at 2:53 o'clock P.M., and duly recorded in Vol. M92
of Deeds on Page 26708.

Evelyn Biehn County Clerk
By *Pauline Mullendore*

FEE \$20.00