

CERTIFICATE OF INCUMBENCY  
EUGENE LAWRENCE GRIFFITH 1997 TRUST  
 (Under Agreement dated July 16, 1997)

STATE OF OREGON, County of Klamath) ss.

I/WE, VIRGINIA LUCILLE HERNANDEZ, being duly sworn, depose and say:

1. That the Eugene Lawrence Griffith 1997 Trust was established by an Agreement dated July 16, 1997, between Eugene Lawrence Griffith as Grantor or Trustor, and Eugene Lawrence Griffith as Initial Trustee;

2. That the initial trustee, Eugene Lawrence Griffith, died on June 21, 1999. A certified copy of the Certificate of Death regarding Eugene Lawrence Griffith is attached hereto and made a part hereof.

3. The Trust Agreement contemplates that in the event of the death of the initial Trustee, Virginia Lucille Hernandez shall be appointed as Successor Trustee.

4. Virginia Lucille Hernandez as Successor Trustee was not appointed by a Court and is not required to be appointed by a Court under Oregon law.

5. By my/our signature below, Virginia Lucille Hernandez does hereby consent to serve as Trustee of the Trust, accepting such position as Trustee.

DATED: This 2 day of October, 1999.

*Virginia Lucille Hernandez*  
 VIRGINIA LUCILLE HERNANDEZ

SUBSCRIBED AND SWORN to before me Oct. 2, 1999, by  
 Virginia Lucille Hernandez.

*Lori A. Fox*  
 NOTARY PUBLIC FOR OREGON  
 My Commission Expires: 11/26/02

After recording return to:

cc. NEAL G. BUCHANAN  
 Attorney at Law  
 435 Oak Avenue  
 Klamath Falls, OR 97601



## CERTIFICATION OF VITAL RECORD

39837

PART I  
PERMANENT  
BLACK INK

269704

I.D. TAG NO.

333

Local File Number

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

136

State File Number

DECEASED

1

2

3

4

5

6

PARENTS

DISPOSITION

7

8

9

REGISTRAR

10

11

CERTIFIER

12

13

14

CONDITIONS

IF ANY

WHICH GAVE

RISE TO

IMMEDIATE

CAUSE

STATING THE

CAUSE

15

16

17

1. DECEDENT'S NAME First: Eugene Middle: L. Last: GRIFFITH		2. SEX M	3. DATE OF DEATH (Month, Day, Year) June 21, 1999
4. SOCIAL SECURITY NUMBER 376-14-6942	5a. AGE Last Birthday (Years) 79	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Lansing, Michigan
7. DATE OF BIRTH (Month, Day, Year) June 2, 1920		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. FACILITY NAME (If not institution, give street and number) Klamath Regional Rehab Center		10. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
11. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		12. COUNTY OF DEATH Klamath	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN, OR LOCATION Klamath Falls		13d. STREET AND NUMBER 7305 Flag Ct.	
14. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. ZIP CODE 97603	
16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		17. RACE American Indian, Black, White, etc. (Specify) White	
18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 12		19. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
20. SPOUSE (If Married, Widowed, Divorced (Specify) Rebecca Griffith		21. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens		23. LOCATION - City or Town, State Klamath Falls, Oregon	
24. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Jim Lancaster		25. OREGON LICENSE NO. (Of Licensee) 3224	
26. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home 4711 Hwy. 39, Klamath Falls, OR. 97603		27. REGISTRAR'S SIGNATURE Evelyn Simonson	
28. DATE FILED (Month, Day, Year) JUN 24 1999		29. RESERVED FOR REGISTRAR'S USE	

TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH 1:30	28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31a. TIME OF DEATH M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated (Signature) Charles A. Huibregtse, MD		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)	
30. DATE SIGNED (Month, Day, Year) 6-22-99		33. DATE SIGNED (Month, Day, Year) COUNTY	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Charles A. Huibregtse, MD, 2300 Clairmont, Klamath Falls, OR. 97601			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
36. PART I (a) <u>Pneumonia</u> DUE TO, OR AS A CONSEQUENCE OF: (b) <u>Pneumonia</u> DUE TO, OR AS A CONSEQUENCE OF: (c) <u>CVA</u>		Interval between onset and death 2 mths Interval between onset and death month Interval between onset and death year	
37. PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART I. <u>Prostate Adenocarcinoma; DM-II</u>		38. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
39. 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 <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		40. DATE OF INJURY (Month, Day, Year)	
41. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		42. INJURY AT WORK M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
43. PLACE OF INJURY - At home, work, street, factory, office building, etc. (Specify)		44. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

RESERVED FOR REGISTRAR'S USE

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

JUN 24 1999

DATE ISSUED

EVELYN SIMONSON  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



39838

State of Oregon, County of Klamath  
Recorded 10/06/99, at 2:27 p.m.  
In Vol. M99 Page 39836  
**Linda Smith,**  
County Clerk Fee \$ 20.00

030203