

CERTIFICATE OF INCUMBENCY

STATE OF OREGON, County of Klamath) ss.

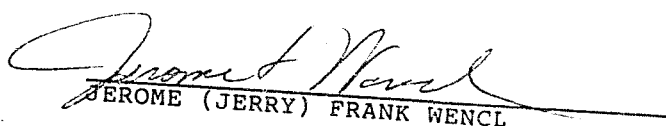
I, JEROME (JERRY) FRANK WENCL, being duly sworn, deposes and says:

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

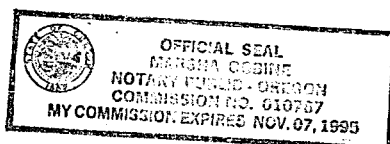
2. Jerome (Jerry) Frank Wencil and Jean N. Wencil, or the survivor of them, was named in the said trust as the initial Trustee.

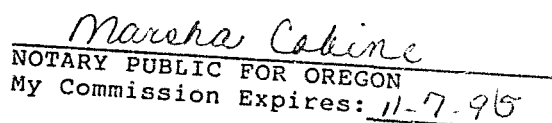
3. Jean N. Wencil died on October 25, 1993, and a certified copy of her death certificate is attached hereto and made a part hereof.

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


JEROME (JERRY) FRANK WENCL

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




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

31070

CERTIFICATION OF VITAL RECORD

094177 I.D. TAG NO. 500 Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH 136

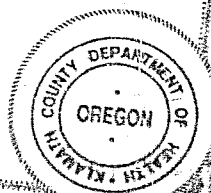
1. DECEDENT'S NAME: Jean Norma WENCL
2. SOCIAL SECURITY NUMBER: 352-20-8812
3. AGE LAST BIRTHDAY: 65
4. SEX: Female
5. DATE OF DEATH: October 25, 1993
6. PLACE OF DEATH: Sparta, IL
7. DATE OF BIRTH: July 11, 1928
8. FACILITY NAME: Merle West Medical Center
9. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
10. KIND OF BUSINESS/INDUSTRY: Real Estate
11. MARITAL STATUS: Married
12. SPOUSE: Jerome Frank Wencil
13. RESIDENCE STATE: Oregon
14. ZIP CODE: 97601
15. RACE: White
16. DECEASED'S EDUCATION: 12
17. FATHER'S NAME: Earl E. Gasscock
18. MOTHER'S NAME: Beulah Clendenen
19. INFORMANT: Jerome F. Wencil Spouse
20. METHOD OF DISPOSITION: Burial
21. PLACE OF DISPOSITION: Klamath Cremation Service
22. DATE FILED: OCT 26 1993
23. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? NO
24. TIME OF DEATH: 2:01 A.M.
25. DATE SIGNED: October 26 1993
26. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER: Charles D. Bury M.D. 2300 Clairmont Street, Klamath Falls, OR 97601
27. IMMEDIATE CAUSE: COPD - Severe CO2 Retention
28. OTHER SIGNIFICANT CONDITIONS: Chronic Heart Failure
29. MANNER OF DEATH: Natural
30. DATE OF INJURY: N/A
31. PLACE OF INJURY: N/A
32. TIME OF DEATH: N/A
33. DATE PROMOTED DEAD: N/A
34. ON THE BASIS OF EXAMINATION AND INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSAL AND MANNER STATED: YES
35. DATE SIGNED: N/A
36. DID TOBACCO USE CONTRIBUTE TO THE DEATH? NO
37. AUTOPSY: NO
38. YES OR NO HAVE FINDINGS CONTRIBUTED TO DETERMINING CAUSE OF DEATH? NO

ORIGINAL - VITAL STATISTICS COPY

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

DATE ISSUED: OCT 26 1993

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, 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
on Page 31069
By Evelyn Biehn County Clerk
Annette Mueller

FEE \$15.00