

200 JUN 23 PM 12:53

Vol M00 Page 22927

TRUSTOR NAME AND ADDRESS: R. A. Coffman
4436 Onyx
Klamath Falls, OR 97603

State of Oregon, County of Klamath
Recorded 06/23/00, at 12:53 p.m.
In Vol. M00 Page 22927
Linda Smith,
County Clerk Fee \$ 31⁰⁰

TRUSTEE NAME AND ADDRESS: Donald Alan Coffman
4625 Gettle
Klamath Falls, OR 97603

SEND TAX STATEMENTS TO Donald Alan Coffman, Successor Trustee of the R. A. Coffman
1991 Revocable Trust
4625 Gettle
Klamath Falls, OR 97603

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

CERTIFICATION OF TRUST
R. A. COFFMAN 1991 REVOCABLE TRUST
(Under Agreement dated December 31, 1991)

STATE OF OREGON, County of Klamath) ss.

I, DONALD ALAN COFFMAN, pursuant to the provisions of ORS 128.232 through 128.246, being duly sworn, depose and say:

1. That the R. A. Coffman 1991 Revocable Trust was established by an Agreement dated December 31, 1991, between R. A. Coffman as Trustor and R. A. Coffman as Trustee.

2. That by a document entitled the FIRST AMENDMENT TO THE R. A. COFFMAN 1991 REVOCABLE TRUST, dated March 2, 1999, the terms and provisions of the Trust were amended in certain particulars.

3. That the Trustor and the Trustee, R. A. Coffman, died June 4, 2000. A certified copy of the Certificate of Death of R. A. Coffman is attached hereto and made a part hereof.

4. 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.

5. The mailing address for the currently acting Trustee is as follows:

Donald Alan Coffman
4625 Gettle Street
Klamath Falls, OR 97603

6. Rights of revocation, withdrawal, alienation and amendment were reserved by Trustor, R. A. Coffman. At the time of death of R. A. Coffman, the provisions of the R. A. COFFMAN 1991 REVOCABLE TRUST as amended by the FIRST AMENDMENT TO THE R. A. COFFMAN 1991 REVOCABLE TRUST became irrevocable.

7. The social security number of the decedent, R. A. Coffman, is 543-10-1130. An application for the assignment of a tax identification number is pending with the IRS.

NB/2 - CERTIFICATION OF TRUST - 1

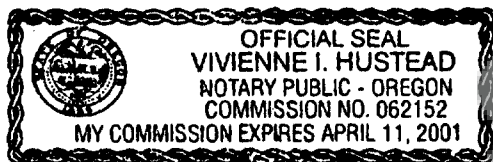
8. Assets of the trust are or may be held in the name of R. A. Coffman as Trustee of the R. A. COFFMAN 1991 REVOCABLE TRUST.

9. The R. A. COFFMAN 1991 REVOCABLE TRUST, as amended by the FIRST AMENDMENT TO THE R. A. COFFMAN 1991 REVOCABLE TRUST, has not been revoked, modified or amended in any manner that would cause the representations contained in this certification to be incorrect.

DATED: This 20 day of June, 2000.

Donald Alan Coffman
DONALD ALAN COFFMAN

SUBSCRIBED AND SWORN to before me June 20, 2000, by Donald Alan Coffman.



Vivienne I. Hustead
NOTARY PUBLIC FOR OREGON

CERTIFICATION OF VITAL RECORD

22929

CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

279
Local File Number

136-

State File Number

DECEDENT

1
2
3
4
5
6

PARENTS

DISPOSITION

7
8
9

REGISTRAR

CERTIFIER

CAUSE OF DEATH

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CAUSE OF DEATH

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1. DECEDENT'S NAME First: RA Middle: COFFMAN Last: COFFMAN				2. SEX M		3. DATE OF DEATH (Month, Day, Year) June 4, 2000	
4. SOCIAL SECURITY NUMBER 543-10-1130		5a. AGE-Last Birthday (Years) 85		5b. Under 1 Year Mos. Days Hours Mins.		6. BIRTHPLACE (City and State or Foreign Country) Noble, Oklahoma	
7. DATE OF BIRTH (Month, Day, Year) April 9, 1915							
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" 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"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) 4436 Onyx				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.) Builder		10b. KIND OF BUSINESS/INDUSTRY Construction		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		12. SPOUSE (If Married, Widowed) Mary	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 4436 Onyx	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97603		14. 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 Specify:		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) 10							
17. FATHER - NAME first middle last William H. Coffman				18. MOTHER - NAME first middle maiden Mable Clay		19. INFORMANT - NAME and relationship to deceased Don Coffman - son	
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) Eternal Hills Memorial Gardens			
20c. LOCATION - City or Town, State Klamath Falls, Oregon							
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>				21b. OREGON LICENSE NO. (Of License) 3324		22. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home 4711 Hwy. 39, Klamath Falls, OR. 97603	
23. DATE FILED (Month, Day, Year) JUN 08 2000				24. REGISTRAR'S SIGNATURE <i>[Signature]</i>			
RESERVED FOR REGISTRAR'S USE							
TO BE COMPLETED BY CERTIFYING PHYSICIAN							
27. TIME OF DEATH 1:15 PM				28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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>[Signature]</i>				30. DATE SIGNED (Month, Day, Year) 6-5-00			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Alden Glidden MD., 2680 Urnmann Road, Klamath Falls, OR. 97601				32. DATE SIGNED (Month, Day, Year) COUNTY			
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)							
36. IMMEDIATE CAUSE, ENTER ONLY ONE CAUSE PER LINE (For all, by AND TO Do not enter more than one cause of death: a) Cardiac or Respiratory Arrest.							
PART I (a) DUE TO, OR AS A CONSEQUENCE OF: SBE						Interval between onset and death 9 yrs	
(b) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death 9 yrs	
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. AF Renal Failure Hypertension						Interval between onset and death	
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				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	
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		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. 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							

ORIGINAL-VITAL STATISTICS COPY

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

JUN 08 2000

DATE ISSUED:

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

Evelyn Simonson
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE