CERTIFICATE OF INCUMBENCY OF TRUSTEE
ROY H. RODGERS AND PAULINE RODGERS REVOCABLE TRUST
(Under Agreement dated May 11, 1992)

STATE OF OREGON, County of Klamath) ss.

I, ROY HERMAN RODGERS, being duly sworn, depose and say:

1. That an unnamed trust which has subsequently been referred to as the Rodgers Living Trust Estate, dated May 11, 1992, was established by an Agreement dated May 11, 1992, between Roy H. Rodgers and Pauline Rodgers as Trustors and Roy H. Rodgers and Pauline Rodgers as Initial Trustees;

97 JAN 22 P1:14

2. That one of the Initial Trustees, Pauline Rodgers, died on April 12, 1993. A certified copy of the Certificate of Death is attached hereto and made a part hereof.

3. The Initial Trust Agreement contemplates that in the event of the death of either of the Initial Trustees, the "survivor shall continue as the sole Trustee." (Paragraph 11 of the Agreement) As a result, Roy H. Rodgers is and qualifies as a Trustee of the said Trust Agreement.

4. That Roy H. Rodgers, as Trustee, was not appointed by a Court and is not required to be appointed by a Court under Oregon law.

5. That by his signature below, Roy H. Rodgers does hereby consent to serve as Trustee of the Trust, accepting such position as Trustee.

6. That pursuant to the Second Amendment to the Trust, the name of the Trust shall be and is hereby amended and shall hereafter be called the ROY H. RODGERS REVOCABLE TRUST.

DATED: This 21st day of January, 1997.

Roy Herman Rodgers
ROY H. RODGERS

SUBSCRIBED AND SWORN to before me January 21, 1997, by Roy H. Rodgers.

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
435 Oak Street
Klamath Falls, OR 97601

NB/2 - CERTIFICATE OF INCUMBENCY - Solo

15 LW

CERTIFICATION OF VITAL RECORD

094309
I.D. TAG NO.

178
Local File Number

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

1919

136-
State File Number

1. DECEDENT'S NAME: First: Pauline; Middle: –; Last: RODGERS
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 12, 1993
4. SOCIAL SECURITY NUMBER: [redacted]
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): Rocky Comfort, MO
7. DATE OF BIRTH (Month, Day, Year): April 16, 1913
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 ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Plum Ridge Care Center
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.): Homemaker
10b. KIND OF BUSINESS/INDUSTRY: Own Home
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Roy Rodgers
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 5608 Harlan Drive
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97603
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): 10; College (1-4 or 5+):
17. FATHER - NAME first middle last: Christopher C. Sanders
18. MOTHER - NAME first middle maiden: Addie Elwood Allman
19. INFORMANT - NAME and relationship to deceased: Roy Rodgers Spouse
20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Santa Rosa Memorial Park
20c. LOCATION - City or Town, State: Santa Rosa, California
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James O'Hair
21b. LICENSE NUMBER (Of Licensee): 52-0297
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year): APR 14 1993
24. REGISTRAR'S SIGNATURE: Carla Robinson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 11:24 A M
26. 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): [signature] M.D.
30. DATE SIGNED (Month, Day, Year): April 12, 1993

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
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

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Robert F. Bohnen M.D. 2610 Uhrhann Road Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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

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) Adenocarcinoma of colon with metastases — Interval between onset and death: 3 years
DUE TO, OR AS A CONSEQUENCE OF: (b) — Interval between onset and death
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: None
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

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: M
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

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED APR 14 1993

Edward J. Johnson II
EDWARD J. JOHNSON II, STATE REGISTRAR

STATE OF OREGON : COUNTY OF KLAMATH: ss.

Filed for record at request of Neal G. Buchanan the 22nd day of January A.D., 19 97 at 1:14 o'clock P. M., and duly recorded in Vol. M97 of Deeds on Page 1918

FEE $15.00

Bernetha G. Letsch, County Clerk
by Kathleen Ross