

RECORDING COVER SHEET

ALL TRANSACTIONS, PER ORS 205.234

200 MAR -9 PM 3:35

Vol M00 Page 7671

THIS COVER SHEET HAS BEEN PREPARED BY THE PERSON
PRESENTING THE ATTACHED INSTRUMENT FOR
RECORDING. ANY ERRORS IN THIS COVER SHEET
DO NOT AFFECT THE TRANSACTION(S) CONTAINED
IN THE INSTRUMENT ITSELF.

MTC 1396-1686

This Space For County Recording Use Only
as of 1-1-97

AFTER RECORDING RETURN TO

name and address of the person authorized to receive the
instrument after recording, as required by ORS 205.180(4)
and ORS 205.238.

Donald K. Denman
Foster, Purdy, Allan, Peterson & Dahlin, LLP
P.O. Box 1667
Medford, OR 97501

1. NAME(S) OF THE TRANSACTION(S), described in the attached instrument and required by ORS 205.234(a).

Note: Transaction as defined by ORS 205.010 "means any action required or permitted by law to be recorded including, but not limited to, any transfer, encumbrance or release affecting title to or an interest in real property."

Probate Proceedings

2. DIRECT PARTY, name(s) of the person(s) described in ORS 205.125(1)(b) or GRANTOR, as described in ORS 205.160.

Lloyd Washington Morrison

3. INDIRECT PARTY, name(s) of the person(s) described in ORS 205.125(1)(a) or GRANTEE, as described in ORS 205.160.

4. TRUE AND ACTUAL CONSIDERATION PAID for instruments conveying or contracting to convey fee title to any real estate and all memoranda of such instruments, reference ORS 93.030.

5. UNTIL A CHANGE IS REQUESTED, ALL TAX STATEMENTS SHALL BE SENT TO THE FOLLOWING ADDRESS for instruments conveying or contracting to convey fee title to any real estate, reference ORS 93.260.

6. FULL OR PARTIAL SATISFACTION, IF ANY, OF THE LIEN CLAIM CREATED BY THE ORDER or WARRANT, for instruments to be recorded in County Clerk Lien Records, reference ORS 205.125(1)(e).

7. THE AMOUNT OF THE CIVIL PENALTY OR THE AMOUNT, INCLUDING PENALTIES, INTEREST AND OTHER CHARGES, FOR WHICH THE WARRANT, ORDER OR JUDGMENT WAS ISSUED, for instruments to be recorded in County Clerk Lien Records, reference ORS 205.125(1)(c) and ORS 18.325.

AMERITITLE has recorded this instrument by request as an accommodation only and has not examined it for regularity and sufficiency or as to its effect upon the title to any real property that may be described therein.

96.00

NOTICE OF SMALL ESTATE

7672

The undersigned states that an affidavit of claiming successor, pursuant to ORS 114.505 et seq., has been filed in the following particulars:

1. The Decedent's name is Lloyd Washington Morrison.
2. The Decedent died on August 17, 1999.
3. The Decedent's address at the time of death was 3652 Avenue "A", White City, OR 97503.
4. The Small Estate number is 00 041 A-7.
5. The county where the small estate affidavit is filed is Jackson County, Oregon.
6. The Affiant who signed the affidavit is Helen Dodge.
7. The Affiant's address is 3652 Avenue "A", White City, OR 97503.
8. The Attorney for the Affiant is Donald K. Denman.
9. The Attorney's address is P. O. Box 1667, Medford, Oregon 97501.

10. Included in the Decedent's estate is an interest in the following ~~described real property~~:

Beneficial interest in Trust Deed dated May 25, 1994 wherein Wesley Allen Doll and Diane C. Doll, husband and wife are Grantors, Mountain Title Company of Klamath County is Trustee, and Helen Louise Dodge, Conservator of the Estate of Lloyd W. Morrison is Beneficiary, said Trust Deed having been recorded on May 25, 1994 in Volume No. M94 at Page 16641, as Instrument No. 81621 of the Mortgage Records of Klamath County, Oregon. Said Trust Deed covers that certain real property located in Klamath County, Oregon, more particularly described as follows: The South one-half (1/2) of Lots 9 and 10 in Block 308 of DARROW ADDITION TO THE City of Klamath Falls, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

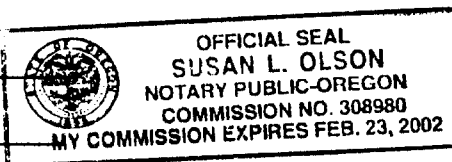
Dated this Feb 18, 2000.

Helen L Dodge
Helen Dodge

State of Oregon, County of Jackson) ss.

The foregoing instrument was acknowledged before me this Feb. 18th, 2000.

Susan L Olson
Notary Public for Oregon
My Commission expires 2/23/02



After recording return to:
Donald K. Denman

Foster, Purdy, Allan, Peterson & Dahlin, LLP
P. O. Box 1667
Medford, Oregon 97501

7673

RECEIVED
AND
FILED

These documents are a correct copy
of the original file in this office.

JACKSON COUNTY COURTS
DOCKETED BY: JAN 28 2000

Circuit Court Trial Court Administrator,
STATE OF OREGON - JACKSON COUNTY
BY: *[Signature]*

00 JAN 28 PM 3:39
JACKSON COUNTY COURTS
DOCKETED BY: _____

IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR JACKSON COUNTY

IN THE MATTER OF THE ESTATE)

No. 00 041A7

of)

AFFIDAVIT OF CLAIMING
SUCCESSOR, TESTATE ESTATE

LLOYD WASHINGTON MORRISON,)

Deceased.)

STATE OF OREGON)
County of Jackson) ss.

I, HELEN DODGE, being first duly sworn, say that I am a devisee and a claiming successor of the above-named decedent, as defined in ORS 114.505(1), to a portion of the decedent's estate. I am hereinafter referred to as "affiant." This affidavit is hereinafter referred to as "affidavit." This affidavit is made pursuant to ORS 114.505-114.560.

1

The following information is given with respect to the decedent:

Name: Lloyd Washington Morrison

Age: 80

Birthdate: April 25, 1919

Page

1 - AFFIDAVIT OF CLAIMING SUCCESSOR, TESTATE ESTATE

FOSTER, PURDY, ALLAN,
PETERSON & DAHLIN, LLP
Attorneys at Law
201 WEST MAIN STREET, SUITE 400
P.O. BOX 1667 • (541) 770-5466
MEDFORD, OREGON 97501

Domicile and
Post Office Address: 3652 Avenue "A"
White City, Oregon 97503

Social Security No.: 544-09-3133

2

Decedent died on August 17, 1999, in Medford, Oregon. A
certified copy of the death certificate is attached hereto.

3

The decedent's property subject to administration in Oregon
consists of the following:

- (a) Payee's interest in Promissory Note dated
May 25, 1994 in the sum of \$38,000.00
executed by Wesley Allen Doll and Diane C.
Doll, which said Note is security for
that certain Trust Deed dated May 25, 1994
wherein Wesley Allen Doll and Diane C. Doll,
husband and wife, are Grantors, Mountain
Title Company of Klamath County is Trustee,
and Helen Louise Dodge, the Conservator
of the Estate of Lloyd W. Morrison, a
protected person, is Beneficiary, said
Trust Deed having been recorded on
May 25, 1994 in Volume No. M94 at Page
16641, as Instrument No. 81621 of the
Mortgage Records of Klamath County, Oregon.
Said Trust Deed covers that certain real
property located in Klamath County,
Oregon being more particularly described
as follows:

The South one-half (½) of Lots 9 and 10 in
Block 308 of DARROW ADDITION to the City of
Klamath Falls, according to the official
plat thereof on file in the office of the
County Clerk of Klamath County, Oregon.

Said Note and Trust Deed are being held in
escrow collection at Amerititle in Klamath Falls,
Oregon as Collection No. 32874; Balance owing at
date of death ----- \$ 33,556.74

- (b) 1967 Ford Bronco automobile, Serial
#U15NLB60750, Oregon License Plate

Page

FOSTER, PURDY, ALLAN,
PETERSON & DAHLIN, LLP
Attorneys at Law
201 WEST MAIN STREET, SUITE 400
P.O. BOX 1667 • (541) 770-5466
MEDFORD, OREGON 97501

- 1 # HCG 643, Title # 9330554161 -
2 Estimated fair market value ----- \$ 1,500.00
- 3 (c) Conservatorship checking account
4 #153602913821 at United States
5 National Bank of Oregon, Klamath Falls
6 Branch; Balance ----- \$ 749.02
- 7 (d) 82.97 shares of Van Kampen Merritt held
8 under Account # 8800547502; Value ----- \$ 82.97
- 9 (e) Policy No. 15617235 held with Equitable
10 Life Assurance, Charlotte, North Carolina;
11 amount of proceeds ----- Unknown
- 12 (f) Oregon Department of Revenue tax refund \$ 22.58
- 13 (g) .22 rifle, Serial # 23884 ----- \$ 50.00
- 14 (h) .22 caliber pistol made in Germany,
15 Serial # 402349; estimated value ----- \$ 50.00
- 16 (i) The following shares of common stock in
17 Pacificorp (now Scottish Power):
- 18 (1) No. PCD 186990 for 5 shares
19 (2) No. STD 94614 for 5 shares
20 10 shares ----- \$ 210.00
- 21 (j) The following dividend checks issued
22 on Pacificorp stock which are uncashed
23 and apparently lost by the decedent:
- 24 (1) No. 2728210 dated 5/15/96 for \$2.70
25 (2) No. 3285332 dated 8/17/98 for \$2.70
26 (3) No. 3425328 dated 5/17/99 for \$2.70
(4) No. 3470718 dated 8/16/99 for \$2.70
(5) No. 39074 dated 11/15/99 for \$2.70
(6) No. 188500 dated 12/27/99 for \$.38
\$13.88 \$ 13.88

4

No application or petition for the appointment of a
personal representative has been granted in Oregon.

5

Decedent died testate. Decedent's will is attached to this

Page

1 affidavit.

2 6

3 Decedent's heirs and their respective last known addresses
4 as known to affiant are as follows:

5 NAME/RELATIONSHIP

ADDRESS

6 Helen Dodge - Daughter
7 Legal Age

3652 Avenue "A"
White City, Oregon 97503

8 Robert A. Morrison - Son
9 Legal Age

P. O. Box 357
Sprague River, Oregon 97621

10 A copy of the will and a copy of this affidavit showing the
11 date of filing will be delivered to each heir or mailed to the
12 heir at the last known address.

13 7

14 That this affiant, HELEN DODGE, is designated by the
15 decedent to have the sole interest in all household goods and
16 furnishings, personal vehicles, recreational equipment,
17 clothing, jewelry, personal effects and all other tangible
18 personal property. Decedent provided that all of the residue of
19 his assets were to be divided in equal shares by Helen Dodge and
20 his son, ROBERT MORRISON, except that the decedent recited that
21 he had advanced to the said Robert Morrison the sum of
22 \$53,000.00, which said sum was to be deducted from any share to
23 which Robert Morrison would be entitled to receive at the date
24 of his death. By virtue of the size of the decedent's estate at
25 the time of his death, and the provision as to said advancement
26 to Robert Morrison, the said Robert Morrison is not entitled to
take any of the decedent's assets and the said Helen Dodge is

Page

entitled to receive all of the decedent's interests in all of said assets.

A copy of the will and a copy of this affidavit showing the date of filing will be delivered to each devisee or mailed to the devisee at the last known address.

8

Reasonable efforts have been made by the affiant to ascertain creditors of the estate. Expenses of and claims against the estate remaining unpaid or on account of which the affiant or any other person is entitled to reimbursement from the estate, including any known or estimated amount thereof, and the name and address of each creditor, as known to the affiant, are as follows: None or

<u>Creditor</u>	<u>Debt</u>	<u>Amount</u>
Mercy Flights 3650 Biddle Road #14 Medford, Oregon 97504	Acct. #M908460	\$ 113.25
Providence Medical Group P. O. Box 13994 Portland, Oregon 97213-0994	Acct. #2111823611	\$ 120.69
Medford Radiological Group P. O. Box 1747 Medford, Oregon 97501	Acct. #403832	\$ 10.02
Providence Hospital P. O. Box 3308 Portland, Oregon 97208-3308	Acct. #9922700059	\$ 237.16

/ / / /

/ / / /

Page

1 Donald K. Denman Probate and \$1,100.00
 2 Foster, Purdy, Allan Administration fees
 3 Peterson & Dahlin, LLP regarding Small
 4 Attorneys at Law Estate(Estimated)
 P. O. Box 1667
 Medford, Oregon 97501

5 Sherryll Bowman Tax Preparation \$ 600.00
 6 3324 Avenue "A" (Estimated)
 White City, Oregon 97503

7 A copy of the affidavit showing the date of filing will be
 8 delivered to each creditor who has not been paid in full or
 9 mailed to the creditor at the last known address.

10 9

11 The name and address of each person known to the affiant to
 12 assert a claim against the estate which the affiant disputes and
 13 the last-known or estimated amount thereof are as follows: None.

14 10

15 A copy of this affidavit showing the date of filing will be
 16 mailed to:

17 Senior & Disabled Services Division
 18 Estate Administration Section
 19 P. O. Box 14021
 Salem, Oregon 97309-9913

20 by depositing the copy of the affidavit in the United States
 21 Postal Service in a sealed envelope, with postage prepaid.

22 11

23 Claims against the estate not listed in this affidavit, or
 24 in amounts larger than those listed in this affidavit, may be
 25 barred unless: (a) a claim is presented to the affiant within
 26 four months of the filing of this affidavit at the address set
 forth in this affidavit, or (b) a personal representative of the

Page

1 estate is appointed within four months after the filing of this
 2 affidavit, the time allowed under ORS 114.555.

3
 4 12

5 If there is listed one or more claims that the affiant
 6 disputes, any such claim may be barred unless (a) a petition for
 7 summary determination is filed within four months of the filing
 8 of this affidavit, or (b) a personal representative of the
 9 estate is appointed within the time allowed under ORS 114.155.

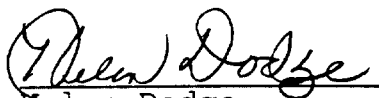
10 13

11 The address for the purposes of presenting a claim to the
 12 affiant is:

13 Helen Dodge
 14 3652 Avenue "A"
 15 White City, Oregon 97503

16 15

17 A copy of this affidavit showing the date of filing, or a
 18 Claiming Successor's Deed, will be mailed or delivered with the
 19 required recording fee to the county clerk in each county where
 20 the decedent's real property, if any, is located.

21 
 22 Helen Dodge
 23 Claiming Successor

24 SUBSCRIBED AND SWORN to before me this 27 day of
 25 January, 2000.




 Notary Public for Oregon

Page

DATE OF FILING: January 28, 2000

7 - AFFIDAVIT OF CLAIMING SUCCESSOR, TESTATE ESTATE

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SUBMITTED BY:
Donald K. Denman, OSB# 62023
Foster, Purdy, Allan, Peterson & Dahlin, LLP
Attorneys for Claiming Successor
P. O. Box 1667
Medford, OR 97501
(541) 770-5466

FOSTER, PURDY, ALLAN,
PETERSON & DAHLIN, LLP
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MEDFORD, OREGON 97501

Page

CERTIFICATION OF VITAL RECORD

268067
I.D. TAG NO.

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

136-

Local File Number

State File Number

1. DECEDENT'S NAME Lloyd Washington MORRISON			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) August 17, 1999
4. SOCIAL SECURITY NUMBER 544-09-3133	5a. AGE-Last Birthday (Years) 80	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Medford, Oregon	7. DATE OF BIRTH (Month, Day, Year) April 25, 1919
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 checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		
9b. FACILITY NAME (If not institution, give street and number) Providence Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Medford		9d. COUNTY OF DEATH Jackson
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Foreman		10b. KIND OF BUSINESS/INDUSTRY Electrical		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed
12. SPOUSE (If Married, Widowed) Helen B.				
13a. RESIDENCE - STATE Oregon	13b. COUNTY Jackson	13c. CITY, TOWN OR LOCATION White City	13d. STREET AND NUMBER 3652 Avenue A	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE 97503	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/Secondary (0-12) College (1-4 or 5+) 8				
17. FATHER - NAME first middle last James Morrison		18. MOTHER - NAME first middle maiden Dora H. Wheeler		19. INFORMANT - NAME and relationship to decedent Helen Dodge- Daughter
20a. 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)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Hillcrest Memorial Park		20c. LOCATION - City or Town, State Medford, Oregon
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. OREGON LICENSE NO. (Of Licensee) 3592	22. NAME, ADDRESS AND ZIP OF FACILITY Peri Funeral Service 2100 Siskiyou Blvd. Medford, OR 97504	
23. DATE FILED (Month, Day, Year) AUG 20 1999		24. REGISTRAR'S SIGNATURE <i>[Signature]</i>		
RESERVED FOR REGISTRAR'S USE				
TO BE COMPLETED BY CERTIFYING PHYSICIAN				
27. TIME OF DEATH 7:40 P M		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
29. To the best of my knowledge, death occurred at the time, date, place and cause to the cause(s) and manner stated. <i>[Signature]</i>				
30. DATE SIGNED (Month, Day, Year) 8/19/99				
31a. TIME OF DEATH 7:40 P M				
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) 8/19/99				
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. <i>[Signature]</i>				
33. DATE SIGNED (Month, Day, Year) COUNTY				
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Alan P. Hersch, DO 524 Manzanita St., Central Point, OR 97502				
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
36. PART (a) <i>[Signature]</i> Interval between onset and death				
DUE TO, OR AS A CONSEQUENCE OF:				
(b) <i>[Signature]</i> Interval between onset and death				
DUE TO, OR AS A CONSEQUENCE OF:				
(c) <i>[Signature]</i> Interval between onset and death				
PART (OTHER SIGNIFICANT CONDITIONS - II) Conditions contributing to death but not resulting in the underlying cause given in PART I.				
40. 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		41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No		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 type="checkbox"/> No <input type="checkbox"/> N/A
RESERVED FOR REGISTRAR'S USE				

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 10/97

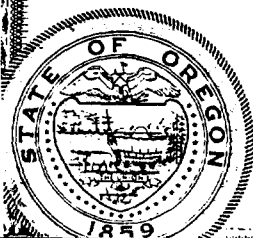
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE JACKSON COUNTY REGISTRAR.

AUG 20 1999

DATE ISSUED:

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

HENRY W. COLLINS, JR.
COUNTY REGISTRAR
JACKSON COUNTY, OREGON



Last Will and Testament of

LLOYD WASHINGTON MORRISON

I, LLOYD WASHINGTON MORRISON, of Klamath Falls, Oregon, declare that this is my Will and revoke all prior Wills and codicils.

ARTICLE I

FAMILY

I am a single man. I was married to HELEN BERNADETTE MORRISON who is now deceased. My presently living children are: ROBERT ALLEN MORRISON and HELEN LOUISE DODGE. References to "my children" include any child later born to or adopted by me.

ARTICLE 2

FIDUCIARIES

I name my daughter, HELEN DODGE, as my personal representative. If Helen Dodge fails to qualify or ceases to act as my personal representative, I name my sister-in-law, Ann Morrison of Keno, Oregon, as my personal representative.

ARTICLE 3

ESTATE ADMINISTRATION

I direct my personal representative to pay out of the residue of my estate all expenses of administration of my estate.

ARTICLE 4

DEATH TAXES

I direct my personal representative to pay out of the residue of my estate, without apportionment, all estate, inheritance, and other death taxes (including interest and penalties) payable by reason of my death on property passing under this Will. All death taxes on property not passing under this Will shall be apportioned according to Oregon Law.

ARTICLE 5

SPECIFIC GIFTS

5.1 I give to my daughter, HELEN LOUISE DODGE, any interest I have in household goods and furnishings, personal vehicles, recreational equipment, clothing, jewelry, personal

effects, and other tangible personal property for personal or household use, together with any insurance on this property.

5.2 I acknowledge that I own in joint ownership with my daughter, Helen Louise Dodge, a savings account at Klamath First Federal, Main Branch, Klamath Falls, Oregon. I understand that this account is in "survivorship form" and that upon my death this account will pass to my daughter. I confirm that it is my intent that upon my death that any money in this account shall pass outside of this Will and to my daughter, Helen Louise Dodge.

5.3 I have advanced to my son, Robert Allen Morrison, the sum of \$53,000.00 on account of and against whatever may be coming to him from my estate by way of inheritance or under this Will. I direct my personal representative to deduct this amount from the distributive share of Robert Morrison under this Will. I recognize that, by virtue of this deduction, my son, Robert Allen Morrison may not be entitled to any further distributions under my Will.

ARTICLE 6

RESIDUE

6.1 I give the residue of my estate in equal shares to my children, Helen Dodge and Robert Morrison, one share for each child who survives me and one share by right of representation for the then surviving descendants of each child who does not survive me except that, there shall be deducted from the share of Robert Morrison, such sums of money as I may have loaned or advanced to him during my lifetime. I have advanced to my son, Robert Morrison, the sum of \$53,000.00 and this sum or such portion thereof as remains unpaid at the time of my death is to be deducted from his share.

6.2 If none of my descendants survive me, I give the residue of my estate as follows:

To those persons surviving me who would be entitled to receive my intestate property as determined by Oregon Law at the time of my death.

ARTICLE 7

MEMORIAL SERVICE

It is my will and I do direct that any memorial service conducted after my death be performed with a closed casket.

ARTICLE 8

CONTEST

In case any legatee, devisee, or beneficiary of this my Last Will and Testament, for whose benefit I have made any provision shall endeavor in any way to contest in any court or before any tribunal this my Last Will and Testament, or the validity thereof, or its due or proper execution, or the provisions applicable to him or her, or any other provisions, or shall in any way question any acts in making this will or any of its provisions, then and in that event, such contestant shall thereupon forfeit and shall thenceforth cease to have any right, title, and interest in, under or to any portion of my estate or any property devised or bequeathed to such person or any income therefrom, and all provisions of this my Last Will and Testament in favor of, or for the benefit of, such contestant are hereby absolutely revoked; and any and all rights which said contestant would otherwise have had shall fall into and become a part of the residue of my estate hereinbefore referred to and shall be disposed of as hereinabove provided, to the exclusion of such contestant in the same manner as if such contestant had not been mentioned in this My Last Will and Testament.

ARTICLE 9

PERSONAL REPRESENTATIVE

9.1 No bond shall be required of any individual named in this Will as my personal representative.

9.2 I give my personal representative all powers conferred on a personal representative by Oregon law as now existing or later amended, whether or not those powers are exercised in Oregon.

9.3 If any interest passes under this Will to a person under the age of 21, I authorize my personal representative to transfer that interest to a custodian for that person under the Oregon gifts to minors law.

9.4 I authorize my personal representative to make any election or decision available to my estate under federal or state tax laws, to make pro rata or non-pro rata distributions without regard to any differences in tax basis of assets distributed, and to make distributions in cash, in specific property, in undivided interests in property, or partly in cash and partly in property. The good faith decisions of my personal representative in the exercise of these powers shall be conclusive and binding on all parties, and my personal

representative need not make any adjustments among beneficiaries because of any election, decision, or distribution.

ARTICLE 10

GENERAL ADMINISTRATIVE PROVISIONS

10.1 A beneficiary under my Will shall be considered to survive me only if the beneficiary is living on the sixtieth day after the date of my death.

10.2 "Descendants" means all naturally born or legally adopted descendants of the person indicated.

10.3 The validity and construction of my Will shall be determined under Oregon law in effect on the date my Will is signed.

I have signed this Will on this 5th day of February, 1991.

Lloyd Washington Morrison
Lloyd Washington Morrison

On the date of the foregoing Will of Lloyd Washington Morrison, I saw him sign it. Upon his declaration that it was his Will, I signed my name below as a witness.

[Signature] Residing at Klamath Falls, Oregon

Salome Dawn Residing at Klamath Falls, Oregon.

AFFIDAVIT OF WITNESSES TO WILL
EXECUTED CONTEMPORANEOUSLY THEREWITH

7686

STATE OF OREGON)
) ss.
County of Klamath)

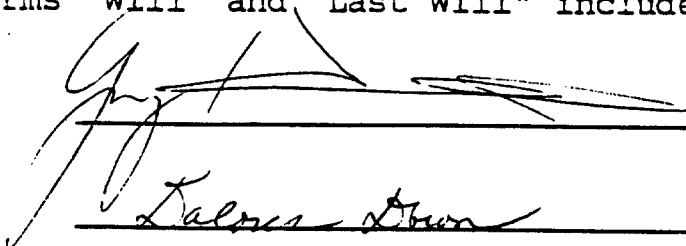
We, the undersigned, being first duly sworn, each for himself and not one for the other, depose and say that:

We reside in Klamath Falls, Klamath County, State of Oregon; We know the testator of the attached Will.

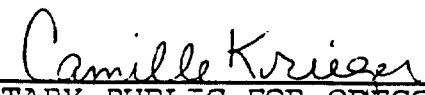
The instrument attached to this affidavit is the Last Will and Testament of the said testator; the said Will was signed by said testator on the date it bears immediately prior to the execution of this affidavit in the presence of the undersigned affiants at which time the said testator published and declared said instrument to be his Last Will and Testament and requested affiants to act as witnesses thereto, whereupon the other witness and I, each having seen said testator sign said Will, signed our names to said Will as such witnesses at testator's direction. I hereby identify the signatures on the attached Will as those of the said testator, the other attesting witness and myself.

At the time of executing his said Will, the said testator was over the age of eighteen years and was of sound and disposing mind and was not acting under any restraint, undue influence or fraudulent representation, to the best of my knowledge and belief.

In construing this affidavit and where the context and the circumstances so require, the masculine includes the feminine, the singular includes the plural, the word "Testator" means "Testatrix" and the terms "Will" and "Last Will" include a codicil.



SUBSCRIBED AND SWORN to before me this 5th day of
February, 1991.



NOTARY PUBLIC FOR OREGON
My Commission Expires: 5-23-94

9-22-92

State of Oregon, County of Klamath
Recorded 3/09/00, at 3:35 p m.
In Vol. M00 Page 7671
Linda Smith,
County Clerk Fee\$ 96⁰⁰