60034 '98 JUN 17 P1:20 Vol. M98 Page 20817

Recording requested by:
Stephen C. Gruber
Attorney at Law

WHEN RECORDED RETURN TO:
VIVIAN E. BLOMENKAMP
1023 Forest Avenue
Palo Alto, CA 94301

MAIL TAX STATEMENTS TO:

Same as above

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF CALIFORNIA)
) ss.
COUNTY OF SANTA CLARA)

I, VIVIAN E. BLOMENKAMP, being duly sworn, say:
I am 18 years of age or over. The decedent described in the attached certified copy of Certificate of Death is the same person as ROBERT W. BLOMENKAMP, who is named as the Trustee of the BLOMENKAMP FAMILY TRUST, established July 14, 1989, in the deed dated July 14, 1989, executed by ROBERT W. BLOMENKAMP and VIVIAN E. BLOMENKAMP to ROBERT W. BLOMENKAMP and VIVIAN E. BLOMENKAMP, as Trustees of the BLOMENKAMP FAMILY TRUST, established July 14, 1989, and recorded on July 17, 1989, in Vol. M89, page 12992, of the Official Records of Klamath County, Oregon, covering the property situated in the County of Klamath, State of Oregon, described as follows:

Lot 11, Block 9, Klamath Falls Forest Estates Highway 66 Unit, Plat No. 1, as recorded in Klamath County, Oregon.

DATED: 6-10-98

Vivian E. Blomenkamp, Trustee
VIVIAN E. BLOMENKAMP, Trustee of the
BLOMENKAMP FAMILY TRUST,
dated July 14, 1989

Subscribed and sworn to before me on 6-10-98, at Los Altos, California.

STEPHEN C. GRUBER
COMM. # 1043325
Notary Public — California
SANTA CLARA COUNTY
My Comm. Expires MAR 3, 1999

STEPHEN C. GRUBER
Notary Public for the
State of California

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CERTIFICATION OF VITAL RECORD

20818

COUNTY of SANTA CLARA

PUBLIC HEALTH

2220 MOORPARK AVENUE., SAN JOSE, CALIFORNIA 95128

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 7/97)

STATE FILE NUMBER — LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

Field	Entry
1. Name of decedent—First (Given)	Robert
2. Middle	William
3. Last (Family)	Blomenkamp
4. Date of birth mm/dd/ccyy	03/06/1925
5. Age yrs.	73
6. Sex	Male
7. Date of death mm/dd/ccyy	05/28/1998
8. Hour	1900
9. State of birth	NB
10. Social security no.	508-22-0157
11. Military service	[X] Yes [ ] No [ ] Unk
12. Marital status	Married
13. Education—years completed	16
14. Race	White
15. Hispanic—specify	[ ] Yes [X] No
16. Usual employer	S.R.I.
17. Occupation	Physicist
18. Kind of business	Research
19. Years in occupation	21

USUAL RESIDENCE

Field	Entry
20. Residence—street and number or location	1023 Forest Avenue
21. City	Palo Alto
22. County	Santa Clara
23. Zip code	94301
24. Yrs in county	32
25. State or foreign country	CA

INFORMANT

Field	Entry
26. Name, relationship	Vivian Blomenkamp, wife
27. Mailing address	1023 Forest Avenue, Palo Alto, Ca. 94301

SPOUSE AND PARENT INFORMATION

Field	First	Middle	Last	Birth state
28–30. Name of surviving spouse	Vivian	Elaine	Urwiller	
31–34. Name of father	William		Blomenkamp	NB
35–38. Name of mother	Ruth	-	Balderson	NB

DISPOSITION(S)

Field	Entry
39. Date mm/dd/ccyy	06/01/1998
40. Place of final disposition	At Sea Off The Coast of San Diego County
41. Type of disposition(s)	CR/SEA
42. Signature of embalmer	Not embalmed
43. License no.	-
44. Name of funeral director	Roller Hapgood Tinney
45. License no.	FD 132
46. Signature of local registrar	Martin D. Fenstersheib MD
47. Date mm/dd/ccyy	06/01/1998

PLACE OF DEATH

Field	Entry
101. Place of death	VA Health Care System
102. If hospital, specify one	[X] IP [ ] ER/OP [ ] DOA
104. County	Santa Clara
105. Street address	3801 Miranda Avenue
106. City	Palo Alto

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CAUSE OF DEATH

107. Death was caused by	Time interval between onset and death
Immediate cause (A) Hemorrhagic Cerebrovascular Accident	4 Days
Due to (B)	
Due to (C)	
Due to (D)	

108. Death reported to coroner: [ ] Yes [X] No
109. Biopsy performed: [ ] Yes [X] No
110. Autopsy performed: [X] Yes [ ] No
111. Used in determining cause: [ ] Yes [X] No

1850

112. Other significant conditions contributing to death but not related to cause given in 107: Diabetes, Hypertension, Coronary Atherosclerosis

113. Was operation performed for any condition in item 107 or 112? If yes, list type of operation and date: No

PHYSICIAN'S CERTIFICATION

114. I certify that to the best of my knowledge death occurred at the hour, date and place stated from the causes stated. Decedent attended since mm/dd/ccyy: 05/24/1998 — Decedent last seen alive mm/dd/ccyy: 05/28/1998

115. Signature and title of certifier: [signature]
116. License no.: A063386
117. Date mm/dd/ccyy: 05/29/1998
118. Type attending physician's name, mailing address, zip: ANIL RAMA, M.D., VA Health Care System 3801 Miranda Ave., Palo Alto, CA 94304

CORONER'S USE ONLY

119. Manner of death: [ ] Natural [ ] Suicide [ ] Homicide [ ] Accident [ ] Pending investigation [ ] Could not be determined
120. Injury at work: [ ] Yes [ ] No
121. Injury date mm/dd/ccyy — 122. Hour — 123. Place of injury
124. Describe how injury occurred (events which resulted in injury)
125. Location (street and number or location and city, zip)
126. Signature of coroner or deputy coroner — 127. Date mm/dd/ccyy — 128. Typed name, title of coroner or deputy coroner

H 1118039

STATE REGISTRAR A B C D E F G H — FAX AUTH. # 22013 — CENSUS TRACT

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS DATE ISSUED
COUNTY OF SANTA CLARA } By

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Martin D. Fenstersheib MD
MARTIN D. FENSTERSHEIB
HEALTH OFFICER AND LOCAL REGISTRAR OF BIRTHS AND DEATHS

06/04/1998

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of VIVIAN E. BLOMENKAMP the 17TH day of JUNE A.D., 19 98 at 1:20 o'clock P M., and duly recorded in Vol. M98 of DEEDS on Page 20817.

Bernetha G. Letsch, County Clerk

By Kathleen Ross

FEE $15.00