

64337

Vol. 178 Page 29604

Recording Requested by:

'98 JUN 12 AM 1:40

JAMES MARIANI, HomeTrust

All Tax Statements

and When Recorded Mail to:

Michael K. Dybka, Trustee

1626 David Drive

Escondido, California 92025

apn: R-354-02400-00200-000

AFFIDAVIT OF DEATH OF TRUSTEE

State of California

) ss.

County of San Diego

The undersigned, of legal age, being first duly sworn, deposes and says:

1. Michael K. Dybka and Rosemary C. Dybka, as Settlers, have heretofore entered into a Trust, dated JUNE 20, 1995, pursuant to which was established the DYBKA FAMILY TRUST.
2. Pursuant to the terms of the Trust, Michael K. Dybka and Rosemary C. Dybka were named as the original Trustees.
3. The Trust provides that, "On the death, resignation, or incapacity of either: Michael K. Dybka or Rosemary C. Dybka the other shall become sole Trustee."
4. ROSEMARY CELIA DYBKA, aka Rosemary C. Dybka, became deceased on APRIL 24, 1996, as evidenced by a certified copy of HER Certificate of Death, which is attached hereto as Exhibit "A" and incorporated herein by reference.
5. MICHAEL KARL DYBKA, aka Michael K. Dybka, mentioned in the copy of the Certificate of Death, attached as Exhibit "A", is the same person named as Co-Trustee pursuant to the terms of The Michael K. Dybka and Rosemary C. Dybka 1995 REVOCABLE TRUST.
6. MICHAEL K. DYBKA is filing this Affidavit with the Klamath County Recorder of the State of Oregon to establish his succession as sole Trustee pursuant to the aforesaid Trust, and to enable him to administer and, if necessary, sell real estate pursuant to the terms of such Trust.
7. The Trust Estate includes an interest in real property located in KLAMATH County, OREGON, which is more fully described: EXHIBIT "A" ATTACHED AS LEGAL DESCRIPTION.
8. Titleholder of the foregoing real property until the death of ROSEMARY CELIA DYBKA was Michael K. Dybka and Rosemary C. Dybka, Trustees of THE Michael K. Dybka and Rosemary C. Dybka 1995 REVOCABLE TRUST dated JUNE 20. As a result of the death of ROSEMARY CELIA DYBKA, the sole title-holder will be MICHAEL K. DYBKA, the SURVIVING and sole Trustee under the aforesaid Trust.

Dated: 12th DAY OF JUNE, 1998.

Michael K. Dybka, Trustee
MICHAEL K. DYBKA, TRUSTEE

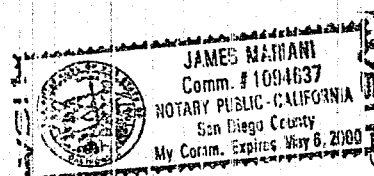
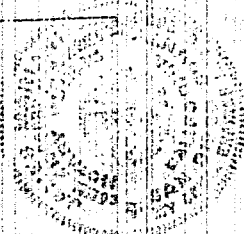
SUBSCRIBED AND SWORN TO before me, the undersigned Notary Public, this 12th day of JUNE, 1998, by MICHAEL K. DYBKA.

My

Commission

Expires: MAY 6, 2000.

JAMES MARIANI Notary Public



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[EXHIBIT "A"]

APN: R-3511 - 02400 - 00200 - 000

Township 35, Range 11, Section 24.

SEQ of the NE1/4 of the NE1/4.

29606

CERTIFICATE OF DEATH

STATE FILE NUMBER		STATE OF OREGON		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)	
Rosemary		Celia		Dybka	
4. DATE OF BIRTH MM/DD/CCYY		5. AGE YEARS		6. SEX	
02/15/1916		80		Female	
7. DATE OF DEATH MM/DD/CCYY		8. HOUR		9. PLACE OF DEATH	
04/24/1996		1945		1945	
10. SOCIAL SECURITY NO.		11. MARRITAL STATUS		12. YEARS COMPLETED	
320-09-0859		Married		12	
13. RACE		14. HISPANIC—SPECIFY		15. USUAL EMPLOYER	
White		YES ☐ NO ☒		Gold Craft, Inc.	
16. OCCUPATION		17. YEARS IN OCCUPATION		18. YEARS IN OCCUPATION	
Secretary/Clerk		Manufacturing Golf Clubs		7	
19. RESIDENCE—STREET AND NUMBER OR LOCATION					
1626 David Drive					
20. CITY		21. STATE OR FOREIGN COUNTRY		22. ZIP CODE	
Escondido		CA		92026	
23. NAME OF RELATIONSHIP					
Michael Karl Dybka Husband					
24. MARITAL ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)					
1626 David Drive, Escondido, CA 92026					
25. NAME OF SURVIVOR—FIRST		26. MIDDLE		27. LAST (FAMILY NAME)	
Michael		Karl		Dybka	
28. NAME OF SURVIVOR—FIRST		29. MIDDLE		30. LAST (FAMILY NAME)	
Joseph		Joel		Dyblin	
31. NAME OF SURVIVOR—FIRST		32. MIDDLE		33. LAST (FAMILY NAME)	
Marie		E.		Vain	
34. PLACE OF FINAL RESIDENCE					
RES/Michael Karl Dybka 1626 David Drive Escondido, CA 92026					
35. TYPE OF DISPOSITION		36. SIGNATURE OF REGISTRAR		37. LICENSE NO.	
Cremation/RES		Not Embalmed		—	
38. NAME OF FUNERAL DIRECTOR		39. LICENSE NO.		40. SIGNATURE OF FUNERAL DIRECTOR	
Alhiser Wilson Mortuary		297		[Signature]	
41. PLACE OF DEATH		42. IF HOSPITAL, CHECK ONE		43. FACILITY OTHER THAN HOSPITAL	
Beverly Manor Convalescent		☐ IP ☐ ENUOP ☐ DOA		☒ CON ☐ RES ☐ OTHER	
44. STREET ADDRESS—STREET AND NUMBER OR LOCATION		45. CITY		46. STATE	
421 E. Mission Avenue		Escondido		CA	
47. DEATH WAS CAUSED BY: (CHECK ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		48. TIME INTERVAL BETWEEN ONSET AND DEATH		49. DEATH REPORTED TO CORoner	
IMMEDIATE CAUSE (A) Hepatic coma		1 day		☐ YES ☒ NO	
DUE TO (B) Idiopathic cirrhosis		Years		☐ YES ☒ NO	
DUE TO (C)				☐ YES ☒ NO	
DUE TO (D)				☐ YES ☒ NO	
50. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 47					
ASHD					
51. WAS OPERATION PERFORMED FOR ANY CONDITION LISTED 47 OR 50? IF YES, LIST TYPE OF OPERATION AND DATE					
No					
52. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE LISTED		53. REGISTRAR (M.D.)		54. LICENSE NO.	
12/14/1993		[Signature]		AZ1806	
55. TYPE AND ADDRESS OF PLACE WHERE DEATH OCCURRED		56. DATE AND TIME OF DEATH		57. PLACE OF DEATH	
Occident last seen alive 04/18/1996		04/24/1996		92025	
58. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE LISTED		59. BIRTH AT WORK		60. BIRTH DATE MM/DD/CCYY	
119. MANNER OF DEATH		61. BIRTH HOUR		62. PLACE OF BIRTH	
☐ NATURAL ☐ SUICIDE ☐ HOMICIDE		☐ YES ☐ NO			
☐ ACCIDENT ☐ PERSONAL OR ESTABLISHED ☐ DETERMINED					
63. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)					
120. SIGNATURE OF CORONER OR DEPUTY CORONER					
[Signature]					
64. DATE AND TIME OF DEATH					
04/26/1996					
65. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER					
Bernetha G. Lisch, County Clerk					
66. FAX AUTH. # 9606480					

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of James Marland the 12th day of August A.D. 19 98 at 11:40 o'clock A. M., and duly recorded in Vol. M98 of Deeds on Page 29606.

FEE \$20.00

By Kathleen Ross Bernetha G. Lisch, County Clerk

COUNTY OF SAN DIEGO - DEPARTMENT OF HEALTH SERVICES 3851 ROSECRANS ST. THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF SAN DIEGO, DEPARTMENT OF HEALTH SERVICES, THIS IS A TRUE COPY OF THE ORIGINAL DOCUMENT FILED.

REGISTRAR OF VITAL RECORDS

DATE ISSUED: May 07, 1996

REQUIRED FEE PAID