

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

STATE OF OREGON, County of Marion) ss.

I, STEVEN LANCE 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 Certificate of Incumbency indicating the acceptance of appointment by Esther Mae Zimmerman was recorded in the Records of Klamath County, Oregon, at Vol. M-94, page 32167.

3. The other of the initial trustees, Esther Mae Zimmerman, died on the 25th day of November, 1995. A certified copy of the Certificate of Death regarding Esther Mae Zimmerman is attached hereto and made a part hereof.

4. The Trust Agreement contemplates that in the event of the death of both of the initial Trustees, Steven Lance Zimmerman shall be appointed as Successor Trustee.

5. Steven Lance Zimmerman, as Successor Trustee, was not appointed by a Court and is not required to be appointed by a Court under Oregon law.

5. By his signature below, Steven Lance Zimmerman does hereby consent to serve as Trustee of the Trust, accepting such position as Trustee.

DATED: This 13 day of December, 1995.

Steven Lance Zimmerman
 STEVEN LANCE ZIMMERMAN

SUBSCRIBED AND SWORN to before me December 13, 1995.



Lorraine A. Kauffman
 NOTARY PUBLIC FOR OREGON
 My Commission Expires: 4/02/98

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

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PRINT IN
PERMANENT
BLACK INK

202918

I.D. TAG NO.

2103

Local File Number

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

136-

State File Number

| | | | | | | | |
|--|--|---|---|--|---|---|---|
| 1. DECEDENT'S First Name Esther | | Middle Name Mae | | Last Name ZIMMERMAN | | 2. SEX Female | 3. DATE OF DEATH (Month, Day, Year) November 25, 1995 |
| 4. SOCIAL SECURITY NUMBER 544-24-1081 | | 5a. AGE Last Birthday (Years) 71 | 5b. Under 1 Year Mos. Days Hours Mins. | 5c. Under 1 Day Hours Mins. | 6. BIRTHPLACE (City and State or Foreign Country) Ashland, Oregon | | 7. DATE OF BIRTH (Month, Day, Year) August 28, 1924 |
| 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ERO/Inpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) | | | | | |
| 9b. FACILITY NAME (If not institution, give street and number) Marian Estates Retirement Center | | | | 9c. CITY, TOWN, OR LOCATION OF DEATH Sublimity | | 9d. COUNTY OF DEATH Marion | |
| 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Cook | | 10b. KIND OF BUSINESS/INDUSTRY Klamath School District | | 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed | | 12. SPOUSE (If Married, Widowed, Divorced (Specify) Ralph Zimmerman | |
| 13a. RESIDENCE - STATE Oregon | | 13b. COUNTY Marion | | 13c. CITY, TOWN OR LOCATION Sublimity | | 13d. STREET AND NUMBER 610 Pine Street | |
| 15a. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 15b. ZIP CODE 97385 | | 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes White | | 16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) College (14 or 5+) 12th | |
| 17. FATHER - Name first middle last Owen Victor Davis | | | | 18. MOTHER - Name first middle maiden Carrie Louise Hall | | 19. INFORMANT - Name and relationship to deceased Steve Zimmerman-Son | |
| 20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) | | 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) City View Crematory | | 20c. LOCATION - City or Town, State Salem, Oregon | | | |
| 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Glenn Hilton</i> | | 21b. LICENSE NUMBER (If Licensed) 3528 | | 22. NAME, ADDRESS AND ZIP OF FACILITY Weddle Funeral Home Inc. P.O. Box 456 Stayton, Or. 97383 | | | |
| 23. DATE FILED (Month, Day, Year) DEC 4 1995 | | | | 24. REGISTRAR'S SIGNATURE <i>Ruth A. Johnson</i> | | | |
| 25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | 26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | | | |

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| TO BE COMPLETED BY CERTIFYING PHYSICIAN | | TO BE COMPLETED ONLY BY MEDICAL EXAMINER | |
| 27. TIME OF DEATH 3:25 AM | 28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 29a. TIME OF DEATH M | 29b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M |
| 29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Walter Whitman</i> | | 30. 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) <i>Walter Whitman</i> | |
| 30. DATE SIGNED (Month, Day, Year) Dec 1, 1995 | | 31. DATE SIGNED (Month, Day, Year) COUNTY | |
| 32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Walter Whitman, M.D. 1430 Commercial S.E. Salem, OR 97302 | | | |
| 33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | |
| 34. 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) ASTROCYTOMA | | Interval between onset and death | |
| (b) DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death | |
| (c) DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death | |
| PART II (d) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. CHRONIC RENAL FAILURE | | 35. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown | |
| 36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other | | 37. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 38. DATE OF INJURY (Month, Day, Year) | | 39. If YES were findings considered in determining cause of death? | |
| 39. TIME OF INJURY | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| 40. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 41. DESCRIBE HOW INJURY OCCURRED | |
| 41a. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify) | | 41b. LOCATION (Street and Number or Rural Route Number, City or Town, State) | |

ORIGINAL-VITAL STATISTICS COPY

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

DATE ISSUED:

DEC 4 1995

Ruth A. Johnson
COUNTY REGISTRAR
MARION COUNTY, OREGON

STATE OF OREGON; COUNTY OF KLAMATH : ss.

Filed for record at request of Neal G. Buchanan the 27 day
of Dec. A.D., 19 95 at 2:22 o'clock P. M., and duly recorded in Vol. M95
of Deeds on Page 35210

Bernetha G. Ietsch, County Clerk

FEE \$15.00

By *Susan Moody*