

2008-010581

Klamath County, Oregon



00050341200800105810110119

07/24/2008 03:37:09 PM

Fee: \$71.00

Grantor:

John Nunes Perdigao
6535 Arlington Blvd.
Richmond, CA 94805

Grantee:

John Nunes Perdigao
6535 Arlington Blvd.
Richmond, CA 94805

After Recording Return to:

John Nunes Perdigao
6535 Arlington Blvd.
Richmond, CA 94805

**Until a change is requested, all tax
statements shall be sent to:**

John Nunes Perdigao
6535 Arlington Blvd.
Richmond, CA 94805

ATE: 65920

BARGAIN AND SALE DEED--STATUTORY FORM

John Nunes Perdigao as sole heir to the Estate of Manuel N. Perdigao, Grantor, conveys to John Nunes Perdigao, Grantee, the following real property situated in Klamath County, Oregon, to wit:

That portion of Government Lot 24 lying South of the Sprague River and all of Government Lots 25 and 32 in Section 11, Township 36 South, Range 10 East, Willamette Meridian, in the County of Klamath, State of Oregon; Excepting therefrom that portion deeded to Oregon-California and Eastern Railway Company by deed Volume 80, Page 435 and in Volume 76, Page 52, Deed records of Klamath County, Oregon.

The true consideration for this conveyance is \$0.

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007. THIS INSTRUMENT DOES 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

\$71-A

SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES, AS DEFINED IN ORS 30.930, AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007.

DATED this 30 day of June, 2008.

John Nunes Perdigao
John Nunes Perdigao

STATE OF CALIFORNIA)
County of Contra Costa)ss
)

On this 30th day of June, 2008, personally appeared the above named John Nunes Perdigao and acknowledged the foregoing instrument to be his voluntary act and deed.



Robert G. Bonovich
Notary Public for ~~Oregon~~ California
My Commission Expires: 4-23-2011

Attachments:

- Exhibit A – Death Certificate of Beatrice M. Perdigao
- Exhibit B – Death Certificate of Manuel N. Perdigao
- Exhibit C – Last Will and Testament of Manuel N. Perdigao
- Exhibit D – Affidavit of Heirship – John Nunes Perdigao

CERTIFICATE OF DEATH STATE OF CALIFORNIA

0700

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST BEATRICE		1B. MIDDLE MARY	
1C. LAST PERDIGAO		2A. DATE OF DEATH (MONTH, DAY, YEAR) 2B. HOUR DECEMBER 6, 1984 0100	
3. SEX Female		4. RACE/ETHNICITY White	
5. SPANISH/HISPANIC NO		6. DATE OF BIRTH February 21, 1924	
7. AGE 60 YEARS		8. IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HOURS HOURS MINUTES	
9. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) MA		10. NAME AND BIRTHPLACE OF FATHER Jack Caído - Portugal	
11. CITIZEN OF WHAT COUNTRY U.S.A.		12. SOCIAL SECURITY NUMBER 568-28-7544	
13. MARITAL STATUS Married		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Manuel N. Perdigao	
15. PRIMARY OCCUPATION Co-Owner		16. NUMBER OF YEARS THIS OCCUPATION 24	
17. EMPLOYER OF SELF-EMPLOYED, SO STATE Self-employed		18. KIND OF INDUSTRY OR BUSINESS Retail Food Sales	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 6535 Arlington Boulevard		19B. CITY OR TOWN Richmond	
19C. COUNTY Contra Costa		19D. STATE California	
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Manuel N. Perdigao, Husband 6535 Arlington Boulevard Richmond, California 94805			
21A. PLACE OF DEATH Brookside Hospital		21B. COUNTY Contra Costa	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 2000 Vale Road		21D. CITY OR TOWN San Pablo	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) MITRAL AND AORTIC VALVULAR DISEASE (B) _____ (C) _____			
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A			
24. WAS DEATH REPORTED TO CORONER? YES			
25. WAS BIOPSY PERFORMED? NO			
26. WAS AUTOPSY PERFORMED? YES			
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION			
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE			
28C. DATE SIGNED			
28D. PHYSICIAN'S LICENSE NUMBER			
28E. TYPE PHYSICIAN'S NAME AND ADDRESS			
29. SPECIFY ACCIDENT, SUICIDE, ETC.			
30. PLACE OF INJURY			
31. INJURY AT WORK			
32A. DATE OF INJURY—MONTH, DAY, YEAR			
32B. HOUR			
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)			
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)			
35B. SIGNATURE OF SHERIFF-CORONER By: Capt. R. M. ...			
35C. DATE SIGNED 12-7-84			
36. DISPOSITION Entombment			
37. DATE—MONTH, DAY, YEAR Dec. 10, 1984			
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY St. Joseph Mausoleum, San Pablo, CA			
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE 3912 John J. Shookey			
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Wilson & Kratzer - Richmond			
40B. LICENSE NO. 195			
41. LOCAL REGISTRAR—SIGNATURE Candice Brunner M.D.			
42. DATE ACCEPTED BY LOCAL REGISTRAR DEC 10 1984			
STATE REGISTRAR			

Certification Statement This is to certify that the above is a true and correct copy of facts recorded on the death record of the above named decedent as registered in this office.

Signature of Certifying Official *Candice Brunner M.D.* **Official Title** **Local Registrar**

Place of Certification **Contra Costa County Health Services-Public Health Division**
Martinez, California

Date of Certification **DEC 10 1984**

State of California, Health Services-Public Health Div., Bureau of Vital Statistics

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA
MARTINEZ, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 1/03)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT -- FIRST (Given) MANUEL		2. MIDDLE NUNES	
3. LAST (Family) PERDIGAO		4. DATE OF BIRTH mm/dd/yyyy 04/05/1914	
5. AGE Yrs. 91		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY Portugal		10. SOCIAL SECURITY NUMBER 567-16-5529	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) Widowed	
13. EDUCATION -- Highest Level/Degree (see worksheet on back) HS Graduate		14/15. WAS DECEDENT SPANISH/SPANIC/LATINO? (If yes, see worksheet on back.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. DECEDENT'S RACE -- Up to 3 races may be listed (see worksheet on back) White		17. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED Owner	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) Grocery Store		19. YEARS IN OCCUPATION 43	
20. DECEDENT'S RESIDENCE (Street and number or location) 6535 Arlington Blvd.			
21. CITY Richmond		22. COUNTY/PROVINCE Contra Costa	
23. ZIP CODE 94805		24. YEARS IN COUNTY 69	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP John N. Perdigao - Son	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 6535 Arlington Blvd., Richmond, CA 94805		28. NAME OF SURVIVING SPOUSE -- FIRST Joao	
29. MIDDLE Nunes		30. LAST (Maiden Name) Perdigao	
31. NAME OF FATHER -- FIRST Gillamena		32. MIDDLE Jesus	
33. NAME OF MOTHER -- FIRST Gillamena		34. BIRTH STATE Portugal	
35. MIDDLE Jesus		36. BIRTH STATE Portugal	
37. LAST (Maiden) Jesus		38. BIRTH STATE Portugal	
39. DISPOSITION DATE mm/dd/yyyy 01/18/2006		40. PLACE OF FINAL DISPOSITION St. Joseph Cemetery, 2560 Church Lane, San Pablo, CA 94806	
41. TYPE OF DISPOSITION(S) Burial		42. SIGNATURE OF EMBALMER <i>Richard Downey</i>	
43. LICENSE NUMBER 7828		44. NAME OF FUNERAL ESTABLISHMENT Wilson & Kratzer Mortuaries-Chapel of the Mission Bells	
45. LICENSE NUMBER FD 881		46. SIGNATURE OF LOCAL REGISTRAR <i>Wendel Brunner</i>	
47. DATE mm/dd/yyyy 01/12/2006		48. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
101. PLACE OF DEATH Vale Health Care Center		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
103. COUNTY Contra Costa		104. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 13484 San Pablo Ave.	
105. CITY San Pablo		106. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
107. CAUSE OF DEATH Enter the chain of events -- disease, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) Pneumonia (B) _____ (C) _____ (D) _____ 108. IMMEDIATE CAUSE (Final disease or condition resulting in death) 109. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST		110. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 Dementia, Renal Insufficiency		112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 111? (If yes, list type of operation and date.) No	
113. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		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 (A) mm/dd/yyyy (B) mm/dd/yyyy 05/26/2005 01/11/2006	
115. SIGNATURE AND TITLE OF CERTIFIER <i>Hana Oswari MD</i>		116. LICENSE NUMBER A 79223	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE Hana Oswari MD, 402 Colusa Ave., El Cerrito, CA 94530		118. DATE mm/dd/yyyy 01/12/2006	
119. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. INJURY DATE mm/dd/yyyy	
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)	
125. SIGNATURE OF CORONER / DEPUTY CORONER		126. DATE mm/dd/yyyy	
127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		128. INJURY DATE mm/dd/yyyy	
129. HOUR (24 Hours)		130. INJURY DATE mm/dd/yyyy	
131. STATE REGISTRAR		132. FAX AUTH. # 4359 BM	
133. CENSUS TRACT		134. CENSUS TRACT	

000578466

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF CONTRA COSTA

} SS

DATE ISSUED

JAN 17 2006

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES.

Wendel Brunner/MD
CONTRA COSTA COUNTY HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of Contra Costa County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Affidavit of Heirship and Indemnity

I, John Nunes Perdigao, being first duly sworn, depose and say that:

Decedent, Manuel Nunes Perdigao died in Contra Costa County, State of California, on January 11, 2006, and at the time of death had an interest in real property located in Klamath County, Oregon, described as follows:

Township 36 South, Range 10 East of the Willamette Meridian Section 11: That part of lot #24 that lays South of the Sprague River and lots #25 and #32 excepting therefrom that portion deeded to Oregon-California & Eastern Railway Company in deed volume 80 at page 435 and in volume 76 at page 52 of Klamath County deed records.

The decedent

☒ left a will, a copy of which is attached as Exhibit A.
☐ left no will.

The heirs at law of the decedent, with the relationship to the decedent, approximate age and current address of each are:

Name, Age, Address

John Nunes Perdigao son 54 6535 Arlington Blvd., Richmond, CA 940805

There ☐ are / ☒ are no children of deceased children, which survived the decedent.

There is no debt of the decedent or claim against decedent, which is or will become a claim against the estate of the decedent.

This affidavit is for the purpose of inducing Aspen Title & Escrow, Inc. to allow the heirs and/or devisees of the decedent to clear the aforementioned real property of the interest of the decedent without the necessity of probate.

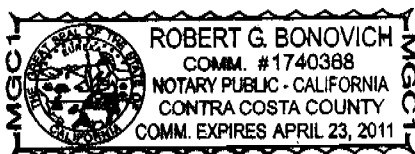
The undersigned hereby indemnify and hold Aspen Title & Escrow, Inc. harmless from any loss or damage that may be sustained by reason of the statements above being untrue.

John Nunes Perdigao
John Nunes Perdigao

Dated: June 30, 2008

State of California
County of Contra Costa ss.

This instrument was acknowledged before me on June 30, 2008, by John Nunes Perdigao



Robert G. Bonovich
Notary Public for California
My Commission expires 4-23-2011

ENTERED ON

FEB 04 2008

MICROFILM

LAST WILL AND TESTAMENT
OF
MANUEL NUNES PERDIGAO

LODGED WITH THE COURT:

Date 2/4/08

Case # POC-00170

By [Signature]

6 MANUEL NUNES PERDIGAO, residing in the County of Contra Costa, State of California, and being of sound and disposing mind and memory, and not acting under duress, menace, fraud, or undue influence of any person whomsoever, do make, publish, and declare this as my Last Will and Testament, in the manner following, to-wit:

FIRST: I hereby revoke all other and former Wills and Codicils to Wills by me at any time heretofore made.

3-25 SECOND: I hereby declare that I was married to BEATRICE MARY PERDIGAO, now deceased. I further declare that I have one (1) child as issue of my said marriage to BEATRICE MARY PERDIGAO,

THIRD: I give and devise my real property generally described as 6535 Arlington Ave., Richmond, California to my son, JOHN NUNES PERDIGAO, for and during the term of his natural life, without impeachment for waste; provided he pay and discharge all expenses in maintaining said property and keep said premises in good repair, pay when due all taxes, and keep said premises insured against loss, fire, or other hazards; that upon his death, or should my son vacate the residence for a period of six months or more or no longer desire to reside on said residence, then in such event I give and devise said real property to my grandchildren living at the time of my death in equal shares, share and share alike.

FOURTH: I give, devise and bequeath all of the rest, residue and remainder of my estate, both real and personal of whatsoever kind or character, wheresoever situated and howsoever held, which is or may be part of my testamentary disposition at the time of my death to my son, JOHN NUNES PERDIGAO, provided he survives me and if not to

3/25/08
[Signature]

his children living at the time of my death in equal shares, share and share alike, by right of representation.

FIFTH: In the event any of my grandchildren are under the age of twenty-five (25), then in such event, his or her share of my estate shall go to my son, JOHN NUNES PERDIGAO, in trust for the benefit of said child, to be held, administered and distributed as follows:

A. Until the child attains age twenty-five (25) years, the trustee shall pay to or apply for the child's benefit as much of the net income and principal of the trust as the Trustee deems reasonably necessary for the child's proper health, maintenance, support and education.

B. After the child attains age twenty-five (25), the Trustee shall pay to said grandchild the entire balance of said trust said aside for said grandchild.

C. If the grandchild dies before becoming entitled to receive distribution of the entire trust, the Trustee shall distribute the balance of the trust estate to said grandchild's living children, in equal share, share and share alike, by right of representation.

D. In exercising any power concerning discretionary payments of income or principal to or for the benefit of a beneficiary of any trust under this Will, the Trustee may consider other income or resources of the beneficiary known to the Trustee to be reasonably available to him/her, and the Trustee may rely on the written statement of the beneficiary as to other available income or resources.

E. The Trustee may make payments to a minor by making payments to the guardian of the minor's person or the Trustee may apply

payments directly for the minor's benefit. The Trustee may make payments directly to a minor if in the Trustee's judgment the minor is of sufficient age and maturity to spend the money properly.

F. Notwithstanding anything to the contrary in this Will, if the Trustee deems the interests of a beneficiary of any trust to best be served by distribution to the beneficiary of the entire principal of the trust then held for that beneficiary due to the small size thereof or any other reason, the trustee may distribute the same to the beneficiary absolutely and free of trust.

G. No beneficiary of any trust created under this Will shall have any right, power or authority to sell, assign, pledge, mortgage or in any other manner to encumber, alienate or impair all or any part of the beneficiary's interest in the trust or in the principal or income of the trust. The beneficial and legal interest in the trust and the principal and income of the trust shall be free from the interference or control of any creditor of any beneficiary of the trust and shall not be subject to the claims of any such creditor nor liable to attachment, execution, bankruptcy or any other process of law. Nothing in this section, however shall be construed as a limitation on any power of withdrawal conferred on a beneficiary under other provisions of this Will.

H. To carry out the provisions of any trust under this Will, and subject to any additions or limitations stated elsewhere in this Agreement, the Trustee shall have the following powers in addition to those powers now or hereafter conferred by law;

1. My trustee shall have the power with respect to the property of the trust estate, or any part thereof, and upon such terms and in such manner as he may deem

advisable, to sell, convey, exchange, convert, improve, repair, manage, operate, and control; to lease for terms and in such manner as he may deem advisable, to sell, convey, exchange, convert, improve, repair, manage, operate, and control; to lease for terms within or beyond the term of this trust, and to encumber or hypothecate the trust property, and to compromise or otherwise adjust any claims against or in favor of the trust; to invest and reinvest the trust funds in such property as the trustee may deem advisable, whether or not of the character permitted by law for the investment of trust funds; and the trustee shall have such additional powers as may now or hereafter be conferred upon him by law or as may be necessary to enable the trustee to administer this trust in accordance with the provisions of this will, subject to any limitations thereof that may be provided for herein.

FIFTH: I nominate and appoint JOHN NUNES PERDIGAO, as Executor of this will. If he should predecease me, die at the same time as I, or for any reason fail to qualify or cease to act as Executor, I nominate and appoint my daughter-in-law, EDWARDINA PERDIGAO as Executor. The term "my executor" as used in this will shall include any personal representative of my estate. I hereby direct and request that no bond or security be required of any Executor named in this will.

SIXTH: I authorize my Executor to sell, with or without notice, at either public or private sale, any property belonging to my estate, subject only to such confirmation as may be required by law.

SEVENTH: Except as otherwise expressly and specifically provided

for herein, I hereby generally and specifically disinherit any and all other persons whomsoever claiming to be or who may be lawfully determined to be my heirs at law, and if any of such other persons or heirs, or their successors in interest, or any other persons, who, if I died intestate, would be entitled to any part of my estate, shall either directly or indirectly, singly or in conjunction with others, seek to set aside this Will, or attack, oppose, or seek to set aside its provisions, then, and in any or all of the above-mentioned events, I hereby give and bequeath to each such person or persons the sum of One (\$1.00) Dollar, and no more, in lieu of the share or interest in my estate.

EIGHTH: No person shall be deemed to have survived me who shall have died at the same time as I, or in a common disaster with me, or under such circumstances that it is impossible or difficult to determine which died first.

NINTH: If any provision of this Will or any Codicil shall be invalid, it is my intention that the remaining provisions shall continue to be fully effective.

IN WITNESS WHEREOF, I sign, publish and declare this is my Last Will and Testament, in the presence of the persons witnessing it at my request at Rodeo, California, on this 14 day of sept, 1990.

Manuel Nunes Perdigao
MANUEL NUNES PERDIGAO

The foregoing will, consisting of six (6) pages was at the date hereof, by MANUEL NUNES PERDIGAO signed as and declared to be his will in the presence of us who, at his request and in his presence, and in the presence of each other, have subscribed our names as witnesses

hereto. Each of us is now more than 18 years of age, a competent witness and resident of the State of California as set forth below.

We are acquainted with MANUEL NUNES PERDIGAO. He is over the age of 18 years; and to the best of our knowledge, he is of sound mind and is not acting under duress, menace, fraud, misrepresentation, or undue influence.

We declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this 14 day of Sept, 1990, at Rodeo, California.

R.H. Johnson

at 520 - 2nd

Jane McLeavers

Rodeo, Ca. 94572

at 2847 Wright Ave

Pineville, Ca 94564