71752

11-23-93P02:58 RCVD Vol. m93 Page 31069

CERTIFICATE OF INCUMBENCY

STATE OF OREGON, County of Klamath) ss.

I, JEROME (JERRY) FRANK WENCL, being duly sworn, deposes and says:

1. Jerome (Jerry) Frank Wencl and Jean N. Wencl created a revocable living trust on October 25, 1990, which was entitled the "WENCL 1990 FAMILY TRUST".

2. Jerome (Jerry) Frank Wencl and Jean N. Wencl, or the survivor of them, was named in the said trust as the initial Trustee.

3. Jean N. Wencl died on October 25, 1993, and a certified copy of her death certificate is attached hereto and made a part hereof.

4. Jerome (Jerry) Frank Wencl, successor Trustee files this certifcate and hereby accepts the trusteeship of said Trust.

Jerome Frank Wencl
JEROME (JERRY) FRANK WENCL

SUBSCRIBED AND SWORN to before me this 22nd day of November, 1993.

OFFICIAL SEAL
MARSHA COBINE
NOTARY PUBLIC - OREGON
COMMISSION NO. 010757
MY COMMISSION EXPIRES NOV. 07, 1995

Marsha Cobine
NOTARY PUBLIC FOR OREGON
My Commission Expires: 11-7-95

After recording return to:

NEAL G. BUCHANAN
Attorney at Law
601 Main Street, Suite 215
Klamath Falls, OR 97601

NB/2 - CERTIFICATE OF INCUMBENCY - Solo

cc
15.00

31070

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

094177 I.D. TAG NO.
500 Local File Number
136- State File Number

PERMANENT IN BLACK INK

DECEDENT

1. DECEDENT'S NAME: First: Jean; Middle: Norma; Last: WENCL
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 25, 1993
4. SOCIAL SECURITY NUMBER: 352-20-8812
5a. AGE Last Birthday (Years): 65
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Sparta, IL
7. DATE OF BIRTH (Month, Day, Year): July 11, 1928
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Merle West Medical Center
9c. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Real Estate Salesperson
10b. KIND OF BUSINESS/INDUSTRY: Real Estate
11. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
12. SPOUSE (If Married, Widowed, Divorced): Jerome Frank Wencl
13a. RESIDENCE STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 29904 West Rainbow Rd.
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17. FATHER - NAME: first: Earl E.; middle: G.; last: Glasscock
18. MOTHER - NAME: first: Beulah; middle: ; maiden: Clendenen

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Cremation Service
19. INFORMANT - NAME and relationship to deceased: Jerome F. Wencl Spouse
20c. LOCATION (City or Town, State): Klamath Falls, OR

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Michael O'Hair
21b. LICENSE NUMBER (Of Licensee): 47 3287
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, 515 Pine St., Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year): OCT 26 1993
24. REGISTRAR'S SIGNATURE: Charlene Barcus
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN
27. TIME OF DEATH: 2:01 A.M.
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): Charles D Bury
30. DATE SIGNED (Month, Day, Year): October 26 1993
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Charles D. Bury M.D. 2300 Clairmont Street, Klamath Falls, OR 97601

TO BE COMPLETED ONLY BY MEDICAL EXAMINER
31a. TIME OF DEATH
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
33. DATE SIGNED (Month, Day, Year)

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest
PART I (a) Pneumonia — Interval between onset and death: 48 hours
DUE TO, OR AS A CONSEQUENCE OF:
(b) COPD c Severe CO_2 Retention — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
PART II (c) Cocaine addiction — Interval between onset and death:
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.
Congestive Heart failure

37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☐ No ☐ Unknown
38. AUTOPSY ☐ Yes ☒ No
39. If YES, were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A
40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY
41c. INJURY AT WORK? ☐ Yes ☐ No
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

ORIGINAL — VITAL STATISTICS COPY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

45-2 Rev 7/91

DATE ISSUED: OCT 26 1993

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON 1859

COUNTY DEPARTMENT OF KLAMATH OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Neal G. Buchanan
of November A.D., 19 93 at 2:58 o'clock P.M., and duly recorded in Vol. M93 of Deeds on Page 31069.

FEE $15.00

Evelyn Biehn County Clerk
By Annette Mueller