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RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:
Luther & Luther
P.O. Box 1030
Fair Oaks, CA 95628

CERTIFICATION OF SUCCESSOR TRUSTEE ON DEATH OF
TRUSTEE-SETTLOR OF REVOCABLE TRUST AND IRREVOCABLE TRUST

BRIAN R. LAW as successor Trustee of the Law Family Revocable Trust dated the 29th day of March, 1978, hereby declares as follows:

1. DONALD B. LAW, named as one of the trustees in said trust, died on the 11th day of August, 1985. A certified copy of the Death Certificate of DONALD B. LAW is attached hereto and incorporated herein by reference thereto.
2. IRENE S. LAW, the surviving Settlor, died on February 22, 1996, a resident of Napa County, California. A certified copy of the Death Certificate of IRENE S. LAW is attached hereto and incorporated herein by reference thereto.
3. On March 29, 1978, DONALD B. LAW and IRENE S. LAW executed the revocable trust referred to hereinabove naming themselves as Trustees.
4. Subsequent to the death of DONALD B. LAW, pursuant to Article 5 of said trust, the undersigned, BRIAN R. LAW, became successor Co-Trustee with IRENE S. LAW and has been acting in that capacity since that time.
5. On July 25, 1990, a conservator was appointed for IRENE S. LAW whereupon BRIAN R. LAW became the sole Trustee of the Law Family Trust of March 29, 1978.
6. Upon the death of DONALD B. LAW, a portion of the Law Trust became irrevocable.
7. BRIAN R. LAW, the undersigned, is now the sole Trustee of the IRENE S. LAW and DONALD B. LAW Trust, known as the Law Family Trust of March 29, 1978.
8. The Law Family Trust of March 29, 1978 continues to be in full force and effect and was in full force and effect on the date of death of the last of the Settlers to die, namely, IRENE S. LAW.
9. The trust has not been revoked, modified or amended in any way that would cause the representations contained in this certification to be incorrect.
10. A portion of the property transferred to the Law Family Revocable Trust was the following real property located in the County of Klamath, State of Oregon, described as follows:

30-

An undivided one-half interest in and to the following:

"Lots 17 and 18; The SE-1/4 and S-1/2 SW-1/4 Sec. 2; The W-1/2 SW-1/4 Sec. 1; The NE-1/4; The N-1/2 of NW-1/4 and SE-1/4 of NW-1/4 Sec. 11 all in Township 40 S.R. 11 E.W.M.

Subject to all easements and rights of way over and across said premises and contracts with the U.S. Government for irrigation or drainage."

Dated:

January 10, 1997

Brian R. Law

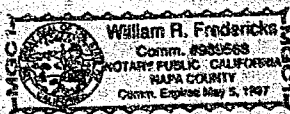
BRIAN R. LAW, Successor
and Sole Trustee

STATE OF CALIFORNIA

COUNTY OF NAPA

On January 10, 1997, before me, the undersigned notary public, personally appeared BRIAN R. LAW, personally known to me, or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

Witness my hand and official seal.



(SEAL)

William R. Fredericks
Signature of Notary

William R. Fredericks
Print or Typed Name

Capacity Claimed by Signer:

- ☐ Individual(s)
☐ Corporate -- Officer(s) Title: _____
☐ Partner(s) ☐ Limited ☐ General
☐ Attorney-in-Fact
☒ Trustee of Law Family Trust of March 29, 1978
☐ Guardian/Conservator
☐ Other: _____

Signer is Representing: _____

1879

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

4800

1076

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST Donald		1B. MIDDLE Baillie	
1C. LAST Law		1D. DATE OF DEATH—MONTH, DAY, YEAR August 11, 1985	
2. SEX Male		4. RACE/ETHNICITY White	
5. SPANISH/HAISPANG SR		6. DATE OF BIRTH May 13, 1913	
7. AGE 72		8. YEARS 1705	
9. NAME AND BIRTHPLACE OF FATHER Gordon Forbes Law / Scotland		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Annie Baillie / Scotland	
11A. COUNTRY OF BIRTH USA		11B. IF OCCURRED WAS EVER IN MILITARY (GIVE DATES OF SERVICE) 19-- TO 19--	
12. SOCIAL SECURITY NUMBER [REDACTED]		13. MARITAL STATUS Married	
14. NAME OF SURVIVING SPOUSE OR WIFE, ENTER WITH NAME Irene Schamp		15. KIND OF INDUSTRY OR BUSINESS Food Processing	
16. PRIMARY OCCUPATION Purchasing Agent		17. EMPLOYER OF SELF-EMPLOYED, NO STATE Basic Vegetable Prod.Co.	
18A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 121 Chestnut Street		18B. CITY OR TOWN Vacaville	
19. COUNTY Solano		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Irene S. Law (Wife) 121 Chestnut Street Vacaville, California 95688	
21A. PLACE OF DEATH Residence		21B. COUNTY Solano	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 121 Chestnut St.		21D. CITY OR TOWN Vacaville	
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE CONDITIONS, IF ANY, WHICH HAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST. (A) Gunshot wound to head with destruction of left cerebellum and brainstem. (B) DUE TO, OR AS A CONSEQUENCE OF (C) DUE TO, OR AS A CONSEQUENCE OF		23. WAS DEATH REPORTED TO CORONER? Yes	
24. WAS DEATH REPORTED TO CORONER? Yes		25. WAS DEATH REPORTED TO CORONER? No	
26. WAS DEATH REPORTED TO CORONER? Yes		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? None	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE [] I LAST SAW DECEDENT ALIVE [] (ENTER MO. DA. YR.) (ENTER MO. DA. YR.)		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE [REDACTED]	
29. TYPE PHYSICIAN'S NAME AND ADDRESS [REDACTED]		29C. DATE SIGNED August 11, 1985	
29D. PHYSICIAN'S LICENSE NUMBER [REDACTED]		29E. HOUR Fd. 1705	
30. SPECIFY ACCIDENT, SUICIDE, ETC. Suicide		31. PLACE OF INJURY Home	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) 121 Chestnut St. Vacaville		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) Self inflicted gunshot wound to head.	
34. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN ENQUEST-INVIGATION Investigation		35. CORONER—SIGNATURE AND DEGREE OR TITLE James E. O'Brien, Coroner	
36. CORONER'S LICENSE NUMBER AND SIGNATURE [REDACTED]		37. DATE SIGNED 8-14-85	
38. DISPOSITION Cremation		39. DATE—MONTH, DAY, YEAR Aug. 15, 1985	
40. NAME OF FUNERAL DIRECTOR (FOR PERSON ACTING AS SUCH) McCune Garden Chapel		41. LICENSE NO. #388	
42. LOCAL REGISTRAR—SIGNATURE [REDACTED]		43. DATE ACCEPTED BY LOCAL REGISTRAR AUG 16 1985	
44. STATE REGISTRAR [REDACTED]		45. DATE AUG 16 1985	

THIS IS A TRUE AND CORRECT COPY
OF THE DOCUMENT ON FILE IN THE
SOLANO COUNTY DEPARTMENT OF PUBLIC
HEALTH, VALLEJO, CALIFORNIA
[REDACTED]
HEALTH OFFICER AND LOCAL REGISTRAR
DATE: **AUG 16 1985**

1880

STATE FILE NUMBER		CERTIFICATE OF DEATH		3 1996 28 000166	
1. NAME OF DECEDENT - FIRST GIVEN		2. SURNAMES		3. LAST NAME	
IRENE		SCHAUPP		LAW	
4. DATE OF BIRTH MM/DD/CCYY		5. AGE YRS		6. SEX	
04/18/1915		80		F	
7. DATE OF DEATH MM/DD/CCYY		8. HOUR		9. TIME	
02/22/1996		0330			
10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARITAL STATUS	
OR				Widowed	
13. RACE		14. HISPANIC - SPECIFY		15. USUAL EMPLOYER	
Caucasian		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Travis Unified School District	
16. OCCUPATION		17. KIND OF BUSINESS		18. YEARS IN OCCUPATION	
Teacher		Education		14	
19. RESIDENCE - STREET AND NUMBER OR LOCATION		20. CITY		21. STATE OR FOREIGN COUNTRY	
3215 Buckeye Court		Napa		CA	
22. COUNTY		23. ZIP CODE		24. TRS IN COUNTY	
Napa		94558		6	
25. NAME, RELATIONSHIP		26. MAJOR ADDRESS STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP		27. LAST MAJOR IN NAME	
Brian R. Law - Son		3215 Buckeye Court, Napa, CA 94558		Schaupp	
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST	
Addie		H.		Knapper	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
A.		H.		Schaupp	
34. NAME OF MOTHER - FIRST		35. MIDDLE		36. LAST	
Addie		H.		Knapper	
37. DATE MM/DD/CCYY		38. PLACE OF DEATH		39. SIGNATURE OF REGISTRAR	
02/29/1996		RES: Brian R. Law: 3215 Buckeye Court, Napa, CA 94558		FD-388	
40. TYPE OF DISPOSITION		41. NAME OF FUNERAL DIRECTOR		42. SIGNATURE OF LOCAL REGISTRAR	
CR/RES		McCune Garden Chapel		Not Embalmed	
43. LICENSE NO.		44. DATE MM/DD/CCYY		45. SIGNATURE OF LOCAL REGISTRAR	
		02/23/1996		FD-388	
46. PLACE OF DEATH		47. IF HOSPITAL SPECIFY ONE		48. FACILITY OTHER THAN HOSPITAL	
Sierra Vista Care Center		IF <input type="checkbox"/> H <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> O <input type="checkbox"/> A <input type="checkbox"/> X <input type="checkbox"/> C <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> K <input type="checkbox"/> O <input type="checkbox"/> T <input type="checkbox"/> H <input type="checkbox"/> E <input type="checkbox"/> R		Napa	
49. STREET ADDRESS - STREET AND NUMBER OR LOCATION		50. CITY		51. STATE	
705 Trancas Street		Napa		CA	
52. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		53. TIME INTERVAL BETWEEN ONSET AND DEATH		54. DEATH REPORTED TO CORONER	
(A) End-stage Alzheimer's disease		Years		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
55. DUE TO (B)		56. DUE TO (C)		57. DUE TO (D)	
58. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OTHER THAN A, B, C, AND D		59. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE		60. SIGNATURE OF CORONER OR DEPUTY CORONER	
		No		02/23/1996	
61. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED		62. SIGNATURE AND TITLE OF CORONER		63. LICENSE NO.	
05/25/1995 01/21/1995		Dawn M. Groten, MD		G54516	
64. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED		65. TYPE ATTENDING PHYSICIAN'S NAME, ADDRESS - ZIP		66. DATE MM/DD/CCYY	
		Dawn M. Groten, MD, 3230 Beard Road, Napa, CA 94558		02/23/1996	
67. MANNER OF DEATH		68. MURDER BY WORK		69. MURDER DATE MM/DD/CCYY	
NATURAL <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PERIODIC INVESTIGATION <input type="checkbox"/> CORONER NOT BE DETERMINED <input type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		122. HOUR	
70. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)		71. SIGNATURE OF CORONER OR DEPUTY CORONER		72. DATE MM/DD/CCYY	
				02/23/1996	
73. SIGNATURE OF CORONER OR DEPUTY CORONER		74. DATE MM/DD/CCYY		75. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
				Robert S. Hill, M.D., Registrar	
76. SIGNATURE OF CORONER OR DEPUTY CORONER		77. DATE MM/DD/CCYY		78. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
				Robert S. Hill, M.D., Registrar	

This is to certify that this is a true copy of the record filed with the Napa County Health Department.

Robert S. Hill, M.D., Registrar
Napa County Health Department

STATE OF OREGON : COUNTY OF KLAMATH: ss.

Filed for record at request of Luther & Luther the 22nd day of January A.D. 19 97 at 10:14 o'clock A. M., and duly recorded in Vol. M97 of Deeds on Page 1876

FEE \$30.00

Bernetha G. Letsch, County Clerk

by Robert S. Hill