

98 DEC 18 P2:30

**CERTIFICATE OF INCUMBENCY OF TRUSTEE**  
**HOPKINS FAMILY TRUST AGREEMENT**

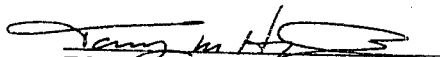
(Under agreement dated August 28, 1989)

STATE OF OREGON, County of Klamath) ss.


I, Tommy M. Hopkins, being duly sworn, depose and say:

1. That the Hopkins Family Trust Agreement was established by an Agreement dated August 28, 1989, between James O. Hopkins and Nedra M. Hopkins as Grantors or Trustors, and James O. Hopkins and Nedra M. Hopkins as Co-Trustees;
2. That the initial Co-Trustees have died, Nedra M. Hopkins on November 27, 1995, and James O. Hopkins on September 14, 1998. A certified copy of the Certificates of Death are attached hereto and made a part hereof.
3. The Hopkins Family Trust Agreement contemplates that in the event of the death of both of the initial Co-Trustees, the Successor Trustee, Tommy M. Hopkins shall continue to serve as Trustee of the Hopkins Family Trust.
4. Tommy M. Hopkins, as Successor Trustee, was not appointed by a Court and is not required to be appointed by a Court under Oregon law.
5. By his signature below, Tommy M. Hopkins does hereby consent to serve as Trustee of the Hopkins Family Trust, accepting such position as Trustee.

DATED: This 18 day of DEC, 1998

  
 TOMMY M. HOPKINS

SUBSCRIBED AND SWORN to before me Dec 18, 1998,  
 by Tommy M. Hopkins

  
 NOTARY PUBLIC OR OREGON  
 My Commission Expires June 2, 2001



After Recording return to:  
 TOMMY M. HOPKINS  
 13784 Keno-Worden Road  
 Klamath Falls, Or. 97603

el:

46417

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BLACK INK

265229  
I.D. TAG NO.

448  
Local File Number

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

136

State File Number

1. DECEDENT'S NAME First: <u>James</u> Middle: <u>Orville</u> Last: <u>HOPKINS</u>			2. SEX <u>Male</u>	3. DATE OF DEATH (Month, Day, Year) <u>September 14, 1998</u>
4. SOCIAL SECURITY NUMBER <u>540-16-1427</u>	5a. AGE-Last Birthday (Years) <u>86</u>	5b. Under 1 Year Mo. <u>  </u> Days <u>  </u> Hours <u>  </u> Mins. <u>  </u>	6. BIRTH PLACE (City and State or Foreign Country) <u>Lowndes, Missouri</u>	7. DATE OF BIRTH (Month, Day, Year) <u>February 19, 1912</u>
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
9. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER				
10. FACILITY NAME (If not institution, give street and number) <u>13776 Keno Worden Road</u>			11. PLACE OF DEATH (Check only one) <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
12. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Mechanic</u>			13. COUNTY OF DEATH <u>Klamath</u>	
14. KIND OF BUSINESS/INDUSTRY <u>Neuerhaus</u>			15. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Widowed</u>	
16. RESIDENCE - STATE <u>Oregon</u>			17. SPOUSE (If Married, Widowed, Divorced) (Specify) <u>Nedra Hopkins</u>	
18. COUNTY <u>Klamath</u>			19. CITY, TOWN OR LOCATION OF DEATH <u>Klamath Falls</u>	
20. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			21. STREET AND NUMBER <u>13776 Keno Worden Road</u>	
22. ZIP CODE <u>97603</u>			23. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
24. MARRIAGE OF DECEDENT'S ORIGIN (Specify No or Yes - Single, Jewish, Muslim, Puerto Rican, etc.) <u>Specified</u>			25. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>Elementary/Secondary (0-12)</u>	
26. FATHER - NAME First Middle Last <u>Thomas Hendrie Hamilton</u>			27. MOTHER - NAME First Middle Last <u>Sarah Robbins</u>	
28. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Natural Burial State <input type="checkbox"/> Other (Specify)			29. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Crematory</u>	
30. SIGNATURE OF PERSON ACTING AS SURVIVOR <u>[Signature]</u>			31. INFORMANT - NAME and relationship to decedent <u>Tam Hopkins - Son</u>	
32. DATE FILED (Month, Day, Year) <u>SEP 21 1998</u>			33. NAME, ADDRESS AND ZIP OF FACILITY <u>Eternal Hills Funeral Home 4711 Hwy 39, Klamath Falls, OR 97603</u>	
34. DATE OF DEATH (Month, Day, Year) <u>SEP 21 1998</u>			35. SIGNATURE OF REGISTRAR <u>[Signature]</u>	

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH <u>0300</u>	28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	31a. TIME OF DEATH <u>0300</u>	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u>  </u>
29. To the best of my knowledge, death occurred at this time, date, place and due to the cause(s) and manner stated. (Signature) <u>[Signature]</u>		32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>[Signature]</u>	
30. DATE SIGNED (Month, Day, Year) <u>Sept 16, 1998</u>		33. DATE SIGNED (Month, Day, Year) <u>  </u> COUNTY <u>  </u>	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type in full) <u>Sean B. Dow, M.D. 1900 Main Street, Klamath Falls, Oregon 97601</u>			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING PHYSICIAN (Type in full) <u>  </u>			

PART I

(a) <u>Unknown - natural causes</u>		Interval between onset and death <u>1min</u>
(b) <u>  </u>		Interval between onset and death <u>  </u>
(c) <u>  </u>		Interval between onset and death <u>  </u>
PART II OTHER SIGNIFICANT CONDITIONS 36. Conditions contributing to death but not resulting in the underlying cause give in PART I.		
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other	41a. DATE OF INJURY (Month, Day, Year) <u>  </u>	41b. TIME OF INJURY <u>  </u> M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
41c. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) <u>  </u>	41d. DESCRIBE HOW INJURY OCCURRED <u>  </u>	
41e. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>  </u>	37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED: **SEP 21 1998**

*Nancy Kennedy*  
NANCY KENNEDY  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ENLARGEMENT INVALIDATES THIS CERTIFICATE



46418

TYPE OR  
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PERMANENT  
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134688

I.D. TAG NO.

577

Local File Number

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

136-

State File Number

1. DECEASED'S NAME First: <u>Nedra</u> Middle: <u>Marie</u> Last: <u>HOPKINS</u>			2. SEX <u>Female</u>	3. DATE OF DEATH (Month, Day, Year) <u>November 27, 1995</u>
4. SOCIAL SECURITY NUMBER <u>540-16-1428</u>		5a. AGE Last Birthday (Years) <u>82</u>	5b. Under 1 Year Mos. <u>  </u> Days <u>  </u> Hours <u>  </u> Mins. <u>  </u>	6. BIRTHPLACE (City and State or Foreign Country) <u>Montrose, Colorado</u>
7. DATE OF BIRTH (Month, Day, Year) <u>July 30, 1913</u>		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) <u>  </u>		
9. FACILITY NAME (If not institution, give street and number) <u>Marie West Medical Center</u>		10. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>		
11. COUNTY OF DEATH <u>Klamath</u>		12. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		
13. RESIDENCE - STATE <u>Oregon</u>		14. RESIDENCE - CITY, TOWN, OR LOCATION <u>Klamath Falls</u>		
15. RESIDENCE - STREET AND NUMBER <u>13776 Keno-Wornden Road</u>		16. DECEASED'S EDUCATION (Specify only highest grade completed) <u>Elementary/Secondary (10-12) College (14 or 5+)</u>		
17. FATHER - NAME first middle last <u>James Lloyd McClurg</u>		18. MOTHER - NAME first middle maiden <u>Martha Mary Rhoades</u>		
19. INFORMANT - NAME and relationship to decedent <u>James Hopkins-Spouse</u>		20. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <u>  </u>		
21. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Crematory</u>		22. LOCATION - City or Town, State <u>Klamath Falls, Oregon</u>		
23. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Jennifer J. Gwathmey</u>		24. LICENSE NUMBER (TV License) <u>1510</u>		
25. NAME, ADDRESS AND ZIP OF FACILITY <u>Eternal Hills Funeral Home</u> <u>4711 Hwy 39; Klamath Falls, Oregon 97603</u>		26. DATE FILED (Month, Day, Year) <u>NOV 30 1995</u>		
27. SIGNATURE OF REGISTRAR <u>Janet Bailey-Gober</u>		28. DATE SIGNED (Month, Day, Year) <u>November 29, 1995</u>		
29. D.D. HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		30. SIGNATURE OF REGISTRAR <u>Janet Bailey-Gober</u>		
31. DATE SIGNED (Month, Day, Year) <u>November 29, 1995</u>		32. COUNTY <u>Klamath</u>		
33. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <u>Dr. Robert F. Egan M.D.; 2610 Unummi Road; Klamath Falls, Oregon 97603</u>		34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>  </u>		
35. 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.) PART I (a) <u>Pneumonia</u> DUE TO, OR AS A CONSEQUENCE OF (b) <u>Lerkoponia 2 to chemotherapy</u> DUE TO, OR AS A CONSEQUENCE OF (c) <u>adenocarcinoma of ovary</u>		36. INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>1 day</u> <u>12 years</u>		
37. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause than in PART I. <u>Chronic obstructive pulmonary disease</u> <u>multiple Gunnison's coll had and well carcinoma</u>		38. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		
39. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		40. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
41. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Unexplained Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		42. DATE OF INJURY (Month, Day, Year) <u>  </u>		
43. TIME OF INJURY <u>  </u>		44. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
45. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify) <u>  </u>		46. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>  </u>		

RESERVED FOR REGISTRAR'S USE

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REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

ORIGINAL VITAL STATISTICS COPY

DATE ISSUED: NOV 30 1995Janet Bailey-Gober  
JANET BAILEY-GOBER  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Tommy M. Hopkins the 18th day  
of December A.D., 19 98 at 2:30 o'clock P. M., and duly recorded in Vol. M98  
of Deeds on Page 46416.

FEE \$20.00

By Bernetha G. Letsch, County Clerk