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WHEN RECORDED MAIL TO:

Hubert Lenczowski, Esq.
KNOX RICKSEN
1999 Harrison Street, Suite 1700
Oakland, CA 94612-3500
Telephone: (510) 893-1000
MTC 1396-6115

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF CALIFORNIA)
) ss.
COUNTY OF ALAMEDA)

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

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

Steven Ernest Lawrence

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

ORS1 PAMALA J. MARTIN
COMM. #971916
NOTARY PUBLIC-CALIFORNIA
COUNTY OF ALAMEDA
My Comm. Expires Aug. 20, 1996

\hl\2748\trustaff.kla

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CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

3-91-61 000677

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN): John | 1B. MIDDLE: H | 1C. LAST (FAMILY): Lawrence

2A. DATE OF DEATH—MO. DAY. YR.: Sept. 7, 1991 | 2B. HOUR: 1333 | 3. SEX: M

4. RACE: White | 5. HISPANIC—SPECIFY: ☐ YES ☒ NO | 6. DATE OF BIRTH—MO. DAY. YR: Jan. 7, 1904 | 7. AGE IN YEARS: 87 | IF UNDER 1 YEAR: MONTHS / DAYS | IF UNDER 24 HOURS: HOURS / MINUTES

8. STATE OF BIRTH: SD | 9. CITIZEN OF WHAT COUNTRY: USA | 10A. FULL NAME OF FATHER: Carl Lawrence | 10B. STATE OF BIRTH: WI | 11A. FULL MAIDEN NAME OF MOTHER: Gunda Jacobson | 11B. STATE OF BIRTH: SD

12. MILITARY SERVICE? 19 ___ TO 19 ___ ☒ NONE | 13. SOCIAL SECURITY NO.: 578-44-2136 | 14. MARITAL STATUS: Wid. | 15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): ---

16A. USUAL OCCUPATION: Medical-Physics Professor | 16B. USUAL KIND OF BUSINESS OR INDUSTRY: Education | 16C. USUAL EMPLOYER: U of C | 16D. YEARS IN OCCUPATION: 32 | 17. EDUCATION—YEARS COMPLETED: 17

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION: 220 Glorietta Blvd. | 18B. CITY: Orinda | 18C. ZIP CODE: 94563

18D. COUNTY: Contra Costa | 18E. NUMBER OF YEARS IN THIS COUNTY: 50 | 18F. STATE OR FOREIGN COUNTRY: CA

20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT: Steven Lawrence - Son, 40 Jennifer Lane, Alamo, CA 94507

PLACE OF DEATH

19A. PLACE OF DEATH: Alta Bates Hospital | 19B. IF HOSPITAL, SPECIFY OPD/IP, ER/OP, DOA: IP | 19C. COUNTY: Alameda

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 1 Colby Plaza | 19E. CITY: Berkeley

22. WAS DEATH REPORTED TO CORONER? ☐ YES ☒ NO REFERRAL NUMBER

23. WAS BIOPSY PERFORMED? ☐ YES ☒ NO

24A. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO

24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☐ NO

CAUSE OF DEATH

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	CARDIAC ARREST	SECONDS
DUE TO (B)	MASSIVE STROKE	15 DAYS
DUE TO (C)	—	

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

PHYSICIAN'S CERTIFICATION

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: 8/22/91 | DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR: 9/6/91

27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER: John M. Friedberg MD | 27C. CERTIFIER'S LICENSE NUMBER: G022473 | 27D. DATE SIGNED: 9/9/91

27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS: John M. Friedberg MD 3000 Colby St. Berkeley

28B. 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

29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined

30A. PLACE OF INJURY | 30B. INJURY AT WORK ☐ YES ☐ NO | 30C. DATE OF INJURY MONTH, DAY, YEAR | 31. HOUR

32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)

33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION(S): CR/BU | 34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS: Cypress Lawn Mem. Park, Colma | 34C. DATE MO. DAY. YEAR: 9/11/91 | 35A. SIGNATURE OF EMBALMER: Not Embalmed | 35B. LICENSE NUMBER: ---

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Bayview Chapel, Berkeley | 36B. LICENSE NO.: F 446 | 37. SIGNATURE OF LOCAL REGISTRAR: [signature] | 38. REGISTRATION DATE: SEP 10 1991

STATE REGISTRAR

A.	B.	C.	D.	E.	F.	CENSUS TRACT

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.

[signature]
HEALTH OFFICER

By: [signature] DEPUTY

Date: OCT 19 1992

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