

Recording Requested By

ROSE C. KNIGHT

and when recorded mail to

ROSE C. KNIGHT

2831 Carlson Dr.

Shingle Springs, CA 95682

Mail tax statements to

ROSE C. KNIGHT

2831 Carlson Dr.

Shingle Springs, CA 95682

AFFIDAVIT - DEATH OF CO-TRUSTEE

State of California)

Documentary Transfer Tax \$-0-

County of El Dorado)

)ss

ROSE C. KNIGHT, of legal age, being first duly sworn, deposes and says:

That FLOYD ARTHUR KNIGHT, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as FLOYD A. KNIGHT, named as one of the trustees in that certain Deed recorded on March 16, 1993 in Vol. M93, of Deeds on Page 5359 of Official Records of the County of Klamath covering the following described property situated in the unincorporated area of the County of Klamath, State of Oregon.

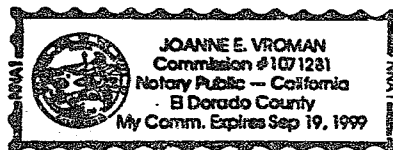
BLOCK 32, LOT 10, OF THE 4th ADDITION TO NIMROD RIVER PARK as shown on map in official records of said county.

Dated: 9/16/96

Rose C. Knight
ROSE C. KNIGHT, Trustee
of THE FLOYD A. KNIGHT
AND ROSE C. KNIGHT
REVOCABLE TRUST

Subscribed and sworn (affirmed) before me this 16th day of September, 1996.

L.S. Joanne E. Vroman



EL DORADO COUNTY

HEALTH DEPARTMENT

PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH

S 1996 09 000561

STATE FILE NUMBER		USDA BLANK FOR ONLY TWO CHARGES, KNOWLEDGE OR ALTERATIONS VS-11 (REV. 7/92)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED—FIRST, MIDDLE, LAST FLOYD ARTHUR KNIGHT		2. DATE OF BIRTH MM/DD/CCYY 04/08/1918		3. DATE OF DEATH MM/DD/CCYY 08/21/1996	
4. AGE YRS. 78		5. SEX M		6. HOUR 0210	
7. PLACE OF BIRTH UT		8. SOCIAL SECURITY NO. 529-03-1781		9. MARITAL STATUS MARRIED	
10. OCCUPATION ESTIMATOR/PLANNER		11. MILITARY SERVICE DEFENSE		12. USUAL EMPLOYER ALAMEDA NAVAL AIR BASE	
13. RACE WHITE		14. YEARS IN OCCUPATION 33		15. YEARS IN OCCUPATION 33	
16. RESIDENCE—STREET AND NUMBER OR LOCATION 2831 CARLSON DRIVE		17. CITY SHINGLE SPRINGS		18. COUNTY EL DORADO	
19. STATE OR FOREIGN COUNTRY CA		20. ZIP CODE 95682		21. YEAR IN COUNTY 6	
22. NAME OF SURVIVOR—FIRST, MIDDLE, LAST ROSE KNIGHT - WIFE		23. NAME OF SURVIVOR—FIRST, MIDDLE, LAST ROSE		24. LAST BORN NAME DIAS	
25. NAME OF FATHER—FIRST, MIDDLE, LAST JOSEPH		26. NAME OF MOTHER—FIRST, MIDDLE, LAST FLORENCE		27. LAST BORN NAME KNIGHT	
28. DATE MM/DD/CCYY 08/26/1996		29. PLACE OF FINAL DISPOSITION LOVE TREE CEMETERY 24591 FAIRVIEW AVE., HAYWARD, CA 94542		30. DATE MM/DD/CCYY 08/22/1996	
31. TYPE OF DISPOSITION BU		32. NAME OF FURNAL DIRECTOR SOERENSON BROS. MORTUARY		33. LICENSE NO. FD-126	
34. PLACE OF DEATH OWN RESIDENCE		35. STREET ADDRESS—STREET AND NUMBER OR LOCATION 2831 CARLSON DRIVE		36. CITY SHINGLE SPRINGS	
37. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE FOR LINE FOR A, B, C, AND D		38. TIME INTERVAL BETWEEN ONSET AND DEATH PROSTATE CANCER		39. DEATH REPORTED TO CORONER YES	
40. DUE TO (A) PROSTATE CANCER		41. DUE TO (B)		42. DUE TO (C)	
43. DUE TO (D)		44. DUE TO (E)		45. DUE TO (F)	
46. DUE TO (G)		47. DUE TO (H)		48. DUE TO (I)	
49. DUE TO (J)		50. DUE TO (K)		51. DUE TO (L)	
52. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE BY IN 107 COPD, CAD, PVD		53. WAS OPERATION PERFORMED FOR ANY CONDITION IN 107 OR 112? IF YES, LAST TYPE OF OPERATION AND DATE BIOPSY OF PROSTATE - --/--/1991		54. SIGNATURE AND TITLE OF CERTIFIER Michael Uhrick M.D.	
55. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED. 06/26/1996		56. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED. 08/02/1996		57. TYPE ATTENDING PHYSICIAN'S NAME, ADDRESS & ZIP 10725 INTERNATIONAL DRIVE, RANCHO CORDOVA, CA 95670	
58. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> UNDETERMINED		59. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) 10725 INTERNATIONAL DRIVE, RANCHO CORDOVA, CA 95670		60. DATE MM/DD/CCYY 08/21/1996	
61. SIGNATURE OF CORONER OR DEPUTY CORONER Stephen G. Drozdzal		62. DATE MM/DD/CCYY 08/21/1996		63. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER STEPHEN G. DROZDZAL, D.O. COUNTY HEALTH OFFICER	
64. STATE REGISTRAR A		65. FEE AUTH. # 103		66. CENSUS TRACT	

22872

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Department.

08/29/1996

DATE ISSUED

This copy is not valid unless prepared on an official form and signed by the date, seal and signature of the County Health Officer.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Rose Knight the 23rd day of October A.D., 19 96 at 3:48 o'clock P. M., and duly recorded in Vol. M96 of Deeds on Page 33630.

FEE \$15.00

Bernetha G. Letsch

County Clerk

By

Kathleen Ross