

Security Benefits, Inc.
A LEGAL SERVICES COMPANY

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

K57828

SPACE RESERVED FOR RECORDERS USE

Vol M03 Page 04050

State of Oregon, County of Klamath

Recorded 01/22/2003 3:05 p.m.

Vol M03 Pg 04050-53

Linda Smith, County Clerk

Fee \$ 26⁰⁰ # of Pgs 4

MEMORANDUM OF TRUST AND DEED AND STOCK TRANSFER POWER

WE, VICTOR D. KLIEWER AND ESTHER A. KLIEWER, executed the VICTOR D. KLIEWER AND ESTHER A. KLIEWER REVOCABLE LIVING TRUST Agreement, on the 4th day of December, 1991, naming ourselves as trustees and beneficiaries. WE, VICTOR D. KLIEWER AND ESTHER A. KLIEWER have, by this memorandum, transferred the property below into the trust. Our right of revocation is unrestricted and includes the right of amendment and the right to withdraw assets. Additionally, we, specifically reserve the right to occupy and use our residence as our principal home, rent free and remain responsible for the taxes and assessments thereon, and to transfer our real property within the meaning of 12 U.S.C. §1701j-3(d).

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 4th day of December, 1991; and give special power of attorney to the Trustees to execute title transfers and stock transfers 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 4th day of December, 1991. Said legal descriptions to said Real Property are set out within the attached copies of Deeds and said legal descriptions found therein, and other such information contained therein which aids in identifying subject property, are incorporated herein by reference as though fully set out below. Tax Statements are to continue to be sent to the address on the current tax rolls until a change is requested. We declare that all Property will be held in the names of VICTOR D. KLIEWER AND/OR ESTHER A. KLIEWER, or in the name of the VICTOR D. KLIEWER AND ESTHER A. KLIEWER REVOCABLE LIVING TRUST.

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 4th day of December, 1991.

Victor D. Kliever
VICTOR D. KLIEWER, GRANTOR

Esther A. Kliever
ESTHER A. KLIEWER, GRANTOR

STATE OF CALIFORNIA)
) ss.
County of Madera)

On this 4th day of Dec., 1991, before me, personally appeared VICTOR D. KLIEWER 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

I, hereby certify that the foregoing is a complete and exact copy of the original thereof.

Gilbert Carter, Jr.
Gilbert Carter, Jr.

SIGNATURE ENDORSEMENT

Sherrie Oxford
Notary Public in and for the State
of California, residing at: Oakhurst
My Commission Expires: 4-30-95



OFFICIAL SEAL
SHERRIE OXFORD
Notary Public-California
MADERA COUNTY
My Commission Expires
April 4, 1995

ACKNOWLEDGMENT OF DELIVERY AND POSSESSION OF TITLE:

Victor D. Kliever
VICTOR D. KLIEWER, TRUSTEE

Esther A. Kliever
ESTHER A. KLIEWER, TRUSTEE

RECORDING REQUESTED BY

09216

VIC KIEWER

AND WHEN RECORDED MAIL TO

Name
Street
Address
City &
State

VIC KIEWER
BOX 2245
CAK HURST CA. 93644

MAIL TAX STATEMENTS TO

Name
Street
Address
City &
State

SAME

STATE OF OREGON,)
County of Klamath)

Filed for record at request of

04051 #28

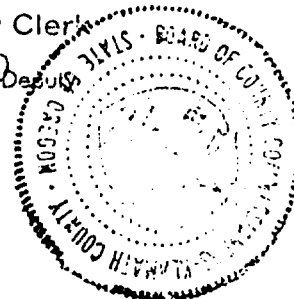
INDEXED

on this 19th day of June A.D. 1979
at 11:43 o'clock A M, and duly
recorded in Vol. 1179 of Deeds
age 14338

Wm D. MILNE, County Clerk

By Deborah H. Hetch Deputy

Fee \$3.00



SPACE ABOVE THIS LINE FOR RECORDER'S USE

Individual Grant Deed

TO 1923 CA (12-74)

THIS FORM FURNISHED BY TICOR TITLE INSURERS

A. P. N.

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. KIEWER and ESTHER A. KIEWER, 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 ~~California~~ Oregon,

The northwest quarter of northeast quarter of northwest quarter, and west half of northeast quarter 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.

CERTIFICATION OF VITAL RECORD

COUNTY of FRESNO

HUMAN SERVICES SYSTEM
FRESNO, CALIFORNIA

04052

CERTIFICATE OF DEATH

3200210 003159

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)	
ESTHER		A.		KLIEWER	
4. DATE OF BIRTH M/M/DD/CCYY		5. AGE YRS.		6. SEX	
03/17/1924		78		F	
7. DATE OF DEATH M/M/DD/CCYY		8. HOUR		9. MINUTE	
06/26/2002		1600			
10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARITAL STATUS	
566-22-1850		NO		WIDOWED	
13. EDUCATION—YEARS COMPLETED		14. RACE		15. USUAL EMPLOYER	
14		CAUC		SIERRA TEL	
16. OCCUPATION		17. KIND OF BUSINESS		18. YEARS IN OCCUPATION	
SECRETARY		UTILITY COMPANY		40	
19. RESIDENCE—(STREET AND NUMBER OR LOCATION)					
51531 RD 632					
20. CITY					
OAKHURST					
21. COUNTY					
MADERA					
22. ZIP CODE					
93644					
23. YEARS IN COUNTY					
43					
24. STATE OR FOREIGN COUNTRY					
CA					
25. NAME, RELATIONSHIP					
SHEILA KLIEWER, DAUGHTER					
26. MAILING ADDRESS (STREET AND NUMBER OR ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)					
P.O. BOX 247 BEN LOMOND, CA 95005					
27. NAME OF SPOUSE—FIRST		28. MIDDLE		29. LAST (MAIDEN NAME)	
—		—		—	
30. NAME OF FATHER—FIRST		31. MIDDLE		32. LAST	
BENJAMIN		P.		ADRIAN	
33. NAME OF MOTHER—FIRST		34. MIDDLE		35. LAST (MAIDEN)	
SARAH		—		ISAAC	
36. DATE M/M/DD/CCYY		37. PLACE OF FINAL DISPOSITION		38. LICENSE NO.	
07/01/2002		OAKHILL CEMETERY, OAKHURST, CA		8747	
39. TYPE OF DISPOSITION		40. SIGNATURE OF EMBALMER		41. LICENSE NO.	
BU		[Signature]		FD1019	
42. NAME OF FUNERAL DIRECTOR		43. LICENSE NO.		44. SIGNATURE OF LOCAL REGISTRAR	
SIERRA FUNERAL CHAPEL		FD1019		[Signature]	
45. DATE M/M/DD/CCYY		46. COUNTY		47. DATE M/M/DD/CCYY	
06/28/2002		FRESNO		06/28/2002	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE:		103. FACILITY OTHER THAN HOSPITAL	
ST. AGNES HOSPITAL		IF <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> CONV. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER		FRESNO	
104. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)		105. CITY		106. DEATH REPORTED TO CORONER	
1303 E. HERNDON		FRESNO		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER	
(A) CEREBRAL HEMORRHAGE		DAYS		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(B) HYPERTENSION		YRS		109. BIOPSY PERFORMED	
(C)				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(D)				110. AUTOPSY PERFORMED	
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
111. USED IN DETERMINING CAUSE				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107					
NO					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.					
NO					
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 M/M/DD/CCYY		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NO.	
06/23/2002		[Signature]		G39272	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		118. DATE M/M/DD/CCYY		119. DATE M/M/DD/CCYY	
GEORGE M. SAUL M.D., 758 E. BULLARD, FRESNO, CA 97320		06/25/2002		06/27/2002	
120. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		121. INJURY AT WORK		122. HOUR	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
123. MANNER OF DEATH		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		125. PLACE OF INJURY	
NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>					
ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED <input type="checkbox"/>					
126. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)					
127. SIGNATURE OF CORONER OR DEPUTY CORONER		128. DATE M/M/DD/CCYY		129. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
[Signature]					
STATE REGISTRAR		A B C D E F G H		FAX AUTH. 90574 CENSUS TRACT	

508484

CERTIFIED COPY OF VITAL RECORDS STATE OF CALIFORNIA, COUNTY OF FRESNO

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Fresno Co. Department of Community Health.

David M. Hadden M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

DATE ISSUED JUL 11 2002

This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CERTIFICATION OF VITAL RECORD

COUNTY of FRESNO

HUMAN SERVICES SYSTEM
FRESNO, CALIFORNIA

04053

CERTIFICATE OF DEATH

3200210 001333

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) VICTOR		2. MIDDLE DAVID		3. LAST (FAMILY) KLIEWER	
4. DATE OF BIRTH M/M/DD/C.C.Y.Y. 05/21/1928		5. AGE YRS 73		6. SEX M	
7. DATE OF DEATH M/M/DD/C.C.Y.Y. 03/14/2002		8. HOUR 0030			
9. STATE OF BIRTH OK		10. SOCIAL SECURITY NO. 446-16-3178		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS MARRIED		13. EDUCATION—YEARS COMPLETED 14			
14. RACE WHITE		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER SELF EMPLOYED	
17. OCCUPATION BUILDING CONTRACTOR		18. KIND OF BUSINESS CONSTRUCTION		19. YEARS IN OCCUPATION 45	
20. RESIDENCE—STREET AND NUMBER OR LOCATION 51531 RD. 632					
21. CITY OAKHURST		22. COUNTY MADERA		23. ZIP CODE 93644	
24. YRS IN COUNTY 43		25. STATE OR FOREIGN COUNTRY CA			
26. NAME, RELATIONSHIP ESTHER KLIEWER, WIFE					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 51531 RD. 632, OAKHURST, CA 93644					
28. NAME OF SURVIVING SPOUSE—FIRST ESTHER		29. MIDDLE A.		30. LAST (MAIDEN NAME) ADRIAN	
31. NAME OF FATHER—FIRST DAVID		32. MIDDLE A.		33. LAST KLIEWER	
34. NAME OF MOTHER—FIRST MARTHA		35. MIDDLE R.		36. LAST (MAIDEN) BARTEL	
37. DATE M/M/DD/C.C.Y.Y. 03/18/2002		38. PLACE OF FINAL DISPOSITION OAKHILL CEMETERY, OAKHURST, CA			
39. TYPE OF DISPOSITION BU		40. SIGNATURE OF ENBALMER <i>Anthony Cisneros</i>		41. LICENSE NO. 8752	
42. NAME OF FUNERAL DIRECTOR SIERRA FUNERAL CHAPEL		43. LICENSE NO. FD1019		44. SIGNATURE OF LOCAL REGISTRAR <i>David M. Hadden M.D.</i>	
45. DATE M/M/DD/C.C.Y.Y. 03/15/2002					
101. PLACE OF DEATH ST. AGNES HOSPITAL		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		103. COUNTY FRESNO	
104. STREET ADDRESS—STREET AND NUMBER OR LOCATION 1303 E. HERNDON		105. CITY FRESNO		106. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) CANCER CACHEXIA WASTING SYNDROME		TIME INTERVAL BETWEEN ONSET AND DEATH 6 MOS		108. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
109. DUE TO (B) LEUKEMIA		2 YRS		109. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. DUE TO (C)				110. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. DUE TO (D)					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. BONE MARROW BIOPSY 03/--/2000					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED. DECEDENT ATTENDED SINCE M/M/DD/C.C.Y.Y. 03/09/2000 M/M/DD/C.C.Y.Y. 03/14/2002		115. SIGNATURE AND TITLE OF CERTIFIER <i>David M. Hadden M.D.</i> DAVID KOSTER M.D., 7130 N. MILLBROOK, FRESNO, CA 93720		116. LICENSE NO. G64875	
117. DATE M/M/DD/C.C.Y.Y. 03/15/2002					
118. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		119. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		120. INJURY DATE M/M/DD/C.C.Y.Y.	
121. INJURY DATE M/M/DD/C.C.Y.Y.		122. HOUR		123. PLACE OF INJURY	
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)					
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/DD/C.C.Y.Y.		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
A		B		C	
D		E		F	
G		H		FAX AUTH. #	
99498		CENSUS TRACT			

494023

CERTIFIED COPY OF VITAL RECORDS STATE OF CALIFORNIA, COUNTY OF FRESNO

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Fresno Co. Department of Community Health.

DATE ISSUED

MAR 2 1 2002

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

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