

200 JAN 12 PM 3:17



Vol. M00 Page 1075

WARRANTY DEED

Escrow NO.: 01050551  
AFTER RECORDING RETURN TO:  
Pacific Service Corporation  
4112 Diamond  
Marina Beach, CA 92651

UNTIL A CHANGE IS REQUESTED ALL TAX  
STATEMENTS TO THE FOLLOWING ADDRESS:  
SAME AS ABOVE

Cynthia L. Blum and Beverly D. Brown, hereinafter called  
GRANTOR(S), convey(s) to Pacific Service Corporation,  
hereinafter called GRANTEE(S), all that real property situated  
in the County of Klamath, State of Oregon, described as:

Lot 18, Block 26, FIRST ADDITION TO KLAMATH FOREST ESTATES, in  
the County of Klamath, State of Oregon.

CODE 8 MAP 3510-23C0 TAX LOT 1700

"THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN  
THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND  
REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE  
PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE  
APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY  
APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST  
FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.390."

and covenant(s) that grantor is the owner of the above described  
property free of all encumbrances except covenants, conditions,  
restrictions, reservations, rights, rights of way and easements  
of record, if any, and apparent upon the land, contracts and/or  
liens for irrigation and/or drainage,

and will warrant and defend the same against all persons who may  
lawfully claim the same, except as shown above.

The true and actual consideration for this transfer is  
\$1,800.00.

In construing this deed and where the context so requires, the  
singular includes the plural.

IN WITNESS WHEREOF, the grantor has executed this instrument  
this 28 day of December 1999.

Beverly D. Brown  
BEVERLY D. BROWN

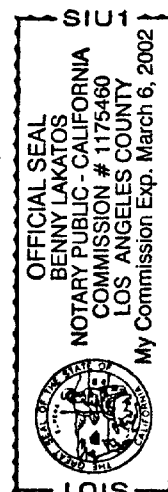
Cynthia L. Blum  
CYNTHIA L. BLUM

STATE OF CALIFORNIA )  
COUNTY OF LOS ANGELES ) ss.

On DEC. 28, 1999 before me,  
BENNY LAKATOS, personally appeared  
CYNTHIA L. BLUM

~~personally known to me~~ (or proved to me on the basis of  
satisfactory evidence) to be the person(s) whose name(s) is/are  
subscribed to the within instrument and acknowledged to me that  
~~he/she/they~~ executed the same in ~~his/her/their~~ authorized  
capacity(ies), and that by ~~his/her/their~~ signature(s) on the  
instrument the person(s) or the entity upon behalf of which the  
person(s) acted, executed the instrument.  
WITNESS my hand and official seal.

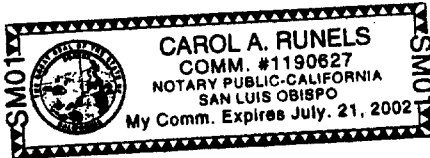
Signature Benny Lakatos  
My commission expires: 3/6/2002



MID-STATE BANK  
CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

1076

State of CALIFORNIA  
County of SAN LUIS OBISPO  
On DECEMBER 29, 1999 before me, CAROL A. RUNELS, Notary Public, personally appeared  
BEVERLY D BROWN, [ ] personally known to me - OR - [ X ] proved to me on the  
Date Name(s) of Signer(s) basis of satisfactory evidence to be the person(s) whose  
Name(s) is are subscribed to the within instrument and  
acknowledged to me that he/she/they executed the same in  
his/her/their authorized capacity(ies), and that by  
his/her/their signature(s) on the instrument the person(s),  
or the entity upon behalf of which the person(s) acted,  
executed the instrument.



WITNESS my hand and official seal.

Carol A Runels  
Signature of Notary

OPTIONAL

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

CAPACITY CLAIMED BY SIGNER (PRINCIPAL)

- [ ] Individual  
[ ] Corporate Officer

Title(s)

- [ ] Partner(s) [ ] Limited  
[ ] General

- [ ] Attorney-in-Fact  
[ ] Trustee(s)  
[ ] Guardian/Conservator  
[ ] Other: \_\_\_\_\_

Absent Signer (Principal) is Representing:

Name of Person(s) or Entity(s)

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document

Number of Pages

Date of Document

Signer(s) Other Than Names Above

# 1077 CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
USE BLACK INK ONLY

354-02440-1-8-17

39919022290

STATE FILE NUMBER		1A. NAME OF DECEASED—FIRST (GIVEN)		1B. MIDDLE	1C. LAST (FAMILY)		2A. DATE OF DEATH—MONTH, DAY, YEAR		2B. HOUR	3. SEX
		BERTHA		REVA	KATZ		May 1, 1989		0235	Female
4. RACE		5. SPANISH/HISPANIC <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MONTH, DAY, YEAR		7. AGE IN YEARS		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HOURS HOURS MINUTES
Caucasian				DEC. 25, 1905		83				
8. STATE OF BIRTH		9. CITIZEN OF WHAT COUNTRY		10A. FULL NAME OF FATHER		10B. STATE OF BIRTH		11A. FULL MAIDEN NAME OF MOTHER		11B. STATE OF BIRTH
RUSSIA		USA		SAMUEL FALK		RUSSIA		ANNA FALK		RUSSIA
12. MILITARY SERVICE?		13. SOCIAL SECURITY NUMBER		14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)				
19 TO 19 <input checked="" type="checkbox"/> NONE		560-26-9549		MARRIED		SAMUEL A. KATZ				
16A. USUAL OCCUPATION		16B. USUAL KIND OF BUSINESS OR INDUSTRY		16C. USUAL EMPLOYER		16D. YEARS IN USUAL OCCUPATION		17. NUMBER OF HIGHEST GRADE COMPLETED (1-12 OR COLLEGE 13-17)		
HOUSEWIFE		HOMEMAKING		AT-HOME		62		12		
18A. RESIDENCE—STREET AND NUMBER OR LOCATION		18B. CITY		18C. ZIP CODE						
147 NORTH POINSETTIA PLACE		LOS ANGELES		90036						
18D. COUNTY		18E. NUMBER OF YEARS IN THIS COUNTY		18F. STATE OR FOREIGN COUNTRY		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT				
LOS ANGELES		71		CALIFORNIA		MR. SAMUEL A. KATZ - HUSBAND 147 NORTH POINSETTIA PLACE LOS ANGELES, CA 90036				
19A. PLACE OF DEATH		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA		19C. COUNTY		21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C—TYPE OR PRINT)				
Cedars-Sinai Medical Ctr		IP		Los Angeles		IMMEDIATE CAUSE { (A) Small bowel obstruction 1 month				
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION		19E. CITY		TIME INTERVAL BETWEEN ONSET AND DEATH		22. WAS DEATH REPORTED TO CORONER?				
8700 Beverly Blvd.		Los Angeles				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
23. CAUSE OF DEATH		24. WAS AUTOPSY PERFORMED?		25. IF YES, WAS IT USED IN DETERMINING CAUSE OF DEATH?						
DUE TO { (B) Generalized metastases 3 months		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
DUE TO { (C) Carcinoma Head of Pancreas 1 year		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
26. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25?		TYPE						
none		none		none						
PHYSICIAN'S CERTIFICATION		27A. DECEASED ATTENDED SINCE DECEASED LAST SEEN ALIVE MONTH, DAY, YEAR		27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN		27C. PHYSICIAN'S LICENSE NUMBER		27D. DATE SIGNED		
APRIL '88		4/30/89		Leonard M. Asher, MD		G 000199		5/2/89		
CORONER'S USE ONLY		29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined		30A. PLACE OF INJURY		30B. INJURY AT WORK		30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR
						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)								
FUNERAL DIRECTOR AND LOCAL REGISTRAR		34A. DISPOSITION		34B. PLACE OF FINAL DISPOSITION		34C. DATE OF DISPOSITION MONTH, DAY, YEAR		35A. SIGNATURE OF EMBALMER		35B. LICENSE NUMBER
Mount Sinai Mortuary		BURIAL		MOUNT SINAI MEMORIAL PARK LOS ANGELES, CA 90068		MAY 3, 1989		NOT EMBALMED		=
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		36B. LICENSE NO.		37. SIGNATURE OF LOCAL REGISTRAR		38. REGISTRATION DATE				
Mount Sinai Mortuary		1010		Robert M. Asher		MAY 03 1989				
STATE REGISTRAR		A.		B.		C.		D.		CENSUS TRACT

THIS IS A TRUE CERTIFIED COPY OF THE RECORD  
FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT  
OF HEALTH SERVICES IF IT BEARS THIS SEAL IN  
PURPLE INK.



JUL 14 1989

28

Director of Health Services and Registrar

mail to:

Cynthia Blum  
107 N. Palm Dr  
Beverly Hills, CA  
90210

**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA  
USE BLACK INK ONLY

**1078**

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA	1A. NAME OF DECEDENT—FIRST (GIVEN) <b>SAMUEL</b>		1B. MIDDLE <b>Abner</b>		1C. LAST (FAMILY) <b>KATZ</b>		2A. DATE OF DEATH—MO. DAY, YR. <b>MARCH 19, 1991</b>		2B. HOUR <b>0015</b>		3. SEX <b>Male</b>		
	4. RACE <b>Caucasian</b>		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO. DAY, YR. <b>January 15, 1897</b>		7. AGE IN YEARS <b>94</b>		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HOURS HOURS MINUTES		
	8. STATE OF BIRTH <b>Roumania</b>	9. CITIZEN OF WHAT COUNTRY <b>USA</b>	10A. FULL NAME OF FATHER <b>Adolph Katz</b>			10B. STATE OF BIRTH <b>Hungary</b>	11A. FULL MAIDEN NAME OF MOTHER <b>Leah Schreder</b>			11B. STATE OF BIRTH <b>Hungary</b>			
	12. MILITARY SERVICE? <b>19__ TO 19__ <input checked="" type="checkbox"/> NONE</b>		13. SOCIAL SECURITY NO. <b>560-26-9549</b>		14. MARITAL STATUS <b>Widowed</b>		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) <b>-</b>						
USUAL RESIDENCE	16A. USUAL OCCUPATION <b>Owner</b>					16B. USUAL KIND OF BUSINESS OR INDUSTRY <b>Pharmacy</b>		16C. USUAL EMPLOYER <b>Self-Employed</b>		16D. YEARS IN OCCUPATION <b>50</b>		17. EDUCATION—YEARS COMPLETED <b>16</b>	
	18A. RESIDENCE—STREET AND NUMBER OR LOCATION <b>147 North Poinsettia Place</b>					18B. CITY <b>Los Angeles</b>			18C. ZIP CODE <b>90036</b>				
PLACE OF DEATH	19A. PLACE OF DEATH <b>Guardian Rehab Hosp.</b>		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA <b>-</b>		19C. COUNTY <b>Los Angeles</b>		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Mrs. Cindy Blum - Daughter 107 North Palm Drive Beverly Hills, CA 90210</b>						
	19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>533 South Fairfax Avenue</b>			19E. CITY <b>Los Angeles</b>			TIME INTERVAL BETWEEN ONSET AND DEATH <b>Min.</b>		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input checked="" type="checkbox"/> YES <b>91-51243</b> <input type="checkbox"/> NO				
CAUSE OF DEATH	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) <b>Cardiac Arrest</b>						23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
	DUE TO (B) <b>Severe Arteriosclerotic Cardiovascular Disease</b>						24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
	DUE TO (C) <b>Generalized Arteriosclerosis</b>						24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
	25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 <b>Extensive Decubitus Ulcers, Undernutrition</b>						26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. <b>None</b>						
PHYSI- CIAN'S CERTIFICA- TION	27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR <b>10-17-90</b>		27B. DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR <b>2-13-91</b>		27C. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER <b>L. Asher M.D.</b>		27D. CERTIFIER'S LICENSE NUMBER <b>6000199</b>		27E. DATE SIGNED <b>3/19/91</b>				
	27F. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS <b>L. Asher M.D. 444 South San Vicente Blvd. Los Angeles, CA</b>												
CORONER'S USE ONLY	28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER <b>-</b>					28B. DATE SIGNED							
	29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined <b>-</b>					30A. PLACE OF INJURY		30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR	
FUNERAL DIRECTOR AND LOCAL REGISTRAR	32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)					33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)							
	34A. DISPOSITION(S) <b>Burial</b>		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS <b>Mount Sinai Memorial Park 5950 Forest Lawn Dr. L.A. CA</b>			34C. DATE MO. DAY, YEAR <b>3/21/91</b>		35A. SIGNATURE OF EMBALMER <b>Not Embalmed</b>		35B. LICENSE NUMBER			
STATE REGISTRAR	36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Mount Sinai Mortuary</b>		36B. LICENSE NO. <b>FD-1010</b>		37. SIGNATURE OF LOCAL REGISTRAR <b>Rohit C. Shah</b>		38. REGISTRATION DATE <b>MAR 21 1991</b>		CENSUS TRACT				
	A.	B.	C.	D.	E.	F.							

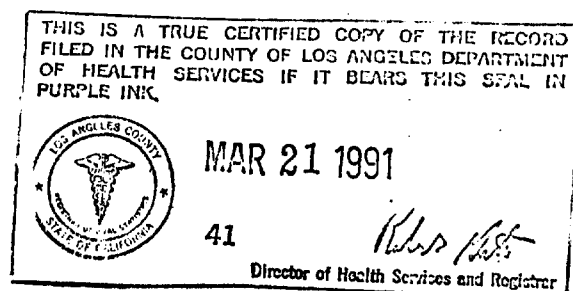
7S-11 (REV. 1-90) **4292**

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

**CI-9-1-0356**

After Recording mail to:

**Cynthia Blum**  
**107 N. Palm Dr.**  
**Beverly Hills, CA 90210**





# Transnation

1079

AFTER RECORDING RETURN TO:

Cynthia Blum  
107 N. Palm Dr  
Beverly Hills, CA 90210

ATTENTION TO: \_\_\_\_\_

## DECLARATION OF HEIRSHIP

I, CYNTHIA L. BLUM, being duly sworn, depose and say,

That I am the daughter (relationship to deceased) of  
Bertha R. Katz who died on or about May 1, 1989,  
at Los Angeles (City) CA (State), (certified copy of  
the Death Certificate attached as Exhibit A):

That he/she died: Intestate (without a Will)  
OR: Testate (with a Will - copy attached as Exhibit B) ☒  
that at the time of death, the deceased:

Was unmarried \_\_\_\_\_

Had a surviving spouse\* named Samuel A. Katz

Was the widow/widower of Bertha R. Katz

Who died on or about March 19, 1991

- \*A person shall be considered the surviving spouse of a decedent if:
- (1) The person was legally married to the decedent at the decedent's death; or
  - (2) (a) The person and the decedent lived together for at least 10 years;  
(b) The person and the decedent represented themselves, and conducted their affairs, as husband and wife; and  
(c) The decedent was not legally married to another person at the time of the decedent's death

that the following are all of the heirs at law (See ORS 112.025 through 112.045 for definition of Heirs at Law) and devisees of the deceased:

NAME	PRESENT AGE	RELATIONSHIP	CHILD OF SURVIVING SPOUSE
		Surviving Spouse*	Yes or No
<u>Beverly Brown</u>	<u>71</u>	<u>child</u>	<u>NO</u>
<u>CYNTHIA BLUM</u>	<u>59</u>	<u>child</u>	<u>NO</u>
_____	_____	_____	_____

NAME	PRESENT AGE	RELATIONSHIP	CHILD OF SURVIVING SPOUSE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

That, except as set forth above, there were no children of the deceased who died prior to him/her and who left children surviving; that no probate for the estate of the deceased has been begun in any jurisdiction; that all debts of the deceased have been paid in full; and that there are no medical, funeral, tax, long term care facility or other claims against the estate of the deceased.

I hereby agree to indemnify Transnation Title Insurance Company for any loss suffered by it because of the absence of a probate for the estate of the deceased, or due to its reliance upon this declaration in connection with a title policy to be issued on the property described as follows:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated: 12/28/99

*Cynthia Blum*  
 (Signature)

STATE OF CALIFORNIA )

County of LOS ANGELES )

This instrument was acknowledged before me on DEC. 28, 1999 (Date)

By CYNTHIA BLUM (name of person).

*Benny Lakatos*  
 (Notary Public)

My Commission expires 3/6/2002





# Transnation

1081

AFTER RECORDING RETURN TO:

Beverly D. Brown  
430 S Elm St # 21  
Orangevale, CA 93660

ATTENTION TO: \_\_\_\_\_

## DECLARATION OF HEIRSHIP

I, BEVERLY D. BROWN, being duly sworn, depose and say,

That I am the daughter (relationship to deceased) of  
Bertha R. Katz who died on or about MAY 1, 1989  
at Los Angeles (City) CA (State), (certified copy of  
the Death Certificate attached as Exhibit A);

That he/she died: Intestate (without a Will)  
OR: Testate (with a Will - copy attached as Exhibit B) ☒  
that at the time of death, the deceased:

Was unmarried \_\_\_\_\_

Had a surviving spouse\* named Samuel A. Katz

Was the widow/widower of Bertha R. Katz

Who died on or about MARCH 19, 1991

- \*A person shall be considered the surviving spouse of a decedent if:
- (1) The person was legally married to the decedent at the decedent's death; or
  - (2) (a) The person and the decedent lived together for at least 10 years;  
(b) The person and the decedent represented themselves, and conducted their affairs, as husband and wife; and  
(c) The decedent was not legally married to another person at the time of the decedent's death

that the following are all of the heirs at law (See ORS 112.025 through 112.045 for definition of Heirs at Law) and devisees of the deceased:

NAME	PRESENT AGE	RELATIONSHIP	CHILD OF SURVIVING SPOUSE
		Surviving Spouse*	Yes or No NO
<u>Beverly Brown</u>	<u>71</u>	<u>child</u>	<u>N/A</u>
<u>Cynthia Blum</u>	<u>59</u>	<u>child</u>	<u>N/A</u>
_____	_____	_____	_____

NAME	PRESENT AGE	RELATIONSHIP	CHILD OF SURVIVING SPOUSE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

That, except as set forth above, there were no children of the deceased who died prior to him/her and who left children surviving; that no probate for the estate of the deceased has been begun in any jurisdiction; that all debts of the deceased have been paid in full; and that there are no medical, funeral, tax, long term care facility or other claims against the estate of the deceased.

I hereby agree to indemnify Transnation Title Insurance Company for any loss suffered by it because of the absence of a probate for the estate of the deceased, or due to its reliance upon this declaration in connection with a title policy to be issued on the property described as follows:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated: DECEMBER 29, 1999

Beverly D. Brown  
 (Signature)

STATE OF CALIFORNIA )

County of SAN LUIS OBISPO

This instrument was acknowledged before me on DECEMBER 29, 1999 (Date)  
 By BEVERLY D. BROWN (name of person).



Carol A. Runels  
 (Notary Public)

My Commission expires  
July 21, 2002

## LAST WILL AND TESTAMENT

OF

BERTHA KATZ

I, BERTHA KATZ, a resident of the County of Los Angeles, State of California, hereby make and declare this to be my last Will and revoke all other Wills and Codicils previously made by me.

FIRST: I direct my Executor to pay my just debts and expenses of my last illness, funeral and burial.

SECOND: I declare that I am married to SAMUEL A. KATZ. I have two (2) living children:

(a) CYNTHIA LOUISE BLUM and

(b) BEVERLY DORIS BROWN.

I have no deceased or adopted children.

THIRD: It is my intention to dispose of all real and personal property which I am entitled to dispose of by Will, and to exercise any testamentary power of appointment that I may have at my death.

FOURTH: I give and bequeath all my jewelry to my two (2) daughters, share and share alike, with each daughter having equal choice.

FIFTH: I give, devise and bequeath the residue of my estate, both real and personal, wherever situated, including all failed and lapsed legacies and devises to my husband, SAMUEL A. KATZ. If my said husband should not survive me by a period of thirty (30) days, then I give, devise and bequeath said residue to my two (2) above said daughters, share and share alike. If either of my two (2) above said daughters shall predecease me, then I give, devise and bequeath her one-half share of the residue of my estate to her children living at the time of my death, share and share alike. If there shall be no such children living at the time of of my death, then I give, devise and

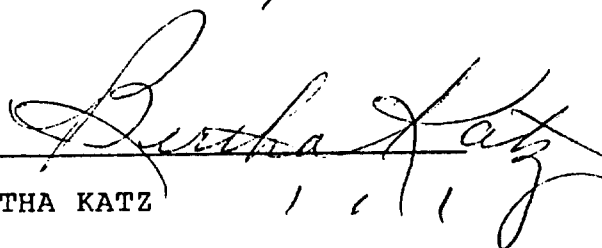


bequeath her one-half share to the survivor of my two daughters.

SIXTH: If any legatee, devisee or beneficiary under this Will or any legal heir of mine, or person claiming under any of them, shall contest this Will or attack or seek to impair or invalidate any of its provisions in any manner, or conspire with or voluntarily assist anyone attempting to do any of those things, then in such event I specifically disinherit each such person, and all legacies, bequests, devises and interests in my estate given under this Will to such contesting person shall be forfeited and shall be disposed of in the same manner provided herein as if such contesting legatee, devisee or beneficiary had predeceased me.

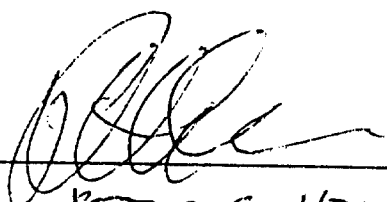
SIXTH: I appoint as Executor of this Will my husband, SAMUEL A. KATZ, to serve without bond. If he should be unwilling or unable to act as Executor, I appoint my two (2) daughters Co-Executrixes of this Will, to serve without bond. If either of my two daughters should be unwilling or unable to act as Co-Executrix, then I appoint the other sole Executrix of this Will, to serve without bond. I authorize my Executrix to sell, subject to such confirmation of court as may be required by law, and to hold, manage and operate any property and any business belonging to my estate at the risk of my estate, the profits and losses therefrom to result to my estate as a whole.

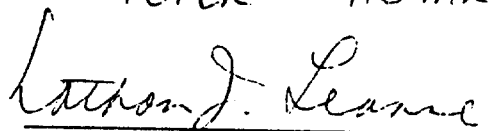
The foregoing Will is subscribed by me on the 2<sup>nd</sup> day of December, 1982 at Severely Hills, California.

  
BERTHA KATZ

The foregoing instrument, consisting of two (2) pages, including the page signed by the Testatrix was subscribed on the date which it bears, by the Testatrix, and at the time of subscribing was declared by her to be her last Will. The subscription and declaration were made in our presence, we being present at the same time; and we, at her request and in her presence, and in the presence of each other, have affixed our signatures hereto as witnesses.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

 residing at 8484 Wilshire Blvd  
Beverly Hills, Ca. 90211  
 PETER S. HENAR

 residing at 8484 Wilshire Blvd  
Beverly Hills, Ca 90211  
 NATHAN J. LEANSE

State of Oregon, County of Klamath  
 Recorded 1/12/00, at 3:17 p. m.  
 In Vol. M00 Page 1075  
 Linda Smith,  
 County Clerk Fee \$ 71.00

L.K.

WJZ  
 PBA