



MT58091-PS

THIS SPACE RESERVED FOR RECORDER'S USE

Vol M02 Page 52537

After recording return to:
ELI PROPERTY COMPANY, INC.
P.O. BOX 100
BELLA VISTA, CA 96008

Until a change is requested all
tax statements shall be sent to
the following address:
ELI PROPERTY COMPANY, INC.
P.O. BOX 100
BELLA VISTA, CA 96008

Escrow No. MT58091-PS
Title No. _____

State of Oregon, County of Klamath
Recorded 09/16/2002 11:09 a. m.
Vol M02, Pg 52537-45
Linda Smith, County Clerk
Fee \$ 61.00 # of Pgs 9

'02 SEP 16 AM 11:09

WARRANTY DEED

ROBERT L. STEVENSON, II AND MICHAEL J. STEVENSON, heirs at law of Robert L. Stevenson and Virginia M. Stevenson, deceased,
Grantor(s) hereby grant, bargain, sell, warrant and convey to:
ELI PROPERTY COMPANY, INC., a California corporation
Grantee(s) and grantee's heirs, successors and assigns the following described real property, free of encumbrances except as specifically set forth herein in the County of **KLAMATH** and State of Oregon, to wit:

Lot 17 in Block 22, OREGON SHORES UNIT 2, TRACT 1113, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

KEY #242945

MAP #3507-018DB-01800

SUBJECT TO: all those items of record and those apparent upon the land, if any, as of the date of this deed and those shown below, if any:

SEE EXHIBIT "A" THROUGH EXHIBIT "F" ATTACHED HERETO AND MADE A PART
HEREOF.


and the grantor will warrant and forever defend the said premises and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, except those claiming under the above described encumbrances.

The true and actual consideration for this conveyance is \$ **15,000.00.**

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 30.930.

Dated this 6th day of September, 2002.


ROBERT L. STEVENSON II


MICHAEL J. STEVENSON

9-7-02

SEE ATTACHMENT FOR
OFFICIAL NOTARIZATION

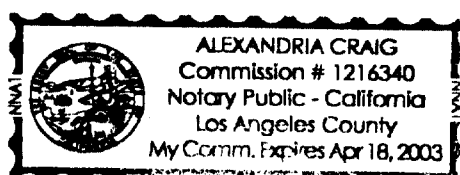
STATE OF CALIFORNIA

COUNTY OF Los Angeles

} ss.

On September 6th, 2002 before me, Alexandria Craig
personally appeared ROBERT L. STEVENSON, II 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 executed the same in his authorized capacity(ies), and that by his 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 Alexandria Craig

52538

INDIVIDUAL ACKNOWLEDGMENT

State of CALIFORNIA

County of Los Angeles

ss.

On this the 7th day of SEPT. 19 2002

before me, T. E. KASUBHAI
Name of Notary Public

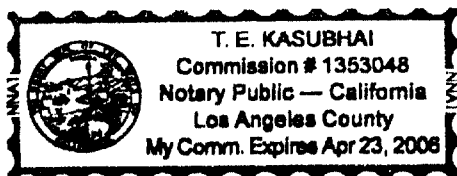
the undersigned Notary Public, personally appeared

MICHAEL J. STEVENSON
Name of Signer(s)

☐ personally known to me
☒ 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 that he/she/they executed it.

WITNESS my hand and official seal.



T. E. Kasubhai
Signature of Notary Public

OPTIONAL

Though the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: WARRANTY DEED

Document Date: 9/6/02 Number of Pages: 8

Signer(s) Other Than Named Above: Robert L. Stevenson II

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

EXHIBIT "A"
**AFFIDAVIT OF HEIRSHIP,
INHERITANCE AND OWNERSHIP**

52539

STATE OF OREGON)
) ss.
County of Klamath)

The undersigned, **MICHAEL J. STEVENSON**, over the age of 18 years, being first duly sworn, depose and say;

1. That the following are all the heirs at law of **ROBERT L. STEVENSON and VIRGINIA M. STEVENSON**, deceased and have their residence and domicile:

<u>NAME</u>	<u>ADDRESS</u>
ROBERT L. STEVENSON II	<u>604 Bluegrass St., Simi Valley CA 93065</u>
MICHAEL J. STEVENSON	<u>10046 Densmore Ave., North Hills, CA 91343</u>

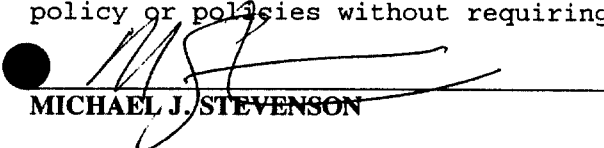
That the decedent has no deceased children or children of such children that are not affiants hereto.

2. That **Virginia M. Stevenson** died October 7, 1993; that at the time of her death, the domicile of the decedent was North Hills, California. That **Robert L. Stevenson** died May 1, 1995; that at the time of his death the domicile of the decedent was North Hills, California.

3. That at the time of his death, **Robert L. Stevenson** owned in fee simple title: **Lot 17, Block 22, OREGON SHORES UNIT 2, TRACT 1113, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.**

4. That there are no debts or encumbrances remaining unpaid which are or may become a lien on said property, all claims against the estate have been paid, and federal estate taxes have been paid and all inheritance taxes have been paid.

5. That this affidavit is made for the purpose of inducing Chicago Title Insurance Company of Oregon and AmeriTitle to issue its policy or policies of title insurance on the above described property. In consideration of the issuance of said policy or policies, the undersigned agrees to hold AmeriTitle and/or Chicago Title Insurance Company of Oregon free and clear of all liability and responsibility for any loss, damage or expense that may arise or it may suffer by reason of the issuance of such policy or policies without requiring probate of the estate of the decedent.


MICHAEL J. STEVENSON

Dated

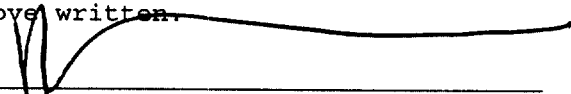
8-27-02

STATE OF California
COUNTY OF Los Angeles ss.

BE IT REMEMBERED, That on this 27th day of Aug. 2002, before me, the undersigned, a Notary Public in the State of California personally appeared the within named Michael J. Stevenson

~~known to me~~ or proved to me on the basis of satisfactory evidence, to be the identical individual described in and who executed the within instrument and acknowledged to me that he executed the same freely and voluntarily.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal the day and year last above written.


Notary Public, State of ~~Oregon~~ California
My commission expires: Dec. 23, 2003

AFTER RECORDING
RETURN TO:



EXHIBIT "B"
AFFIDAVIT OF HEIRSHIP, INHERITANCE AND OWNERSHIP

52540

STATE OF OREGON)
) ss.
County of Klamath)

The undersigned, **ROBERT L. STEVENSON II** over the age of 18 years, being first duly sworn, depose and say;

1. That the following are all the heirs at law of **ROBERT L. STEVENSON and VIRGINIA M. STEVENSON**, deceased and have their residence and domicile:

<u>NAME</u>	<u>ADDRESS</u>
ROBERT L. STEVENSON II	<u>604 Bluegrass St., Simi Valley, CA 93065</u>
MICHAEL J. STEVENSON	<u>10046 Densmore Ave., North Hills, CA 91343</u>

That the decedent has no deceased children or children of such children that are not affiants hereto.

2. That **Virginia M. Stevenson** died October 7, 1993; that at the time of her death, the domicile of the decedent was North Hills, California. That **Robert L. Stevenson** died May 1, 1995; that at the time of his death the domicile of the decedent was North Hills, California.

3. That at the time of his death, **Robert L. Stevenson** owned in fee simple title: **Lot 17, Block 22, OREGON SHORES UNIT 2, TRACT 1113, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.**

4. That there are no debts or encumbrances remaining unpaid which are or may become a lien on said property, all claims against the estate have been paid, and federal estate taxes have been paid and all inheritance taxes have been paid.

5. That this affidavit is made for the purpose of inducing Chicago Title Insurance Company of Oregon and AmeriTitle to issue its policy or policies of title insurance on the above described property. In consideration of the issuance of said policy or policies, the undersigned agrees to hold AmeriTitle and/or Chicago Title Insurance Company of Oregon free and clear of all liability and responsibility for any loss, damage or expense that may arise or it may suffer by reason of the issuance of such policy or policies without requiring probate of the estate of the decedent.

● *Robert L. Stevenson II*
ROBERT L. STEVENSON II

August 28, 2002
Dated

STATE OF California)
) ss.
COUNTY OF Los Angeles

BE IT REMEMBERED, That on this 28th day of August, 2002, before me, the undersigned, a Notary Public in the State of California personally appeared the within named Robert L. Stevenson II

known to me or proved to me on the basis of satisfactory evidence, to be the identical individual described in and who executed the within instrument and acknowledged to me that he executed the same freely and voluntarily.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal the day and year last above written.

Alexandria Craig
Notary Public, State of California
My commission expires: 04-18-03

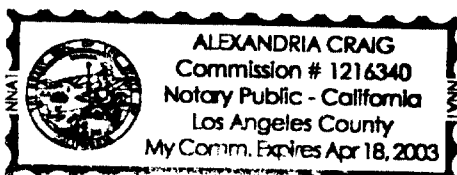


EXHIBIT "C"
CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

52541

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST (GIVEN)		1B. MIDDLE	1C. LAST (FAMILY)		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
		Virginia		Merle	Stevenson		2A. DATE OF DEATH—MO. DAY, YR.		2B. HOUR	3.
							10/07/1993		0615	
DECEDENT PERSONAL DATA	4. RACE	5. HISPANIC—SPECIFY		6. DATE OF BIRTH—MO. DAY, YR.		7. AGE IN YEARS	8. IF UNDER 1 YEAR		9. IF UNDER 24 MONTHS	
	White			05/04/1921		72				
	10. STATE OF BIRTH	11. CITIZEN OF WHAT COUNTRY		10A. FULL NAME OF FATHER		10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER		11B. STATE OF BIRTH	
	IL	USA		Walter W. Geible		IL	Marie Braun		IL	
USUAL RESIDENCE	12. MILITARY SERVICE	13. SOCIAL SECURITY NO.		14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE IF WIFE, ENTER MAIDEN NAME				
		548-24-8770		Married		Robert Stevenson				
	16. USUAL OCCUPATION	17. USUAL KIND OF BUSINESS OR INDUSTRY		18. USUAL EMPLOYER		19. YEARS IN OCCUPATION		20. EDUCATION—YEARS COMPLETED		
	Cell Painter	Motion Picture		Filmation		11		12		
PLACE OF DEATH	18A. RESIDENCE—STREET AND NUMBER OR LOCATION					18B. CITY		18C. ZIP CODE		
	16514 Calahan St.					North Hills		91343		
	18D. COUNTY					18E. NUMBER OF YEARS IN THIS COUNTY		18F. STATE OR FOREIGN COUNTRY		
	Los Angeles					71		California		
CAUSE OF DEATH	19A. PLACE OF DEATH					19B. IF HOSPITAL, SPECIFY ONE IF ER/OP, DOA		19C. COUNTY		
	Residence							Los Angeles		
	19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION					19E. CITY		20. NAME, RELATIONSHIP, MARITAL ADDRESS AND ZIP CODE OF INFORMANT		
	16514 Calahan St.					North Hills		Robert Stevenson Husband 16514 Calahan St. North Hills, CA 91343		
PHYSICIAN'S CERTIFICATION	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)					22. WAS DEATH REPORTED TO CORONER?		23. WAS BLOODY PERFORMED?		
	IMMEDIATE CAUSE (A) Metastatic Adenocarcinoma of Rectum					3 Yrs		YES		
	DUE TO (B)							24A. WAS AUTOPSY PERFORMED?		
	DUE TO (C)							24B. WAS IT USED IN DETERMINING CAUSE OF DEATH?		
CORONER'S USE ONLY	25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21					26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 22?				
	None					No				
	I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.					27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER		27C. CERTIFIER'S LICENSE NUMBER		27D. DATE SIGNED
	27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR					27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		G-39314		10/7/93
FUNERAL DIRECTOR AND LOCAL REGISTRAR	28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER					28B. DATE SIGNED				
	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
								YES NO		MONTH, DAY, YEAR
STATE REGISTRAR	32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)					33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)				
	34A. DISPOSITION(S)		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS			34C. DATE MO, DAY, YR.		34D. SIGNATURE OF EMBALMER		34E. LICENSE NO.
	BU		Oakwood Memorial Park Chatsworth, CA 91311			10/09/1993		Not embalmed		
CENSUS TRACT	35A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		35B. LICENSE NO.		36. SIGNATURE OF LOCAL REGISTRAR		37. REGISTRATION DATE			
	Crawford Northridge Chatsworth		FO 1228		Robert C. [Signature]		OCT 08 1993			

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

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

OCT 08 1993

58 [Signature]
Director of Health Services and Registrar

EXHIBIT "D"

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ERASURES, WHITTOUTS OR ALTERATIONS
VS-11 (REV. 7/93)

LOCAL REGISTRATION NUMBER

52542

DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)	
	Robert		Louis		Stevenson	
	4. DATE OF BIRTH MM/DD/CCYY		5. AGE YRS.		6. SEX	
	10/09/1921		73		M	
	7. DATE OF DEATH MM/DD/CCYY		8. HOUR			
05/01/1995		1135				
USUAL RESIDENCE	9. STATE OF BIRTH		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE	
	Texas		555-09-2203		12. MARITAL STATUS	
	13. EDUCATION—YEARS COMPLETED		14. RACE		15. HISPANIC—SPECIFY	
	12		White		16. USUAL EMPLOYER	
	17. OCCUPATION		18. KIND OF BUSINESS		19. YEARS IN OCCUPATION	
Custom Furniture Maker		Furniture Mfg.		52		
INFORMANT	20. RESIDENCE—STREET AND NUMBER OR LOCATION		21. CITY		22. COUNTY	
	16514 Calahan		North Hills		Los Angeles	
	23. NAME, RELATIONSHIP		24. ZIP CODE		25. YRS IN COUNTY	
	Michael James Stevenson - Son		91343		72	
	26. STATE OR FOREIGN COUNTRY		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)			
California		10046 Densmore Ave., No. Hills, CA 91343				
SPOUSE AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)	
	-		-		-	
	31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST	
	Clyde		-		Stevenson	
	34. BIRTH STATE		35. NAME OF MOTHER—FIRST		36. MIDDLE	
TX		Thena		-		
37. LAST (MAIDEN)		38. BIRTH STATE				
Rumage		TX				
DISPOSITION(S)	39. DATE MM/DD/CCYY		40. PLACE OF FINAL DISPOSITION			
	05/08/1995		Oakwood Memorial Park, Chatsworth, CA 91311			
	41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NO.	
	BU		Not embalmed		-	
	44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO.		46. SIGNATURE OF LOCAL REGISTRAR	
Crawford Mortuary		FD1228		Robert C. [Signature] TE 05/03/1995		
PLACE OF DEATH	101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE:		103. FACILITY OTHER THAN HOSPITAL:	
	Residence		<input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> CONV. HOSP. <input checked="" type="checkbox"/> RES. <input type="checkbox"/> OTHER		104. COUNTY	
	105. STREET ADDRESS—STREET AND NUMBER OR LOCATION		106. CITY			
	16514 Calahan		No. Hills			
	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER	
CAUSE OF DEATH	IMMEDIATE CAUSE (A) Cardiac Arrest		mins.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	DUE TO (B) Hypertension		yrs.		109. DEATH REPORTED TO CORONER	
	DUE TO (C) Diabetes		yrs.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	DUE TO (D)				110. AUTOPSY PERFORMED	
	111. USED IN DETERMINING CAUSE				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107						
None						
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.						
No						
PHYSICIAN'S CERTIFICA- TION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE: DECEDENT LAST SEEN ALIVE MM/DD/CCYY		115. SIGNATURE AND TITLE OF CERTIFIED		116. LICENSE NO.	
	07/01/1982 04/05/1995		[Signature]		A2424	
	117. TYPE ATTENDING PHYSICIAN'S NAME/ MAILING ADDRESS - ZIP		118. LICENSE NO.		119. DATE MM/DD/CCYY	
	Steven L. Rouff, MD., 15211 Vanowen, Van Nuys, CA 91405		A2424		05/02/1995	
	120. INJURY AT WORK		121. INJURY DATE MM/DD/CCYY		122. HOUR	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
CORONER'S USE ONLY	123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
	125. MANNER OF DEATH		126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE MM/DD/CCYY	
	<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		[Signature]			
	128. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)		129. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
STATE REGISTRAR	130. SIGNATURE OF CORONER OR DEPUTY CORONER		131. DATE MM/DD/CCYY		132. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
	[Signature]					
	133. SIGNATURE OF STATE REGISTRAR		134. DATE MM/DD/CCYY		135. TYPED NAME, TITLE OF STATE REGISTRAR	
	[Signature]					
	136. SIGNATURE OF COUNTY REGISTRAR		137. DATE MM/DD/CCYY		138. TYPED NAME, TITLE OF COUNTY REGISTRAR	
[Signature]						

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.

MAY 03 1995

83

Director of Health Services and Registrar

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Robert Stevenson, in pro per 604 Bluegrass St. Simi Valley, Calif. 93065		TELEPHONE NO.: 213-980 7200	FOR COURT USE ONLY <h1>FILED</h1> LOS ANGELES SUPERIOR COURT JUL 27 1995 JOHN A. CLARKE, CLERK <i>M. J. Martinez</i> BY M. J. MARTINEZ, DEPUTY
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: 14400 Delano St. MAILING ADDRESS: Same CITY AND ZIP CODE: Van Nuys, Calif. 9140 BRANCH NAME: North Valley			
ESTATE OF (NAME): Robert L. Stevenson		DECEDENT	
<input checked="" type="checkbox"/> TESTAMENTARY <input type="checkbox"/> OF ADMINISTRATION WITH WILL ANNEXED		<input type="checkbox"/> OF ADMINISTRATION <input type="checkbox"/> SPECIAL ADMINISTRATION	
		CASE NUMBER: PP002151	

LETTERS

1. ☒ The last will of the decedent named above having been proved, the court appoints (name):
Robert Stevenson and Michael Stevenson
- a. ☒ Executors
 b. ☐ Administrator with will annexed
2. ☐ The court appoints (name):
- a. ☐ Administrator of the decedent's estate
 b. ☐ Special administrator of decedent's estate
 (1) ☐ with the special powers specified in the Order for Probate
 (2) ☐ with the powers of a general administrator
3. ☐ The personal representative is authorized to administer the estate under the Independent Administration of Estates Act ☒ with full authority ☐ with limited authority (no authority, without court supervision, to (1) sell or exchange real property or (2) grant an option to purchase real property or (3) borrow money with the loan secured by an encumbrance upon real property).

WITNESS, clerk of the court, with seal of the court affixed.

Date: **JUL 27 1995** **JOHN A. CLARKE**
 Clerk, by *M. J. Martinez* **M. J. MARTINEZ**, Deputy



AFFIRMATION

1. ☐ PUBLIC ADMINISTRATOR: No affirmation required (Prob. Code, § 1140(b)).
2. ☒ INDIVIDUAL: I solemnly affirm that I will perform the duties of personal representative according to law.
3. ☐ INSTITUTIONAL FIDUCIARY (name):

I solemnly affirm that the institution will perform the duties of personal representative according to law.

I make this affirmation for myself as an individual and on behalf of the institution as an officer.
 (Name and title):

4. Executed on (date): **July 26, 1995**
 at (place): **Van Nuys, Calif.** California.

Robert Stevenson
 (SIGNATURE)

CERTIFICATION

I certify that this document is a correct copy of the original on file in my office and the letters issued the personal representative appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.



Date: **JUL 27 1995**
 Clerk, by *John A. Clarke*
JOHN A. CLARKE
M. J. MARTINEZ

EXHIBIT "F"

Last Will And Testament
of Robert Stevenson

I Robert L Stevenson, a resident of Los Angeles County, declare this to be my last will and testament and hereby revokes any and all former wills and codicils to wills made by me.

First I declare that I am married to Virginia M Stevenson and that we have two children of this marriage, Robert Stevenson ll, born Nov.10,1942 and Michael J Stevenson, born Jan. 17. 1951. Second I nominate Robert L Stevensonll and Michael J. Stevenson as co-Executors of my will and to serve without Bond-

A.I hereby direct my Co-Executors to pay my just debts, expense of my last illness and funeral and burial expense-as soon as after my death as practicable and convenient.

B. I authorize my Co-Executors and grant them full power to sell exchange, lease and encumber any property of my estate, and to liquidate, hold, mortgage and operate any property and any business belonging to my estate at the risk of the estate not at the risk of the Co-Executors. The profits or losses therefrom inure to be chargeable against my estate as a whole.

Third-my entire estate both real and personal shall be left to my wife.

Fourth In the event that my wife does not survive me by 30 days then my entire estate shall go to my two sons, 50% to each.

April 17,1980

Signed Robert Stevenson

EXHIBIT "F"
(continued)

ESTATE OF STEVENSON

Robert Stevenson son 52 years old 604 Bluegrass St., Simi Valley, Calif.

Michael Stevenson son 44 years old 10046 Densmore Ave., North Hills, Calif.