

Recording Requested by:  
Bruce B. Roberts, Esq.  
Attorney at Law

When recorded, return to:

Bruce B. Roberts, Esq.  
Bruce B. Roberts, Inc.  
2200 Sand Hill Road, Suite 160  
Menlo Park, CA 94025

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AFFIDAVIT - DEATH OF TRUSTEE

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The undersigned, of legal age, being first duly sworn, deposes and says: #6

1. WESTLEY R. NICHOLAS and DOLORES V. NICHOLAS, as Settlers, established the NICHOLAS FAMILY TRUST (the "Trust") on September 9, 1985. The Trust has continued in existence since that date and remains in full force and effect.

2. Pursuant to the terms of the Trust, WESTLEY R. NICHOLAS and DOLORES V. NICHOLAS were named as the original Trustees.

3. DOLORES V. NICHOLAS, also known as DOLORES VIRTUS NICHOLAS, died on January 1, 1993, as evidenced by the certified copy of the Death Certificate attached hereto.

4 Pursuant to the provisions of the Trust, the Trust was divided into two trusts, designated "Trust A" and "Trust B", upon the death of DOLORES V. NICHOLAS.

5. The Trust also provides that upon the death of DOLORES V. NICHOLAS, WESTLEY R. NICHOLAS was to continue to act as Trustee of Trust A and Trust B.

6. WESTLEY R. NICHOLAS is now acting as sole successor Trustee of Trust A and Trust B.

7. The Trust Estate of the Trust includes an interest in

dy  
2500

the following unimproved real property in the County of Klamath,  
State of Oregon, and further described as:

Lots 12 and 13, Block 88, Klamath Falls Forest Estates Highway  
66 Unit, Plat. No. 4 as recorded in Klamath County, Oregon.

Dated: May 3 1993

Westley R. Nicholas  
WESTLEY R. NICHOLAS

DECLARATION

I, the undersigned, state the following:

That I have read the foregoing AFFIDAVIT -- DEATH OF TRUSTEE, and I know the contents thereof, which are true of my own knowledge, except as to any matters therein stated upon my information or belief, and as to those matters, I believe them to be true.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this Declaration is executed on May 3 1993.

Westley R. Nicholas  
WESTLEY R. NICHOLAS

STATE OF CALIFORNIA )  
COUNTY OF ALAMEDA ) SS:

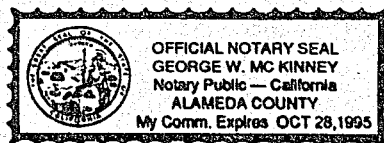
WESTLEY R. NICHOLAS, being duly sworn, deposes and says:  
That he is over the age of 18 years and has resided in the State of California for more than five years.

Westley R. Nicholas  
WESTLEY R. NICHOLAS

Subscribed and sworn to before me on 3rd DAY MAY 1993.

George W. McKinney  
NOTARY PUBLIC

(seal)



12626

# **CERTIFICATE OF DEATH** STATE OF CALIFORNIA USE BLACK INK ONLY

3-93-01

000053

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST (GIVEN)		1B. MIDDLE	1C. LAST (FAMILY)	LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
		DOLORES		VIRTUS	Nicholas	2A. DATE OF DEATH—MO, DAY, YR 2B. HOUR 3 SEX	
						January 1, 1993 0650 F	
4. RACE		5. HISPANIC—SPECIFY		6. DATE OF BIRTH—MO, DAY, YR		7. AGE IN YEARS	
BLACK		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		JULY 9, 1928		64	
8. STATE OF BIRTH		9. CITIZEN OF WHAT COUNTRY		10A. FULL NAME OF FATHER		10B. STATE OF BIRTH	
CA		USA		PHILLIP JOSEPH LOPEZ		CA	
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		572-36-3716		MARRIED		WESTLEY R. NICHOLAS	
16A. USUAL OCCUPATION		16B. USUAL KIND OF BUSINESS OR INDUSTRY		16C. USUAL EMPLOYER		16D. YEARS IN OCCUPATION	
OWNER		DAY CARE CENTER		SELF		18	
17. EDUCATION—YEARS COMPLETED		18A. RESIDENCE—STREET AND NUMBER OR LOCATION		18B. CITY		18C. ZIP CODE	
12		2326 VALLEY STREET		BERKELEY		94702	
18B. CITY		18C. ZIP CODE		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT			
				WESTLEY R. NICHOLAS (HUSBAND)			
				2326 VALLEY STREET			
				BERKELEY, CA 94702			
19A. PLACE OF DEATH		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA		19C. COUNTY		21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	
KAISER HOSPITAL		IP		ALAMEDA		21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION		19E. CITY		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
280 W MAC ARTHUR BLVD.		OAKLAND					
23. WAS BLOODY PERFORMED?		24A. WAS AUTOPSY PERFORMED?		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH?		26. WAS OPERA ON PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR		27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER		27C. CERTIFIER'S LICENSE NUMBER		27D. DATE SIGNED	
07/01/92		A. Klatsky, MD, 280 W MacArthur Blvd., Oakland, CA		45023		11/07/93	
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		30C. DATE OF INJURY MONTH, DAY, YEAR	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		34. DATE MO, DAY, YEAR		35A. SIGNATURE OF EMBALMER	
				1-7-93		NOT EMBALMED	
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		36B. LICENSE NO.		37. SIGNATURE OF LOCAL REGISTRAR		38. REGISTRATION DATE	
NEPTUNE SOCIETY OF OAKLAND		1325		[Signature]		JAN 07 1993	
STATE REGISTRAR		CENSUS TRACT					

THIS IS TO CERTIFY THAT IF BEARING THE SEAL OF THE ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY, THIS IS A TRUE COPY OF A RECORD ON FILE IN THE VITAL REGISTRATION SECTION, ALAMEDA COUNTY PUBLIC HEALTH SERVICE, OAKLAND, CALIFORNIA.

CARL L. SMITH, M.D., LOCAL REGISTRAR

BY: [Signature] DEPUTY

DATE: APR 22 1993

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of \_\_\_\_\_ the \_\_\_\_\_ 2nd \_\_\_\_\_ day  
of \_\_\_\_\_ June \_\_\_\_\_ A.D., 19 93 at 11:59 o'clock A.M., and duly recorded in Vol. M93  
of \_\_\_\_\_ Deeds \_\_\_\_\_ on Page 12623

FEE \$25.00

Evelyn Biehn County Clerk

By [Signature]