

42589

Vol. 1884 Page 18344

RECORDED AT THE REQUEST OF:

ROGER W. POYNER
Attorney at Law

RETURN THIS DOCUMENT TO:

ROGER W. POYNER
100 North Winchester Blvd.
Suite 310
San Jose, California 95128

MAIL PROPERTY TAX STATEMENTS TO:

EDITH G. GOLDIN, Trustee
GOLDIN FAMILY TRUST A
162 Escobar Avenue
Los Gatos, Ca 95030DOCUMENTARY TRANSFER TAX \$
☐ COMPUTED ON FULL VALUE OF PROPERTY CONVEYED, OR
☐ COMPUTED ON FULL VALUE LESS LIENS & ENCUMBRANCES
REMAINING THEREON AT TIME OF SALE.
☐ NO TAX DUE AS TRANSFER WAS WITHOUT CONSIDERATION.

Signature of declarant or agent determining tax

AFFIDAVIT - DEATH OF CO-TRUSTEE

STATE OF CALIFORNIA)
COUNTY OF SANTA CLARA) ss.EDITH G. GOLDIN, of legal age, being first duly sworn,
deposes and says:

That JOSEPH GOLDIN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOSEPH GOLDIN, named as one of the parties in that certain Grant Deed dated January 12, 1983, executed by JOSEPH GOLDIN and EDITH G. GOLDIN, his wife, as Joint Tenants, to JOSEPH GOLDIN and EDITH G. GOLDIN, as Trustees of the GOLDIN FAMILY LIVING TRUST dated January 12, 1983, and that the declarant herein is, under the terms of the GOLDIN FAMILY LIVING TRUST upon the death of JOSEPH GOLDIN, the sole Trustee of said Trust and that said Grant Deed conveyed to the Trustees of said Trust the following described property situated in the County of Klamath, State of Oregon:

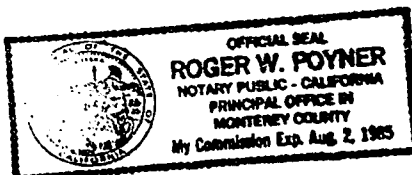
Lot 38, Block 21, Klamath Falls Forest Estates Highway
66 Unit, Plat No. 1, as recorded in Klamath County,
Oregon

DATED: August 3, 1984

Edith G. Goldin
EDITH G. GOLDIN

SUBSCRIBED AND SWORN TO before
me on August 3, 1984

[Signature]
NOTARY PUBLIC



9-00
ack

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF A DOCUMENT FILED IN THIS OFFICE

BY: Evelyn Biehn
 DEPUTY REGISTRAR OF VITAL STATISTICS
 SANTA CLARA COUNTY HEALTH DEPARTMENT
 SAN JOSE, CALIFORNIA

June 1, 1983

CERTIFICATION FEE: \$4.00

STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH:ss
 I hereby certify that the within instrument was received and filed for
 record on the 25th day of October A.D., 1984 at 2:38 o'clock P M,
 and duly recorded in Vol M84, of Deeds on page 18344.

Fee: \$ 8.00 Index: \$1.00

CERTIFICATE OF DEATH STATE OF CALIFORNIA

4300- 03345

18345

STATE FILE NUMBER		1C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		28. HOUR	
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		2A. DATE OF DEATH (MONTH, DAY, YEAR)		28. HOUR	
JOSEPH				MAY 24, 1983		2140	
3. SEX		4. RACE/ETHNICITY		7. AGE		IF UNDER 1 YEAR	
Male		White		67 YEARS		MONTHS DAYS	
5. SPANISH/HISPANIC NO		6. DATE OF BIRTH		10. BIRTH NAME AND BIRTHPLACE OF MOTHER		IF UNDER 24 HOURS	
		March 9, 1916		Fannie Mazo, Russia		HOURS MINUTES	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)	
Canada		Morris Goldin, Russia		Married		Edith Gussin	
11. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS	
USA		375 10 2643		Quadrex		Consultant	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		19B. 506801		19C. CITY OR TOWN	
Chemical Eng.		44				Los Gatos 95030	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP			
162 Escobar Av		Ca.		Edith Goldin - Wife			
19D. COUNTY		21B. COUNTY		Same as 19A			
Santa Clara		Santa Clara					
21A. PLACE OF DEATH		21D. CITY OR TOWN					
Santa Teresa Community Hosp.		San Jose					
22C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		24. WAS DEATH REPORTED TO CORONER?		25. WAS BIOPSY PERFORMED?	
250 Hospital Parkway		(A) acute myocardial infarction		30 min		NO	
		(B) atherosclerotic cardiovascular disease				NO	
		(C)				NO	
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? DATE		28B. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER	
chronic obstructive pulmonary disease		TYPE OF OPERATION		5-25-83		6-030624	
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	
5-24-83		Rita R. Karansky MD		5-25-83		6-030624	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH DAY YEAR	
		250 Hospital Pkwy, San Jose, Ca.				32B. HOUR	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		35. DATE SIGNED			
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 ADEQUATE INVESTIGATION		35B. CORONER—SIGNATURE AND DEGREE OR TITLE		39. ENBALMER'S LICENSE NUMBER AND SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRATION	
				NOT ENBALMED		MAY 26 1983	
36. DISPOSITION		37. DATE—MONTH DAY YEAR		40. SIGNATURE		41. SIGNATURE	
Burial		5/26/83		LUMP, SHALOM, San Jose, Ca.		MAY 26 1983	
43A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		43B. LICENSE NO.		44. SIGNATURE		45. SIGNATURE	
WILLOW GLEN FUNERAL CHAPEL		813		E. Biehn		F. Biehn	

EVELYN BIEHN, COUNTY CLERK
 by: Pam Smith, Deputy