

Security Benefits, Inc. A LEGAL SERVICES COMPANY

14711 N.E. 29th Pl, Suite 204 Bellevue, Washington 98007

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Vol M03 Pg <u>04050-53</u>

Linda Smith. County Clerk

ACKNOWLEDGMENT OF DELIVERY AND POSSESSION OF TITLE:

ESTHER A. KLIEWER, TRUSTEE

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MEMORANDUM OF TRUST AND DEED AND STOCK TRANSFER POWER

WE, VICTOR D. KLIEWER AND ESTHER A. KLIEWER, do hereby SELL, TRANSFER, AND ASSIGN, for love and affection, all right, title, and interest, which we now have in our vehicles, furnishings, personal effects, and ALL PERSONAL PROPERTY (including any promissory notes, bonds, securities, contracts, deeds of trust, negotiable instruments or commercial paper, checking, savings and all other bank accounts, etc.) which we now own, or which we may own in the future, or may be entitled. TO: VICTOR D. KLIEWER AND ESTHER A. KLIEWER, as Trustees of THE VICTOR D. KLIEWER AND ESTHER A. KLIEWER REVOCABLE LIVING TRUST, dated The day of Person before as may be required.

WE, VICTOR D. KLIEWER AND ESTHER A. KLIEWER, likewise RELEASE AND QUITCLAIM, FOR LOVE AND AFFECTION, all right, title, and interest to ALL REAL PROPERTY, which we now own, or which we may own in the future, or may be entitled, TO: VICTOR D. KLIEWER AND ESTHER A. KLIEWER, as Trustees of THE VICTOR D. KLIEWER AND ESTHER A. KLIEWER REVOCABLE LIVING TRUST, dated The day of The victor of the vict

WE, VICTOR D. KLIEWER AND ESTHER A. KLIEWER, hereby WAIVE liability CLAIMS AGAINST all third parties including, TRANSFER AGENTS, who, in good faith, rely upon this Memorandum of Trust and Deed when transferring record ownership of our individual, joint, or other property interests to this Trust or following the written instruments of the Trustees and Successor Trustees herein.

In Witness Whereof, we have set our hands this 4+KLIEWER, GRANTOR STATE OF CALIFORNIA county of MARINA day of Dec. , 1911, before me, personally appeared VICTOR D. KLIEMER AND ESTHER A. KLIEWER, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the instrument and acknowledged that they executed it. WITNESS under my hand and official seal. ATTORNEY CERTIFICATE Notary Public in and for the State I, hereby cortify that the foregoing is a complete of California, residing at: copy of the original thereof. Commission Expires OFFICIAL SEAL SHERRIE OXFORD Notary Public-California MADERA COUNTY My Cornmission Expires Gilbert Carter, Jr. April 4, 1995

K36.

SIGNATURE ENDORSEMENT

Name Street Address City & State Name Street	AKHURSE CA- 93644 recorded in Vol. 1179 of Decids
City & State	SPACE ABOVE THIS LINE FOR RECORDER'S USE
	Individual Grant Deed TO 1923 CA (12-74) This FORM FURNISHED BY TIGOR TITLE INSURERS A.P.N.
THE SECTION OF THE POSITION OF	The undersigned grantor(s) declare(s): Documentary transfer tax is \$None () computed on full value of property conveyed, or () computed on full value less value of liens and encumbrances remaining at time of sale. () Unincorporated area: () City of, and FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, THOMAS H. GRAHAM, an unmarried man, hereby GRANT(S) to EDWARD U. BEST and LUCILLE DARLENE BEST, husband and wife, as to an undivided one half interest; and VICTOR D. KLIEWER and ESTHER A. KLIEWER, husband and wife, as to an undivided one half interest, all as tenants in common. the following described real property in the County of Klamath , State of @aithswatex Oregon,
	The northwest quarter of northeast quarter of northwest quarter, and west half of northeast quarter of northwest quarter of Section 19, Township 35 South, Range 10 East, of the Willamette Meridian, in the County of Klamath, State of Oregon.
	Dated June 14, 1979 Thomas H. Graham STATE OF CALIFORNIA SS.

COUNTY of FRESNO

HUMAN SERVICES SYSTEM FRESNO, CALIFORNIA

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STATE OF CALIFORNIA, COUNTY OF FRESNO

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JUL 1 1 2002

David In Staden 4 2,

DAVID M. HADDEN M.D. COUNTY HEALTH OFFICER REGISTRAR OF VITAL STATISTICS

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DATE ISSUED



COUNTY of FRESNO

HUMAN SERVICES SYSTEM FRESNO, CALIFORNIA

04053

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	VICTOR			1 .	AVID				KLIEWER					
	4. DATE OF BIRTH MM/DB/CCYY 3. AGE YE 05/21/1928 73								1 7. D	ATE OF DEATH		D/C C Y Y	6. HOUR	
DECEDENT	i .	10. SOCIAL BE		' -	1 11. MH	ITARY SERVI	i :e	M	12. MARITA	/14/200		DUCATION:	0030	
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	WHITE			18. HISPANIC-SPECIFY					1	16. USUAL				
	BUILDING CONTRACTOR			18. KIND OF BUSINESS					No	SELF		MPLOYED		
	20. RESIDENCE-STREE		R LOCATION	CONSTRUCTION							1 .	45		
USUAL	51531 RD. 63													
RESIDENCE	OAKHURST		22. CO	DERA			23. ZIP		71	14. YRB IN CO	BUNTY 2	S. STATE OF	FOREIGN COUNTR	
INFORMANT	26. NAME, RELATIONSHI		, na	DEKA		27. MAILING	936			43		CA ER, CITY OR TOWN, STATE, ZIP)		
	ESTHER KLIEW					51531	RD.	632,	OAKHU	RST, CA	9364		TOWN, STATE, ZIP)	
	ESTHER		*"	A.	1			30 L	ABT (MAIDEN	NAME				
SPUDGE DAA PARENT	DAVID			. MIDOL		· · · · · · · · · · · · · · · · · · ·		33. L	DRIAN				34. BIRTH STAT	
INFORMATION	35. NAME OF MOTHER-	TIROT		A.					LIEWER				OK	
	MARTHA	J.		R.					ARTEL				38. ainte stat	
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FUNERAL	41. TYPE OF DISPOSITIO	HIEL	ILL CE	48.	Y, U	AKHURST	CA CA	-						
DIRECTOR	BU 44. NAME OF FUNERAL DIRECTOR			42. SIGNATURE OF EMBALMER Anchory)	43. LICEN			
LOCAL REGISTRAR	SIERRA FUNERA				1019	10	ATURE O	2	BEGISTRA	m M.Q	1/4	47. DATE	M M . D D / C C Y Y	
	101. PLACE OF DEATH			02. IF N	OSPITA	L. SPECHY		3. FACH	ITY OTHER TH		104. 00	03/15,	2002 M	
PLACE OF DEATH	ST. AGNES HOS	PITAL	4868 DB LOG	X I	<u> </u>	/OF DO	1	HORP	T RES.	-		ESNO		
	1303 E. HERNDON													
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GAUSE OF	DUE TO (C)									1	110.	AUTOPSY P	ERFORMED	
DEATH	****						·		· · · · · · · · · · · · · · · · · · ·	ļ	<u></u> -	YES	X NO	
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	NONE													
- 1	RONE MADDOL D	RFORMED FOR AN	V CONDITION		107 0	# 1127 IF YE	8. LIST T	YPE OF	OPERATION	AND DATE.				
	114. CERTIFY THAT TO TH	TOPSY U	3//20	00									ĺ	
PHYSE.	AND PLACE STATED FROM THE CAUSES STATED.					118. BIGHDAURE AND TIPE OF CERTIFIER					G64875 03/15/2002			
TION	22.00	03/14/200	** 110	TYPE	TTENDI		N'S HAME	MAIL	NG ADDRESS	. 210		03/15		
	CERTIFY THAT IN MI	OPINION DEATH		WATD	KUST	ER M.D	71:	30 N	. MILLE	ROOK, F	RESNO	, CA S	3720	
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ORONER'S	MATURAL SUICIDE MOMICIDE MOMICIDE													
1/5E	ACCIDENT PENDING COULD NOT BE DETENDING DETEND													
	ENGRISH (STREET A	THE NUMBER OF	LOCATION AN	O CITY.	2171									
	126. SIGNATURE OF CORONER OR DEPUTY CORONER 127. DATE M M / D D / C C Y Y 128 TYPID NAME. THEF OF CORONER OR DEPUTY CORONER									COMMIN				
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DAVID M. HADDEN M.D. COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

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