

CERTIFICATE OF INCUMBENCY OF TRUSTEE
BEATRICE AGNES GHERING LIVING TRUST
 (Under Declaration dated May 27, 1993)

STATE OF WASHINGTON, County of PIERCE) ss.

I, CECIL A. SHARPE, being duly sworn, depose and say:

1. That the Beatrice Agnes Ghering Living Trust was established by a Declaration dated May 27, 1993, between Beatrice Agnes Ghering as Grantor, and Beatrice Agnes Ghering and Cecil Sharpe as Co-Trustees;

2. That the Co-Trustee, Beatrice Agnes Ghering died on August 26, 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 Beatrice Agnes Ghering, Cecil Sharpe shall continue to act as Trustee until his death, resignation or inability to serve as Trustee.

4. That Cecil Sharpe, as such 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, Cecil Sharpe does hereby consent to continue to serve as Trustee of the Trust, accepting such position as Trustee.

DATED: This 6th day of Oct., 1997.

Cecil A. Sharpe
 CECIL A. SHARPE

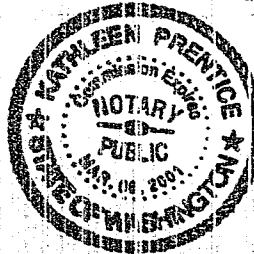
SUBSCRIBED AND SWORN to before me Oct. 6, 1997, 1997, by Cecil Sharpe.

Kathleen Prentice
 NOTARY PUBLIC FOR WASHINGTON

My Commission Expires: March 6, 2001

After recording return to:

NEAL G. BUCHANAN
 Attorney at Law
 435 Oak Street
 Klamath Falls, OR 97601



NB/2 - CERTIFICATE OF INCUMBENCY - Solo

97 OCT 14 AM 12:28

CP
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223955
I.D. TAG NO.
4419
Local File Number

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

33718
State File Number

1. DECEASED'S NAME: **Beatrice Agnes GHERING**
2. SEX: **Female**
3. DATE OF DEATH (Month, Day, Year): **August 25, 1997**
4. SOCIAL SECURITY NUMBER: **548-20-8266**
5. AGE-Last Birthday (Year): **98**
6. BIRTHPLACE (City and State or Foreign Country): **England**
7. DATE OF BIRTH (Month, Day, Year): **July 30, 1899**
8. WAS DECEASED EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9. PLACE OF DEATH (Check only one): ☐ Hospital ☐ Home ☐ Nursing Home ☐ Decedent's Home ☒ Other (Specify): **Foster Care**
10. FACILITY NAME (If not institution, give street and number): **4809 Summers Lane**
11. CITY, TOWN, OR LOCATION OF DEATH: **Klamath Falls**
12. COUNTY OF DEATH: **Klamath**
13. DECEASED'S USUAL OCCUPATION (Give last one during most of working life, Do not use retired): **Homemaker**
14. KIND OF BUSINESS/INDUSTRY: **Own Home**
15. MARITAL STATUS: **Widowed**
16. SPOUSE (If Married, Widowed, Divorced (Specify)): **Edwin G.**
17. RESIDENCE (State): **Oregon**
18. COUNTY: **Klamath**
19. CITY, TOWN OR LOCATION: **Klamath Falls**
20. STREET AND NUMBER: **4809 Summers Lane**
21. INSIDE CITY LIMITS? ☐ Yes ☒ No
22. ZIP CODE: **97603**
23. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If Yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ No ☒ Yes
24. RACE (American Indian, Black, White, etc. (Specify)): **White**
25. DECEASED'S EDUCATION (Specify only highest grade completed) (Elementary/Secondary (9-12) College (1-4 or 5+)): **12**
26. FATHER - NAME: first middle last: **James Albert Sharp**
27. OTHER - NAME: first middle maiden: **Lily Standen**
28. METHOD OF DISPOSITION: ☐ Burial ☐ Cremation ☒ Removal from State
29. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): **Picard Cemetery**
30. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: **M. Sharon Ward**
31. LICENSE NUMBER (If Licensee): **441**
32. NAME, ADDRESS AND ZIP OF FACILITY: **Ward's Klamath Funeral Home, Inc. 1945 Main / Klamath Falls, OR 97601**
33. DATE FILED (Month, Day, Year): **AUG 27 1997**
34. REGISTRAR'S SIGNATURE: **Dorris Kennedy**
35. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A
36. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

37. TIME OF DEATH: **1045**
38. MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
39. To the best of my knowledge, did (a) the time, date, place and (b) the cause(s) and manner of death occur as stated? (Signature): **James N. Beggs**
40. DATE SIGNED (Month, Day, Year): **8/27/97**
41. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print): **James N. Beggs, MD / 2300 Clairmont Street / Klamath Falls, OR 97601**
42. NAME OF ATTENDING PHYSICIAN OTHER THAN CERTIFYING PHYSICIAN (Type or Print):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

318. TIME OF DEATH: **11**
319. DATE PROHOUNCED DEAD (Month, Day, Year): **11**
320. On the basis of examination and/or investigation, in my opinion death occurred (a) the time, date, place and due to the cause(s) and manner stated. (Signature): **James N. Beggs**
321. DATE SIGNED (Month, Day, Year): **8/27/97**
322. COUNTY: **CLATSOP**

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

43. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE - OR (A), (B), AND (C), Do not enter in case of dying, i.e. Cardiac or Respiratory Arrest.)

(a) **Chronic Cor Pulmonale**
DUE TO, OR AS A CONSEQUENCE OF

(b) **Extreme Arterial Hypertension**
DUE TO, OR AS A CONSEQUENCE OF

(c) **Chronic Atrial Fibrillation**
DUE TO, OR AS A CONSEQUENCE OF

44. MANNER OF DEATH: ☒ Natural ☐ Pending investigation ☐ Accident ☐ Undetermined manner ☐ Suicide ☐ Homicide ☐ Legal Intervention ☐ Other

45. DATE OF INJURY (Month, Day, Year):

46. TIME OF INJURY:

47. INJURY AT WORK? ☐ Yes ☒ No

48. DESCRIBE HOW INJURY OCCURRED:

49. PLACE OF INJURY: (Home, farm, street, factory, office, building, etc. (Specify))

50. 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 CLATSOP COUNTY REGISTRAR

DATE ISSUED: **AUG 27 1997**

Bernetha G. Letsch
CLATSOP COUNTY REGISTRAR
CLATSOP COUNTY, OREGON

STATE OF OREGON, COUNTY OF CLATSOP

Filed for record at request of **Neal G. Buchanan** the **14th** day of **October**, A.D., 19 **97** at **11:28** o'clock **A. M.**, and duly recorded in Vol. **M37** of **Deaths** on Page **33717**

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