

CERTIFICATE OF INCUMBENCY OF TRUSTEE
MILDRED D. PUCKETT LIVING TRUST

AFTER RECORDING RETURN TO:
 Spencer, Ruamel, MacArthur & Porras
 419 Main Street
 Klamath Falls, OR 97601

STATE OF OREGON, County of Klamath)ss

I Della Bellotti, being first duly sworn, depose and say:

1. That the Mildred D. Puckett Living Trust Agreement was established by Mildred D. Puckett, aka Mildred D. Cunningham, aka Mildred D. Bergen by an Agreement dated April 10, 1992, between Mildred D. Puckett as Trustor and Mildred D. Puckett as Trustee;

2. That Mildred D. Puckett, died on September 1, 1997. A certified copy of the Certificate of Death is attached hereto and made a part hereof;

3. The Trust Agreement contemplates that in the event of the death of Mildred D. Puckett as the initial Trustee, that Della Bellotti shall serve as Successor Trustee;

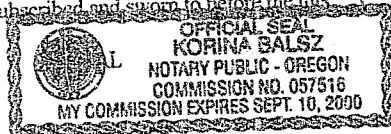
4. Della Bellotti, as Successor Trustee, was not appointed by a Court and is not required to be appointed by a court under Oregon law;

5. By her signature below, Della Bellotti, does hereby consent to serve as trustee of the Trust, accepting such position as Trustee.

DATED this 17 day of September, 1997.

Della Bellotti
 Della Bellotti

Subscribed and sworn to before me this 17th day of Sept, 1997.



Korina Balso
 Notary Public for Oregon
 My commission expires 9-10-2000

STATE OF OREGON, County of _____)ss.

I certify that the within instrument was received for record on the _____ day of _____, 19____,
 at _____ o'clock _____ M., and recorded in book/reel/volume No. _____ on page _____ or as
 fee/file/instrument/microfilm/reception No. _____, Record of Mortgages of said County.

Witness my hand and seal of County affixed.

Name _____ Title _____

By _____, Deputy

CERTIFICATION OF VITAL RECORD

PERMANENT
BLACK INK

234616

I.D. TAG NO.

460

Local File Number

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

30530

State File Number

1. DECEDENT'S NAME Mildred Delora Cunningham PUCKETT		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) September 1, 1997
4. SOCIAL SECURITY NUMBER 543-58-3719	5a. AGE Last Birthday (Years) 93	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign) Fairway, Oregon
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) Foster Care	
9. FACILITY NAME (If not institution, give street and number) Woodhaven Foster Care		10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	11. COUNTY OF DEATH Klamath
12. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		13. KIND OF BUSINESS/INDUSTRY Own Home	
14. RESIDENCE - STATE Oregon		15. COUNTY Klamath	16. CITY, TOWN OR LOCATION Klamath Falls
17. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		18. ZIP CODE 97603	19. STREET AND NUMBER 7014 Keller Court
20. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		21. RACE American Indian, Black, White, etc. (Specify) White	
22. FATHER - NAME first middle last Noah Kinsey		23. MOTHER - NAME first middle maiden Amanda Crow	
24. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Memorial Park	
26. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James O. Briggs</i>		27. LICENSE NUMBER (Of Licensee) CO-3572	
28. DATE FILED (Month, Day, Year) SEP 03 1997		29. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine St. Klamath Falls, OR 97601	
30. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		31. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
32. TO BE COMPLETED BY CERTIFYING PHYSICIAN			
33. TIME OF DEATH 4:55 P		34. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
35. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Wenda A. Warren</i> M.D.			
36. DATE SIGNED (Month, Day, Year) 9/2/97			
37. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Wenda A. Warren M.D. 1995 Main Street Klamath Falls, Oregon 97601			
38. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
39. 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) Pulmonary Fibrosis		Interval between onset and death	
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			
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide <input type="checkbox"/> Other		41. DATE OF INJURY (Month, Day, Year)	
42. TIME OF INJURY		43. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
44. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		45. DESCRIBE HOW INJURY OCCURRED	
46. 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.

DATE ISSUED: **SEP 03 1997**

Marlene Blevins
MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Della Bellotti the 17th day of Sept. A.D., 19 97 at 3:46 o'clock P. M., and duly recorded in Vol. M97 of Deeds on Page 30529.

FEE \$15.00 By Bernetha G. Letsch, County Clerk