10-14-94P03:33 RCVD

89684

CERTIFICATE OF INCUMBENCY OF TRUSTEE
RALPH AND ESTHER ZIMMERMAN 1993 REVOCABLE TRUST
(Under Agreement dated April 7, 1993)

STATE OF OREGON, County of Klamath) ss.

I, ESTHER MAE ZIMMERMAN, being duly sworn, depose and say:

1. That the Ralph and Esther Zimmerman 1993 Revocable Trust was established by an Agreement dated April 7, 1993, between Ralph Matthew Zimmerman and Esther Mae Zimmerman as Trustors, and Ralph Matthew Zimmerman and Esther Mae Zimmerman as Trustees;

2. That one of the initial trustees, Ralph Matthew Zimmerman, died on September 24, 1994. A certified copy of the Certificate of Death regarding Ralph Matthew Zimmerman is attached hereto and made a part hereof.

3. That the Trust Agreement contemplates that in the event of the death of either of the initial Trustees, the survivor of them shall continue to serve as Trustee.

4. That Esther Mae Zimmerman, as Successor Trustee, was not appointed by a Court and is not required to be appointed by a Court under Oregon law.

5. That by her signature below, Esther Mae Zimmerman, does hereby consent to serve as Trustee of the Trust, accepting such position as Trustee.

DATED: This 13 day of October, 1994.

Esther Mae Zimmerman
ESTHER MAE ZIMMERMAN

SUBSCRIBED AND SWORN to before me October 13, 1994.

OFFICIAL SEAL
VIVIENNE I. HUSTEAD
NOTARY PUBLIC-OREGON
COMMISSION NO. 022731
MY COMMISSION EXPIRES APRIL 11, 1997

Vivienne I. Hustead
NOTARY PUBLIC FOR OREGON
My Commission Expires: 4-11-97

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

2/5

CERTIFICATION OF VITAL RECORD

32168

TYPE OR PRINT IN PERMANENT BLACK INK

156777 I.D. TAG NO.

423 Local File Number

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

136-

State File Number

DECEDENT

1. DECEDENT'S NAME: First: Ralph; Middle: Matthew; Last: ZIMMERMAN
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 24, 1994
4. SOCIAL SECURITY NUMBER: 501-09-4832
5a. AGE-Last Birthday (Years): 79
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Anamoose, ND
7. DATE OF BIRTH (Month, Day, Year): November 22, 1914
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 (Home (Specify) Foster Care
9b. FACILITY NAME (If not institution, give street and number): Coates Foster Care Home, 6421 Climax Ave.
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.): Salesman
10b. KIND OF BUSINESS/INDUSTRY: Steel & Supplies
11. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
12. SPOUSE (If Married, Widowed): Esther M.
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 1604 Derby Street
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 middle last: Frank Aleksavra Zimmerman
18. MOTHER - NAME first middle maiden: Delia Ellen Driessen

DISPOSITION

19. INFORMANT - NAME and relationship to deceased: Esther M. Zimmerman, wife
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Mausoleum ☐ Donation ☐ Removal from State ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens
20c. LOCATION - City or Town, State: Klamath Falls, Oregon 97603

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Ken D. Davenport
21b. LICENSE NUMBER (Of Licensee): FS-0124
22. NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194
23. DATE FILED (Month, Day, Year): SEP 27 1994
24. REGISTRAR'S SIGNATURE: Evelyn Simonson
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: 09:45 AM
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)
30. DATE SIGNED (Month, Day, Year): September 26, 1994
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): F. Geoffrey Marx, MD, 2614 Clover, Klamath Falls, Oregon 96701

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)

COUNTY

CAUSE OF DEATH

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

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
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) Parkinsons Disease
DUE TO, OR AS A CONSEQUENCE OF:
(b)
DUE TO, OR AS A CONSEQUENCE OF:
(c)

Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.
Dementia

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

CAUSE OF DEATH

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

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

ORIGINAL-VITAL STATISTICS COPY

DATE ISSUED: SEP 30 1994

Janet Bailey
JANET BAILEY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

COUNTY DEPARTMENT OF HEALTH OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Neal G. Buchanan the 14th day of Oct A.D., 19 94 at 3:33 o'clock P.M., and duly recorded in Vol. M94 of Deeds on Page 32167.

FEE $15.00

Evelyn Biehn - County Clerk
By Pauline Musselwhite