

mc 24328

## AFFIDAVIT

STATE OF OREGON       )  
                               )  
 County of Klamath    ) ss.

I, Edward W. Young, the (Spouse) (Son)  
 (Daughter) of Margaret S. Young, state that she died on or about  
Winter of 1966 leaving as spouse and  
 issue the following:

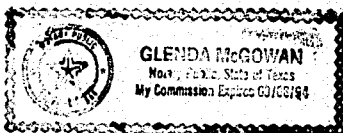
Edward W. Young (Issue)

That I make this Affidavit from my own personal knowledge  
 for purposes of clearing the title to a parcel of real property  
 situated in Klamath County, Oregon, described as:

Lot 10, Block 304, DARROW ADDITION

DATED the 8th day of November, 1990.

SUBSCRIBED and SWORN to before me this 8th day of  
November, 1990.



Edward W. Young

Glenda McGowan  
 Notary Public for Oregon TEXAS km  
 My Commission expires: 9-8-94

Return: Billy A. Wood  
411 Pacific Terrace  
City 97601

19 APR 1 PM 4 19

OREGON STATE HEALTH DIVISION  
VITAL STATISTICS SECTION

5832

LOCAL REGISTRAR'S

NUMBER **1305**

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON  
BOARD OF HEALTH - PORTLAND  
PUBLIC HEALTH SERVICE

STATE FILE NO.

DATE RECEIVED

**004313**  
APR 7 1966

1. NAME OF DECEASED  
(Type or print all  
entries in black ink)

First  
**Margaret**

Last  
**Bennett**

2. PLACE OF DEATH

A. COUNTY

**Multnomah**

3. USUAL RESIDENCE (If institution, give residence before admission)

A. STATE

**Oregon**

B. COUNTY

**Multnomah**

B. CITY, TOWN, (If outside corporate limits, so specify)  
OR  
LOCATION **Portland**

C. LENGTH OF  
STAY IN 2B  
**1949**

C. CITY, TOWN (If outside corporate limits, so specify)  
OR  
LOCATION **Portland**

D. NAME OF HOSPITAL (If not in hospital, give street address)  
OR  
INSTITUTION **2737 N. W. Upshur St.**

D. STREET ADDRESS, RURAL ROUTE, ETC.  
**2737 N. W. Upshur St.**

4. DATE OF  
DEATH

Month Day Year  
**Found Mar. 16, 1966**

5. SEX

**Female**

6. COLOR OR RACE

**White**

7. MARITAL STATUS

☐ Married ☒ Widowed  
☐ Divorced ☐ Never Married

8. SOCIAL SECURITY NO.

**554-16-2906**

9. USUAL OCCUPATION  
(Kind of work done during most of life)

**Seamstress**

10. KIND OF BUSINESS

**Dept Store**

11. NAME OF SPOUSE

**Lloyd**

12. DATE OF  
BIRTH

Month Day Year  
**2-20-1907**

13. AGE LAST BIRTHDAY

**59**

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HOURS

Hours Minutes

14. BIRTHPLACE (State or Foreign Country)

**Oregon**

15. WAS DECEASED A CITIZEN OF

☒ U. S. ☐ Foreign Country Name of Country

16. IF DECEASED WAS A VETERAN.

WHAT WART **No**

17. NAME OF FATHER

**Hans Stelzenmuller**

18. MAIDEN NAME OF MOTHER

**Ottillia Eldler**

19. INFORMANT'S NAME AND

RELATIONSHIP TO DECEASED  
**Charles Young - Son**

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).  
PART I: DEATH WAS CAUSED BY: **Arteriosclerotic heart disease.**

Interval Between Onset and Death  
(Years, days, hours, etc.)

Conditions, if any, which gave rise to above cause (A), (B), (C):  
DUE TO (B):  
DUE TO (C):

PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a):

21. If deceased was female, was there a pregnancy in the past 12 months?  
☐ Yes ☒ No ☐ Unknown

22. Was an Autopsy performed?  
☐ Yes ☒ No

23. WAS DEATH RESULT OF  
☐ Accident ☐ Suicide ☐ Homicide

24. IF ACCIDENT, DID INJURY OCCUR  
☐ At Work ☐ Not At Work

25A. PLACE OF INJURY  
(Such as Farm, Home, Forest, etc.)

25B. City County State

26. TIME OF INJURY

Hour Minute Day Year

27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE

Certify that (in) (the) deceased from or on **3/16/66** in (date)  
that the death occurred at **?** m. from the cause and on the date stated above.  
(Signature) **William J. Corcoran** M.D., Mult. Co. Coroner **3/21/66**  
(Title) (Address) (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE

☒ Buried ☐ Cremated ☐ Other

30B. DATE

**3-22-1966**

30C. NAME OF CREMATORY OR CEMETERY

**Lincoln Memorial**

30D. LOCATION (City or Town) State

**Portland, Oregon**

31. DATE RECEIVED BY LOCAL REGISTRAR

**MAR 23 1966**

32. REGISTRAR'S SIGNATURE

**Charles Young**

33. ADDRESS OF DECEASED'S HOME AND ADDRESS

**Hennessey, Goetsch and McGee - Portland**

**420.0**

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED **NOV 15 1990**

**Releen: Billy A. Wood**  
**411 Pacific Tower**  
**Leads 97601**

**Edward J. Johnson**  
EDWARD J. JOHNSON II  
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Mountain Title Co.** the **1st** day of **April**, 19 **91** at **4:19** o'clock **P.M.**, and duly recorded in Vol. **M91** of **Deeds** on Page **5831**.

FEE \$13.00

**Evelyn Biehn** County Clerk  
By **Pauline Muelndorfer**