

42591

RECORDED AT THE REQUEST OF:
ROGER W. POYNER
Attorney at Law

Vol. 184 Page 18347

RETURN THIS DOCUMENT TO:

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

MAIL PROPERTY TAX STATEMENTS TO:

EDITH G. GOLDIN, Trustee
GOLDIN FAMILY TRUST A
162 Escobar Avenue
Los Gatos, California 95030

DOCUMENTARY 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 15 Block 23, Klamath Falls Forest Estates Highway 66
Unit, Plat No. 1, as recorded in Klamath County, Oregon

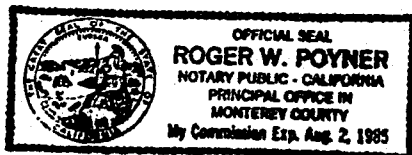
DATED: August 3, 1984

Edith G. Goldin
EDITH G. GOLDIN

SUBSCRIBED AND SWORN TO before

me on August 3, 1984

NOTARY PUBLIC



9.00

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF A DOCUMENT FILED IN THIS OFFICE BY: Patricia Van
 BERNICE GLASSBRACKE, M.D.
 LOCAL REGISTRAR OF VITAL STATISTICS
 MAY 26, 1983
 CERTIFICATION FEE: \$4.00

CERTIFICATE OF DEATH STATE OF CALIFORNIA

18348

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)
JOSEPH		GOLDIN	MAY 24, 1983
3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH
Male	White	NO	March 9, 1916
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	Fannie Mazo, Russia
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	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19C. CITY OR TOWN
Chemical Eng.	44	162 Escobar Av	Los Gatos 95030
19B. COUNTY	19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Santa Clara	Santa Clara	Ca.	Edith Goldin - Wife
21A. PLACE OF DEATH	21B. COUNTY	21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
Santa Teresa Community Hosp.	Santa Clara	250 Hospital Parkway	San Jose
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		
(A) acute myocardial infarction	30 min		
(B) atherosclerotic cardiovascular disease			
(C)			
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? TYPE OF OPERATION		
chronic obstructive pulmonary disease	NO		
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
1 ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)	28E. TYPE PHYSICIAN'S NAME AND ADDRESS	5-25-83	6-030624
5-21-83	5-24-83	Ada Koransky, M.D.	250 Hospital Pkwy, San Jose, Ca.
29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH DAY YEAR
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. CORONER—SIGNATURE AND DEGREE OR TITLE	35C. DATE SIGNED	
36. DISPOSITION	37. DATE—MONTH DAY YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Burial	5/26/83	LAMP, SHALOM, San Jose, Ca.	NOT EMBALMED
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. TIME OF DEATH (HOUR MINUTES)	42. DATE ALLIED BY LOCAL REGISTRAR
WILLOW GLEN FUNERAL CHAPEL	813		MAY 26 1983
STATE REGISTRAR	A.	B.	C.

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 18347.

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy

Fee: \$ 8.00 Index: \$1.00