64337

Recording Requested by '98 MAY 12 A11:40 Vol. M98 Page 29604

JAMES MARIANI, HomeTrust

All Tax Statements
and When Recorded Mail to:
Michael K. Dybka, Trustee
1626 David Drive
Escondido, California 92025
apn: R-3511-02400-00200-000

## 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 Settlors, 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

JAMES MARIANI
Comm. # 1094637
NOTARY PUBLIC-CALIFORNIA
San Diego County
My Comm. Expires May 6, 2000

# EXHIBIT "A"

APN: R-3511-02400-00200-000

Township 35, Range 11, Section 24.
SEQ of the NEQ of the NEQ.

29606

# CERTIFICATE OF DEATH

STATE OF CALIFORNIA — LOCAL REGISTRATION NUMBER

STATE FILE NUMBER

| | | | | | |
|---|---|---|---|---|---|
| 1. NAME OF DECEDENT—FIRST (GIVEN) | 2. MIDDLE | 3. LAST (FAMILY) | | | |
| Rosemary | Celia | Dybka | | | |
| 4. DATE OF BIRTH MM/DD/CCYY | 5. AGE YRS. | UNDER 1 YEAR: MONTHS / DAYS; UNDER 1 DAY: HOURS / MINUTES | 6. SEX | 7. DATE OF DEATH MM/DD/CCYY | 8. HOUR |
| 02/15/1916 | 80 | | Female | 04/24/1996 | 1945 |
| 9. STATE OF BIRTH | 10. SOCIAL SECURITY NO. | 11. MILITARY SERVICES: 19__ TO 19__ / NONE | 12. MARITAL STATUS | 13. EDUCATION — YEARS COMPLETED | |
| IL | 320-09-0859 | | Married | 12 | |
| 14. RACE | 15. HISPANIC — SPECIFY: YES / X NO | 16. USUAL EMPLOYER | | | |
| White | | Golf Craft, Inc. | | | |
| 17. OCCUPATION | 18. KIND OF BUSINESS | 19. YEARS IN OCCUPATION | | | |
| Secretary/Clerk | Manufacturing Golf Clubs | 7 | | | |

20. RESIDENCE—STREET AND NUMBER OR LOCATION: 1626 David Drive

| | | | | |
|---|---|---|---|---|
| 21. CITY | 22. COUNTY | 23. ZIP CODE | 24. YRS IN COUNTY | 25. STATE OR FOREIGN COUNTRY |
| Escondido | San Diego | 92026 | 44 | CA |

| | |
|---|---|
| 26. MARR. RELATION/HSB | 27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZI |
| Michael Karl Dybka Husband | 1626 David Drive, Escondido, CA 92026 |

| | | | |
|---|---|---|---|
| 28. NAME OF SURVIVING SPOUSE—FIRST | 29. MIDDLE | 30. LAST (MAIDEN NAME) | |
| Michaela | Karl | Dybka | |
| 31. NAME OF FATHER—FIRST | 32. MIDDLE | 33. LAST | 34. BIRTH STA |
| Joseph | Joel | Draplin | CO |
| 35. NAME OF MOTHER—FIRST | 36. MIDDLE | 37. LAST MARRIED | 38. BIRTH STA |
| Marie | E. | Vein | MO |

39. DATE MM/DD/CCYY: 04/29/1996 — 40. PLACE OF FINAL DISPOSITION: RES/Michael Karl Dybka 1626 David Drive Escondido, CA 92026

| | | | |
|---|---|---|---|
| 41. TYPE OF DISPOSITION(S) | 42. SIGNATURE OF EMBALMER | 43. LICENSE NO. | |
| Cremation/RES | ▶ Not Embalmed | - | |
| 44. NAME OF FUNERAL DIRECTOR | 45. LICENSE NO. | 46. SIGNATURE OF LOCAL REGISTRAR | 47. DATE MM/DD/CCYY |
| Alhiser Wilson Mortuary | 297 | ▶ [signature] | 04/26/1996 |

| | | | |
|---|---|---|---|
| 101. PLACE OF DEATH | 102. IF HOSPITAL, SPECIFY ONE: IP / ER/OP / DOA | 103. FACILITY OTHER THAN HOSPITAL: CONVAL HOME / RES. / OTHER | 104. COUNTY |
| Beverly Manor Convalescent | | X | San Diego |
| 105. STREET ADDRESS—STREET AND NUMBER OR LOCATION | | | 106. CITY |
| 421 E. Mission Avenue | | | Escondido |

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

| | | TIME INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE | (A) Hepatic coma | 1 day |
| DUE TO | (B) Idiopathic cirrhosis | Years |
| DUE TO | (C) | |
| DUE TO | (D) | |

108. DEATH REPORTED TO CORONER: YES / X NO — REFERRAL NUMBER

109. BIOPSY PERFORMED: YES / X NO

110. AUTOPSY PERFORMED: YES / X NO

111. USED IN DETERMINING CAUSE: YES / X NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: ASHD

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE: NO

| | | | |
|---|---|---|---|
| 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: 12/14/1993 — DECEDENT LAST SEEN ALIVE MM/DD/CCYY: 04/18/1996 | 115. SIGNATURE AND TITLE OF CERTIFIER: [signature] MD | 116. LICENSE NO.: A21806 | 117. DATE MM/DD/CCYY: 04/26/1996 |
| | 118. TYPE ATTENDED PHYSICIAN'S NAME, MAILING ADDRESS AND ZIP: Norman Pincock, MD 488 E. Valley Prkwy, #411 Escondido, CA 92025 | | |

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

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 AND ZIP CODE)

126. SIGNATURE OF CORONER OR DEPUTY CORONER — 127. DATE RECEIVED/CCYY — 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER

A | B | C | D | E | F | G | H — SAE AUTH. # 9606480 — CENSUS TRACT

REGISTRAR OF VITAL RECORDS

DATE ISSUED: MAY 07, 1996

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.

REQUIRED FEE PAID

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of James Mariani 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 29604.

Bernetha G. Letsch, County Clerk

By Kathleen Knee

FEE $20.00