

CERTIFICATION OF VITAL RECORD

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I.D. TAG NO.

16

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 Roy Herman RODGERS			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) January 11, 2000
4. SOCIAL SECURITY NUMBER 543-10-1251	5a. AGE-Last Birthday (Years) 97	5b. Under 1 Year Moe Days	5c. Under 1 Day Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Purdy, Missouri
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"/> DOA <input type="checkbox"/> OTHER		
9b. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		9d. COUNTY OF DEATH Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Farmer		10b. KIND OF BUSINESS/INDUSTRY Agriculture		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		12. SPOUSE (If Married, Widowed) Pauline Sanders
13c. RESIDENCE - CITY Klamath Falls		13d. STREET AND NUMBER 5608 Harlan Drive		
13e. RACE <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Other (Specify)		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (13-16) <input type="checkbox"/> Graduate (17+) <input type="checkbox"/> 8		
17. FATHER - NAME first middle last Thomas Jefferson Rodgers		18. MOTHER - NAME first middle maiden Mary Ellen Binkley		19. INFORMANT - NAME and relationship to deceased Sue Wolf - Daughter
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) Klamath Cremation Service		20c. LOCATION - City or Town, State Klamath Falls, Oregon
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James O. Riggs</i>		21b. OREGON LICENSE NO. (Of Licensee) CO-3572		22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair & Riggs Funeral Chapel 515 Pine St., Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year) JAN 13 2000		24. REGISTRAR'S SIGNATURE <i>Evelyn Simonson</i>		

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TO BE COMPLETED BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
27. TIME OF DEATH 4:30 AM		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) <i>F. Geoffrey Marx, M.D.</i>				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) 1/11/00				33. DATE SIGNED (Month, Day, Year) COUNTY	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) F. Geoffrey Marx, M.D., 2614 Clover Street, Klamath Falls, OR 97601					
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
36. 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)				Interval between onset and death	
PART I (a) Aspiration Pn and Sepsis				Interval between onset and death 2 hrs	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART I.					
GI Bleed (upper), Esoph. Stricture				37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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"/> Legal Intervention <input type="checkbox"/> Homicide <input type="checkbox"/> Other				38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41d. DESCRIBE HOW INJURY OCCURRED			
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41f. 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.

JAN 13 2000

DATE ISSUED:

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

Evelyn Simonson
EVELYN SIMONSON
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON



TRUSTOR NAME AND ADDRESS: Roy H. Rodgers and Pauline Rodgers

TRUSTEE NAME AND ADDRESS: V. Sue Wolf, Successor Trustee
P.O. Box 7759
Klamath Falls, OR 97602

SEND TAX STATEMENTS TO V. Sue Wolf, Successor Trustee of the Rodgers Living Trust formed by the Declaration of Trust Agreement dated May 11, 1992 (currently known as the ROY H. RODGERS REVOCABLE TRUST dated May 11, 1992) at address denoted hereinabove

AFTER RECORDING RETURN TO Neal G. Buchanan, Attorney at Law
435 Oak Avenue
Klamath Falls, OR 97601

CERTIFICATION OF TRUST
ROY H. RODGERS AND PAULINE RODGERS REVOCABLE TRUST
(Under Agreement dated May 11, 1992)

STATE OF OREGON, County of Klamath) ss.

I, V. SUE WOLF, pursuant to the provisions of ORS 128.232 through 128.246, being duly sworn, depose and say:

1. That an unnamed trust which has subsequently been referred to as the Rodgers Living Trust Estate (or the Roy H. Rodgers and Pauline Rodgers Revocable Trust), dated May 11, 1992, was established by an Agreement dated May 11, 1992, between Roy H. Rodgers and Pauline Rodgers as Initial Trustees and as Joint Trustees.

2. That one of the Initial Trustees, Pauline Rodgers, died on April 12, 1993. A Certificate of Incumbency, together with a certified copy of the Certificate of Death with reference to Pauline Rodgers was recorded in the Deed Records of the Clerk of Klamath County, Oregon, on January 22, 1997, at Vol. M-97, page 1918, or as instrument number 31666.

3. That the other Initial Trustee, ROY HERMAN RODGERS, died on January 11, 2000. A certified copy of the Certificate of Death of Roy Herman Rodgers is attached hereto and made a part hereof.

4. By a certain SECOND AMENDMENT TO ROY H. RODGER REVOCABLE TRUST, dated January 21, 1997, the terms and provisions of the trust were amended in certain particulars. Included among the amendments were the following:

A. The name of the trust was amended such that the trust would be called the ROY H. RODGERS REVOCABLE TRUST, dated May 11, 1992; and

B. The Trustee provisions were amended such that in the event of the death of Roy H. Rodgers, V. Sue Wolf was nominated to serve as Successor Trustee, to serve without bond.

5. The Trust powers include at least all those trust powers contained in the Uniform Trustees Powers Act set forth in ORS 128.003 to 128.045.

6. The mailing addresses for the currently acting Trustee are as follows:

V. Sue Wolf
5608 Harlan Drive
Klamath Falls, OR 97603

V. Sue Wolf
P.O. Box 7759
Klamath Falls, OR 97602

7. Rights of revocation, withdrawal, alienation and amendment were reserved by Trustor, Roy Herman Rodgers. At the time of death of Roy Herman Rodgers, the provisions of the SECOND AMENDMENT TO ROY H. RODGERS REVOCABLE TRUST became irrevocable.

8. The social security number of the decedent, Roy Herman Rodgers, is

543-10-1251. An application for the assignment of a tax identification number is pending with the IRS.

9. Assets of the trust may be held either in the name "Trustees of the Rodgers Living Trust Estate", formed by the Declaration of Trust Agreement dated 5-11-92, or by the Trustees of the ROY H. RODGERS REVOCABLE TRUST dated May 11, 1992.

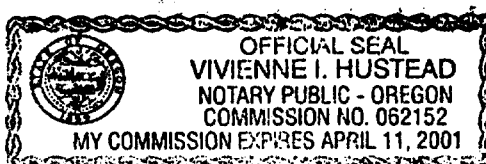
10. The SECOND AMENDMENT TO ROY H. RODGERS REVOCABLE TRUST, dated May 11, 1992, (amended by Agreement dated January 21, 1997) has not been revoked, modified or amended in any manner that would cause the representations contained in this certification to be incorrect.

DATED: This 6 day of April, 2000.

V. Sue Wolf
V. SUE WOLF

SUBSCRIBED AND SWORN to before me April 6, 2000, by V. Sue Wolf.

Vivienne I. Hustead
NOTARY PUBLIC FOR OREGON



State of Oregon. County of Klamath
Recorded 04/06/00, at 9:08 a.m.
In Vol. M00 Page 11273
Linda Smith,
County Clerk Fee \$ 31⁰⁰