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Vol. m92 Page 26713

WHEN RECORDED MAIL TO:

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KNOX RICKSEN
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Oakland, CA 94612-3500
Telephone: (510) 893-1000
MTZ 1396-6117

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. 99053 on April 13, 1989, in Volume M89, Page 6226
of County Records of Klamath, California, covering the property

26714

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

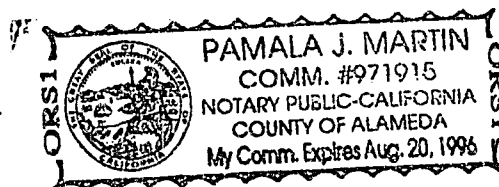
Pursuant to Article VII C.(1), the undersigned have now become the successor co-trustees under the aforementioned Trust Agreement by virtue of the death of John Hundale Lawrence.

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



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PARCEL 1:

Township 30 South, Range 10 East of the Willamette Meridian,
Klamath County, Oregon.

Section 24: SE1/4

Section 25: NE1/4

All that portion of the NW1/4 of Section 25, township 30 South, Range 10 East of the Willamette Meridian, Klamath County, Oregon, starting at the quarter section corner between Sections 24 and 25, Township 30 South, Range 10 East of the Willamette Meridian, thence South a distance of 2,640 feet; thence West 1,400 feet to the East bank of the Williamson River; thence North 35 degrees East 175 feet; thence North 425 feet; thence East 175 feet; thence North 20 degrees West 500 feet; thence North 495 feet; thence West 15 degrees North 165 feet; thence North 5 degrees West 640 feet; thence North 20 degrees West 450 feet; thence East a distance of 1,600 feet to the place of beginning.

PARCEL 2:

AN UNDIVIDED 1/4 INTEREST IN AND TO THE FOLLOWING:

Township 31 South, Range 10 East of the Willamette Meridian,
Klamath County, Oregon.

Section 1: Lots 3, 4, and 5, SW1/4 NW1/4, SW1/4, less 1.14 acres for right-of-way conveyed by deed from Geo M. Mayfield to Lamm Lumber Co., recorded April 28, 1930 in Volume 90, page 218, Deed Records of Klamath County, Oregon.

Section 2: SE1/4

Assessor's Parcel Nos. 3010 00000 02600
3110 00000 00200

CERTIFICATE OF DEATH										3-91-61		26716 000677		
STATE OF CALIFORNIA										LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER				
USE BLACK INK ONLY														
STATE FILE NUMBER										LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER				
1A. NAME OF DECEDENT—FIRST (GIVEN)			1B. MIDDLE		1C. LAST (FAMILY)			2A. DATE OF DEATH—MO. DAY, YR.		2B. HOUR		2C. SEX		
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. IF UNDER 1 YEAR		9. IF UNDER 24 HOURS	
White			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			Jan. 7, 1904			87					
8. 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)					
19 TO 19 <input checked="" type="checkbox"/> NONE			578-44-2136			Wid.								
16A. USUAL OCCUPATION			16B. USUAL KIND OF BUSINESS OR INDUSTRY			16C. USUAL EMPLOYER			16D. YEARS IN OCCUPATION		17. EDUCATION—YEARS COMPLETED			
Medical Physics Professor			Education			U of C			32		17			
18A. RESIDENCE—STREET AND NUMBER OR LOCATION										18B. CITY		18C. ZIP CODE		
220 Glorietta Blvd.										Orinda		94563		
18D. COUNTY			18E. NUMBER OF YEARS IN THIS COUNTY			18F. STATE OR FOREIGN COUNTRY			20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT					
Contra Costa			50			CA			Steven Lawrence - Son					
19A. PLACE OF DEATH			19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA			19C. COUNTY			40 Jennifer Lane					
Alta Bates Hospital			IP			Alameda			Alamo, CA 94507					
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION										19E. CITY		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER		
1 Colby Plaza										Berkeley		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)										23. WAS BOPSY PERFORMED?		24A. WAS AUTOPSY PERFORMED?		
(A) CARDIAC ARREST										SECONDS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
(B) MASSIVE STROKE										15 DAYS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
(C) —												24B. WAS IT USED IN DETERMINING CAUSE OF DEATH?		
												<input type="checkbox"/> YES <input type="checkbox"/> NO		
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				
1. 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		27B. DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR		
8/22/91										9/6/91		9/9/91		
27C. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER										27D. CERTIFIER'S LICENSE NUMBER		27E. DATE SIGNED		
John M. Friedberg MD										6022473		9/9/91		
27F. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS										John M. Friedberg MD 3000 Colby St. Berkeley				
1. 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		28B. DATE SIGNED		
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		
												<input type="checkbox"/> YES <input type="checkbox"/> 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)				
34A. DISPOSITION(S)		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS			34C. DATE MO. DAY, YEAR		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						
Bayview Chapel, Berkeley			F 446		[Signature]			SEP 10 1991						
STATE REGISTRAR		A.		B.		C.		D.		E.		F.		
												CENSUS TRACT		

VS-11 (REV. 1-90)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

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.

Carla Thompson
HEALTH OFFICER

By: *Jensen Mancuso*
DEPUTY

Date: OCT 19 1991

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title co. the 10th day
of Nov. A.D., 19 92 at 2:54 o'clock P.M., and duly recorded in Vol. M92
of Deeds on Page 26713.

FEE \$25.00

Evelyn Biehn County Clerk
By *Pauline Mullendore*