

2014-007367

Klamath County, Oregon



00156017201400073670040042

07/15/2014 09:36:50 AM

Fee: \$57.00

RECORDING REQUESTED BY  
William A. Francis

AND WHEN RECORDED MAIL DOCUMENT AND  
TAX STATEMENT TO.

William A. Francis, Esq.  
1841 Flower Street  
Glendale, CA 91201

TITLE ORDER NO

ESCROW NO

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

## QUITCLAIM DEED

Documentary Transfer Tax - 0 -  
This is a conveyance as a gift  
to the heir under the Trust.

RICHARD J. LIUKIS, Successor Trustee of the ALEKSANDRS R. and HELENA HOFMANIS  
FAMILY TRUST dated November 13, 1994 hereby remises, releases and quitclaims to:

RICHARD J. LIUKIS, a married man as his sole and separate property  
the following described real property in the City of Klamath Falls, County of Klamath,  
State of Oregon.

Lot 9 Block 24, FIRST ADDITION TO KLAMATH FOREST ESTATES AS RECORDED  
IN KLAMATH COUNTY, OREGON.

APN R264519

ALEKSANDRS R. and HELENA HOFMANIS  
FAMILY TRUST dated November 13, 1994

DATED: 7-3-2014

BY: 

RICHARD J. LIUKIS  
Successor Trustee

# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

STATE OF CALIFORNIA

County of Los Angeles }

On 7/3/2014 before me, PATRICIA DALINA PADILLA  
Date Here Insert Name and Title of the Officer

personally appeared RICHARD J. LIUKIS  
Name(s) of Signer(s)



Place Notary Seal Above

who 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.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Signature [Signature]  
Signature of Notary Public

## OPTIONAL

*Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

### Description of Attached Document

Title or Type of Document: QUITCLAIM DEED

Document Date: \_\_\_\_\_ Number of Pages: 1

Signer(s) Other Than Named Above: \_\_\_\_\_

### Capacity(ies) Claimed by Signer(s)

Signer's Name: RICHARD J. LIUKIS

- ☐ Individual  
☐ Corporate Officer — Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☐ Attorney in Fact  
☒ Trustee  
☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_

Signer Is Representing:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RIGHT THUMBPRINT  
OF SIGNER

Top of thumb here

Signer's Name: \_\_\_\_\_

- ☐ Individual  
☐ Corporate Officer — Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☐ Attorney in Fact  
☐ Trustee  
☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_

Signer Is Representing:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RIGHT THUMBPRINT  
OF SIGNER

Top of thumb here

Recording Requested By:

WILLIAM A. FRANCIS

When recorded mail document to:

NAME William A. Francis

ADDRESS 1841 Flower Street

CITY Glendale

STATE & ZIP CA 91201

Above Space for Recorder's Use Only

## AFFIDAVIT OF DEATH OF TRUSTEE

Assessor's Parcel Number: R264519

State of California

County of LOS ANGELES }

RICHARD J. LIUKIS, of legal age, being first duly sworn, deposes and says:

1. ALEKSANDRS R. HOFMANIS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person named as Trustee in the certain Declaration of Trustee Dated NOVEMBER 13, 1994 executed by ALEKSANDRS R. HOFMANIS and HELENA HOFMANIS as trustor(s).
2. At the time of the decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on JANUARY 3rd, 1995, at Vol M95, Page 7, as inst. No. 93155, in the Official Records of KLAMATH County, Oregon, covering the following described property situated in the said County, State of Oregon: Lot 9 Block 24, FIRST ADDITION TO KLAMATH FOREST ESTATES AS RECORDED IN KLAMATH COUNTY, OREGON.
3. I am the surviving or successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated 7-3-2014

Richard J. Liukis  
RICHARD J. LIUKIS

SUBSCRIBED AND SWORN TO (or affirmed) before me on this JULY 3 day of 2014 by RICHARD J. LIUKIS proved to me on the basis of satisfactory evidence to be the persons(s) who appeared before me.

Patricia Dalina Padilla

Notary Signature

Notary Public Commissioned for said County and State

NOTARY SEAL



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052014089718

#### CERTIFICATE OF DEATH

3201419019854

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>ALEKSANDRS</b>		3. LAST (Family) <b>HOFMANIS</b>	
2. MIDDLE <b>R.</b>		4. DATE OF BIRTH mm/dd/yyyy <b>01/13/1921</b>	
5. AGE Yrs. <b>93</b>		6. SEX <b>M</b>	
7. BIRTH STATE/FOREIGN COUNTRY <b>LATVIA</b>		8. DATE OF DEATH mm/dd/yyyy <b>05/10/2014</b>	
9. SOCIAL SECURITY NUMBER <b>552-42-6953</b>		10. MARITAL STATUS/SDOP (at Time of Death) <b>WIDOWED</b>	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>	
13. EDUCATION - Highest Level/Degree <b>BACHELOR</b>		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>NEWS ROOM COMPOSER</b>		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>NEWSPAPER</b>	
17. YEARS IN OCCUPATION <b>50</b>		18. DECEDENT'S RESIDENCE (Street and number, or location) <b>1339 QUINTERO STREET</b>	
19. CITY <b>LOS ANGELES</b>		20. COUNTY/PROVINCE <b>LOS ANGELES</b>	
21. ZIP CODE <b>90026</b>		22. YEARS IN COUNTRY <b>67</b>	
23. STATE/FOREIGN COUNTRY <b>CALIFORNIA</b>		24. INFORMANT'S NAME, RELATIONSHIP <b>RICHARD J. LIUKIS, SON</b>	
25. INFORMANT'S MAILING ADDRESS (Street and number, or care suite number, city or town, state and zip) <b>1337 QUINTERO STREET, LOS ANGELES, CA 90026</b>		26. NAME OF SURVIVOR SPOUSE/SDOP - FIRST <b>UNKNOWN</b>	
27. MIDDLE <b>UNKNOWN</b>		28. LAST (BIRTH NAME) <b>HOFMANIS</b>	
29. NAME OF FATHER/PARENT - FIRST <b>UNKNOWN</b>		30. MIDDLE <b>UNKNOWN</b>	
31. LAST <b>HOFMANIS</b>		32. BIRTH STATE <b>LATVIA</b>	
33. NAME OF MOTHER/PARENT - FIRST <b>UNKNOWN</b>		34. MIDDLE <b>UNKNOWN</b>	
35. LAST (BIRTH NAME) <b>UNKNOWN</b>		36. BIRTH STATE <b>LATVIA</b>	
37. DISPOSITION DATE mm/dd/yyyy <b>05/15/2014</b>		38. PLACE OF FINAL DISPOSITION <b>FOREST LAWN MEMORIAL PARKS AND MORTUARIES</b>	
39. TYPE OF DISPOSITION(S) <b>BU</b>		40. SIGNATURE OF EMBALMER <b>MICHELLE TOVAR</b>	
41. NAME OF FUNERAL ESTABLISHMENT <b>FOREST LAWN MEM PARKS AND MTYS</b>		42. LICENSE NUMBER <b>EMB9032</b>	
43. LICENSE NUMBER <b>FD 656</b>		44. SIGNATURE OF LOCAL REGISTRAR <b>JONATHAN FIELDING, MD</b>	
45. DATE mm/dd/yyyy <b>05/14/2014</b>		46. PLACE OF DEATH <b>GARDEN CREST REHABILITATION CENTER</b>	
47. COUNTY <b>LOS ANGELES</b>		48. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>909 LUCILE AVENUE</b>	
49. CITY <b>LOS ANGELES</b>		50. CAUSE OF DEATH <b>RESPIRATORY FAILURE</b>	
51. IMMEDIATE CAUSE (If first disease or condition resulting in death) <b>RESPIRATORY FAILURE</b>		52. ATRIAL FIBRILLATION	
53. CARDIOVASCULAR DISEASE		54. HYPERTENSION	
55. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>HYPERTENSION</b>		56. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date. <b>NO</b>	
57. IF FEMALE, PRESENT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		58. SIGNATURE AND TITLE OF CERTIFIED <b>SUNIL SINGHANIA D.O.</b>	
59. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>SUNIL SINGHANIA D.O.</b>		60. LICENSE NUMBER <b>20A7742</b>	
61. DATE mm/dd/yyyy <b>05/09/2014</b>		62. DATE mm/dd/yyyy <b>05/09/2014</b>	
63. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>1245 WILSHIRE BOULEVARD #607, LOS ANGELES, CA 90017</b>		64. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Hanging <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined	
65. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		66. INJURY DATE mm/dd/yyyy <b>05/10/2014</b>	
67. HOUR (24 Hour) <b>1150</b>		68. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	
69. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		70. LOCATION OF INJURY (Street and number, or location, and city, and zip)	
71. SIGNATURE OF CORONER / DEPUTY CORONER		72. DATE mm/dd/yyyy	
73. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		74. FAX AUTH.#	
75. CENSUS TRACT		76. STATE REGISTRAR	

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

*Jonathan E. Fielding MD*  
VB

DATE ISSUED

MAY 22 2014

Director of Public Health and Registrar

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

