

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

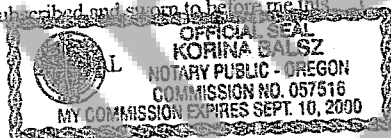
I Della Bellotti, being first duly sworn, depose and say:

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

97 SEP 17 P 3:46

CERTIFICATION OF VITAL RECORD

PERMANENT
BLACK INK

234516
I.D. TAG NO.
460
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH 136-

30530

State File Number

1. DECEDENT'S NAME First: Mildred Middle: Delora Last: Cunningham		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. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Outpatient <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify): Foster Care		8. BIRTHPLACE (City and State or Foreign) Fairway, Oregon	
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. MARITAL STATUS - Married Never Married, Widowed, Divorced (Specify): Widowed	
15. RESIDENCE - STATE Oregon		16. COUNTY Klamath		17. CITY, TOWN OR LOCATION Klamath Falls	
18. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19. ZIP CODE 97603		20. STREET AND NUMBER 7014 Keller Court	
21. 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		22. RACE American Indian, Black, White, etc. (Specify): White		23. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary (0-12) 12 College (14 or 2+)	
24. FATHER - NAME first middle last Noah Kinsey		25. MOTHER - NAME first middle maiden Amanda Crow		26. INFORMANT - Name and relationship to decedent Della Bellotti Daughter	
27. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify):		28. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Memorial Park		29. LOCATION - City or Town, State Klamath Falls, Oregon	
30. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James O. Biggs</i>		31. LICENSE NUMBER (Of Licensee) CO-3572		32. NAME, ADDRESS AND ZIP OF FACILITY Chapel's Funeral Chapel 515 Pine St. Klamath Falls, OR 97601	
33. DATE FILED (Month, Day, Year) SEP 03 1997		34. REGISTRAR'S SIGNATURE <i>Doreen Kennedy</i>		35. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
36. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		37. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			
<p>TO BE COMPLETED BY CERTIFYING PHYSICIAN</p> <p>38. TIME OF DEATH 4:55 P</p> <p>39. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>40. 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.</p> <p>41. DATE SIGNED (Month, Day, Year) 9/2/97</p> <p>42. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIED MEDICAL EXAMINER (Type or Print) Wenda A. Warren M.D. 1995 Main Street Klamath Falls, Oregon 97601</p> <p>43. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)</p> <p>44. 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)</p> <p>PART I (a) Pulmonary Fibrosis Interval between onset and death:</p> <p>(b) DUE TO, OR AS A CONSEQUENCE OF:</p> <p>(c) DUE TO, OR AS A CONSEQUENCE OF:</p> <p>PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I</p> <p>45. 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</p> <p>46. DATE OF INJURY (Month, Day, Year)</p> <p>47. TIME OF INJURY</p> <p>48. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>49. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)</p> <p>50. LOCATION (Street and Number or Rural Route Number, City or Town, State)</p>					

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