

64466

RECORDING REQUESTED BY 07-13-93 09:40 RCVD

Vol. m93 Page 16811

AND WHEN RECORDED MAIL TO

Name RICHARD D. LELO
Street P.O. BOX 5803
Address REDWOOD CITY, CA 94063
City & State

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

on this 13th day of July A.D., 19 93
at 9:40 o'clock A.M. and duly recorded
in Vol. M93 of Deeds Page 16811
Evelyn Biehn County Clerk
By Melanie G. Nussendorf
Deputy.

Fee \$30.00

MAIL TAX STATEMENTS TO

Name RICHARD D. LELO
Street P.O. BOX 5803
Address REDWOOD CITY, CA 94063
City & State

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Trust Transfer Deed

THIS FORM FURNISHED BY TRUSTORS SECURITY SERVICE

TTD 879 1A

181619

Grant Deed

The undersigned Grantor(s) declare(s) under penalty of perjury that the following is true and correct:
THERE IS NO CONSIDERATION FOR THIS TRANSFER.

Documentary transfer tax is \$ 0

☐ Computed on full value of property conveyed, or ☐ computed on full value less value of liens and encumbrances remaining at time of sale or transfer.

☒ There is no Documentary transfer tax due. (state reason and give Code § or Ordinance number) _____

☐ Unincorporated area: ☐ City of _____ and _____

This is a Trust Transfer under §62 of the Revenue and Taxation Code and Grantor(s) has (have) checked the applicable exclusion:

☒ Transfer to a revocable trust;

☐ Transfer to a short-term trust not exceeding 12 years with trustor holding the reversion;

☐ Transfer to a trust where the trustor or the trustor's spouse is the sole beneficiary;

☐ Change of trustee holding title;

☒ Transfer from trust to trustor or trustor's spouse where prior transfer to trust was excluded from reappraisal and for a valuable consideration, receipt of which is acknowledged.

☐ Other: _____

GRANTOR(S): RICHARD DENIS LELO
hereby GRANT(S) to RICHARD D. LELO, TRUSTEE OF THE 1993 RICHARD D. LELO LIVING TRUST

the following described real property in the
County of Klamath

, State of ~~CALIFORNIA~~ Oregon

The S 1/2 of S 1/2 of Government Lot 11, in Section 34, Township 34 South, Range 7 East of the Willamette Meridian, lying Westerly of the Southern Pacific Railroad right of way.

Dated July 2, 1993

State of California

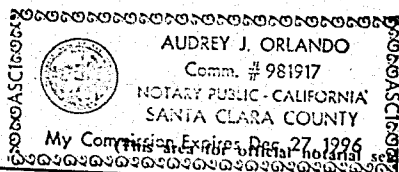
County of SANTA CLARAOn July 2, 1993before me, AUDREY J. ORLANDO

Richard Denis LeLo
RICHARD DENIS LELO

Grantor - Transferor (s)

personally appeared RICHARD DENIS LELO
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/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their 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 Audrey J. Orlando

Title Order No. _____ Escrow, Loan or Attorney File No. _____

MAIL TAX STATEMENTS AS DIRECTED ABOVE

Assessors Identification Number:

PARCEL

PAGE

MAP BOOK

30.00

079623
ID. TAG NO.

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136

State File Number

1. DECEDENT'S NAME First: Gladys Middle: Elva Last: GRIEB		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) February 2, 1993
4. SOCIAL SECURITY NUMBER 551-56-0752		5a. AGE Last Birthday 74	5b. Under 1 Year Mos. Days Hours Mins
6. BIRTHPLACE (City and State or Foreign Country) California		7. DATE OF BIRTH (Month, Day, Year) December 14, 1918	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> D.O.A. <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify): Foster Care	
9b. FACILITY NAME (If not institution, give street and number) Mary's Foster Care		9c. CITY, TOWN, OR LOCATION OF DEATH Bonanza	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		10b. KIND OF BUSINESS/INDUSTRY Own Home	
11. MARITAL STATUS - Married (Specify if Married, Widowed, Divorced, etc.) Married		12. SPOUSE (If Married, Widowed, Divorced, etc.) George Grieb	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Merrill		13d. STREET AND BUILDING 215 North Main Street	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 97633	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No <input type="checkbox"/> Yes <input type="checkbox"/> Specify		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (12) College (14 or 16) 12		17. FATHER - NAME first middle last Thompson	
18. MOTHER - NAME first middle maiden Edmonds		19. INFORMANT - NAME and relationship to decedent Duane Grieb Son	
20a. METHOD OF DISPOSITION <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) Mt. Laki Cemetery	
20c. LOCATION City or Town, State Klamath Falls, Oregon		21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH James D. Rye	
21b. LICENSE NUMBER (Of Licensee) 52-0297		22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine St. Klamath Falls, OR 97601	
23. DATE FILED (Month, Day, Year) FEB 08 1993		24. REGISTRAR'S SIGNATURE Charla Robinson	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
27. TIME OF DEATH 7:50 A.M. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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) Saul Silverman M.D.		30. DATE SIGNED (Month, Day, Year) 2/4/1993	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Saul Silverman M.D. 2610 Uhrmann Road, Klamath Falls, Oregon 97601		32. DATE SIGNED (Month, Day, Year) COUNTY	
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		34. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest)	
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest)	
37. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest)		38. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest)	
39. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest)		39. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest)	
40. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		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. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

RESERVED FOR REGISTRAR'S USE

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

DATE ISSUED: MAR 10 1993

Charles Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of George Grieb the 13th day
of July A.D., 19 93 at 9:41 o'clock A.M., and duly recorded in Vol. M93
of Deeds on Page 16812

FEE \$10.00

Return: Geo. Grieb, 215 N. Main, Merrill, OR. 97633

Evelyn Biehn County Clerk
By