

WHEN RECORDED MAIL TO:

Mary Arlene Schaefer
407 Niagara Street
Colorado Springs, CO 80911

Vol M99 Page 22325

99 Jan -1 P2-22

THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT OF TRUST

Name of Trust: Revocable Trust of James Robert Schaefer and Mary Arlene Schaefer
Date of Trust: January 5, 1996
Settlor: James Robert Schaefer and Mary Arlene Schaefer
Type of Trust: Revocable Living Trust
Trustee: Mary Arlene Schaefer
Successor Trustee: Rhonda Jean Gaherty or Robin Marie Astry or
Rochelle Denise Mason or Ronald James Schaefer

Powers of each Trustee:

In administering the trust, each Trustee may exercise the following powers, individually or jointly: to hold, retain, invest, reinvest and manage without diversification as to kind, amount or risk of nonproductivity in realty or personalty and without limitation by statute or rule of law; to partition, sell, exchange, grant, convey, deliver, assign, transfer, lease, option, mortgage, pledge, abandon, borrow, loan, contract, distribute or allocate in cash or kind or partly in each at fair market value on the date of distribution or allocation and without requiring pro rata distribution or allocation of specific assets and without requiring pro rata allocation of the tax bases of such assets; hold in nominee form, continue businesses, carry out agreements, deal with itself, other fiduciaries and business organizations in which Trustee may have an interest, effect transactions between any trusts created by Settlor or between any trusts created by Settlor and Settlor's estates, establish reserves, release powers and abandon, settle or contest claims.

Mary Arlene Schaefer
Mary Arlene Schaefer

STATE OF COLORADO)

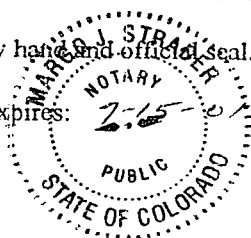
COUNTY OF El Paso)

)ss.

On the 10 day of May, 1999, before me personally appeared Mary Arlene Schaefer, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument.

Witness my hand and official seal.

My Commission expires: 2-15-01



Margo Strate
Notary Public

trust aff

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**STATE OF COLORADO
CERTIFICATE OF DEATH**

STATE FILE NUMBER

22326

2155

1. DECEDENT'S NAME (First, Middle, Last) James Robert SCHAEFER				2. SEX M		3. DATE OF DEATH (Month, Day, Year) October 24, 1996	
4. SOCIAL SECURITY NUMBER 333-30-2644		5a. AGE - Last Birthday (Years) 59		5b. UNDER 1 YEAR Days: _____ Hrs: _____ Mins: _____		6. DATE OF BIRTH (Month, Day, Year) July 25, 1937	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify) Hospice		7. BIRTHPLACE (City and State or Foreign Country) Stanton, Illinois			
5b. FACILITY NAME (If not institution, give street and number) Pikes Peak Hospice				9c. CITY, TOWN, OR LOCATION OF DEATH Colorado Springs		9d. COUNTY OF DEATH El Paso	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Administration		10b. KIND OF BUSINESS/INDUSTRY U.S. Air Force		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If wife, give maiden name) Mary Arlene Senger	
13a. RESIDENCE STATE Colorado		13b. COUNTY El Paso		13c. CITY, TOWN, OR LOCATION Colorado Springs		13d. STREET AND NUMBER 407 Niagra St.	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 80911		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify _____		15. RACE: American Indian, Black, White, etc. (Specify) White	
				16. DECEDENT'S EDUCATION (Specify only highest grade completed: Elementary or secondary, 10 through 12; College (13 through 16 or 17+)) 14			
17. FATHER'S NAME (First, Middle, Last) Robert Frank Schaefer		18. MOTHER'S NAME (First, Middle, Last (Maiden Name)) Laura Maria Farrar		19. INFORMANT NAME and relationship to decedent Mary Schaefer - Wife			
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Evergreen Cemetery		20c. LOCATION (City or Town, State) Colorado Springs, Colorado			
21a. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Stacey Harris				21b. NAME AND ADDRESS OF FACILITY Dove-Witt Family Mortuary 6630 S Hwy 85/87 Fountain, Colorado ZIP 80817			
22a. REGISTRAR'S SIGNATURE <i>[Signature]</i>		22b. DATE FILED (Month, Day, Year) October 29, 1996					
23. TIME OF DEATH 5:50 P M		24. DATE PROMOUNCED DEAD (Month, Day, Year) October 24, 1996		25. HOUR 5:50 PM		26. WAS CORONER NOTIFIED? (Yes or No) No	
28. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Signature: Michael F. Noble				27. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Signature: _____			
28. DATE SIGNED (Month, Day, Year) 10/25/96				29. DATE SIGNED (Month, Day, Year) _____			
30. NAME, TITLE AND MAILING ADDRESS OF CERTIFIER (Type/Print) Michael Noble, MD 5955 Lehman Dr. Colorado Springs, Colorado ZIP: 80918							
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print) _____							
32. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		33a. DATE OF INJURY (Month, Day, Year) _____		33b. TIME OF INJURY M		33c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		33d. PLACE OF INJURY (Home, farm, street, factory, office building, etc. (Specify)) _____		33e. LOCATION (Street and Number or Rural Route Number, City, County, State) _____			
34. 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) alone. PART 1 (a) Metastatic Adeno Carcinoma TO Brain DUE TO OR AS A CONSEQUENCE OF (b) _____ DUE TO OR AS A CONSEQUENCE OF (c) _____ DUE TO OR AS A CONSEQUENCE OF							
PART 2 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause in PART 1 (e.g., alcohol abuse, obesity, smoker) _____							
35. AUTOPSY (Yes or No) No						36. IF YES were findings considered in determining cause of death? _____	

STATE OF COLORADO, COUNTY OF EL PASO:

I hereby certify this document is a true and correct copy of the original record in my custody. Issued in El Paso County this date:

[Signature]
John L. Bartz, MD

OCT 28 1996

Local Registrar

This copy not valid unless prepared on blue basketweave paper and impressed with the raised seal of the local registrar of vital statistics. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if any person alters, uses, or attempts to use or furnishes to another for deceptive use or supplies false information for any vital statistics certificate.

22326 A

State of Oregon, County of Klamath
Recorded 6/07/99, at 2:52 p.m.
In Vol. M99 Page 22325
Linda Smith, County Clerk
Fee \$ 15---

Linda Smith