3

27648

Vol. m91 Page 5834

M9C 24328

AFFIDAVIT

STATE OF OREGON)
) ss.
County of Klamath)

I, Thelma Stelzenmueller, the (Spouse) (Son) (Daughter) of Otto Stelzenmueller, state that he died on or about April 14, 1990 leaving as spouse and issue the following:

Thelma Stelzenmueller (Spouse)

John Stelzenmueller (Issue)

James Stelzenmueller (Issue)

Terry Sommer (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 28 day of November, 1990.

Thelma Stelzenmueller

Linda J. Kelly

SUBSCRIBED and SWORN to before me this 28th day of November, 1990.

Linda J. Kelly
Notary Public for Oregon
My Commission expires: 4-14-90

Return: Betty A. Wood
411 Pacific Terrace
City 97601

'91 APR 4 PM 4 19

STATE OF CALIFORNIA 5835

DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER: 90-063272

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 3 90 50 000838

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO., DAY, YR.	2B. HOUR	3. SEX
OTTO	-	STELZENMUELLER	APRIL 12, 1990	1230	MALE

4. RACE	5. SPANISH/HISPANIC—SPECIFY	6. DATE OF BIRTH—MO., DAY, YR.	7. AGE IN YEARS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
CAUCASIAN	☐ YES ☒ NO	Dec. 31, 1911	78		

8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
OR	U.S.A.	Hans Stelzenmueller	Germany	Otilla Eidler	Germany

12. MILITARY SERVICE?	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 42 TO 19 43 ☐ NONE	543-01-6450	Married	Thelma C. Montgomery

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
Construction worker	Construction	City of Portland	50	14

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
16745 South East Division, Space #37	Portland	97236

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Multnomah	78	Oregon	Thelma C. Stelzenmueller (wife) 16745 South East Division, Sp. 37 Portland, Oregon 97236

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY	TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER
DOCTORS MEDICAL CENTER	IP	STANISLAUS		☐ YES ☒ NO

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY	23. WAS BIOPSY PERFORMED?
1441 FLORIDA AVENUE	MODESTO	☐ YES ☒ NO

CAUSE OF DEATH

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

		TIME INTERVAL BETWEEN ONSET AND DEATH	24A. WAS AUTOPSY PERFORMED?
IMMEDIATE CAUSE (A)	CARDIOGENIC SHOCK	3 DAYS	☐ YES ☒ NO
DUE TO (B)	ARTERIOSCLEROTIC HEART DISEASE	15 YRS	24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☐ NO
DUE TO (C)			

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21	26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.
DIABETES MELLITUS - CHRONIC EMPHYSEMA	NO

PHYSICIAN'S CERTIFICATION

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN	27C. PHYSICIAN'S LICENSE NUMBER	27D. DATE SIGNED
[signature]	A-22975	April 12, 1990

27A. DECEDENT ATTENDED SINCE: MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE: MONTH, DAY, YEAR	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS
APRIL 2 1990	APRIL 12 1990	DAVID L. DAVIS, M.D. 1541 FLORIDA AVE STE 200 MODESTO

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER	28B. DATE SIGNED

29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined	30A. PLACE OF INJURY	30B. INJURY AT WORK	30C. DATE OF INJURY MO., DAY, YEAR	31. HOUR
		☐ YES ☐ NO		

32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION(S)	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE MO., DAY, YEAR	35A. SIGNATURE OF EMBALMER	35B. LICENSE NUMBER
CR/TR/RES	16745 South East Division, Sp. 37 Portland, Oregon 97236	Apr. 13, 1990	Not embalmed	

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
Salas Brothers Chapel, Modesto	782	[signature] MLHS MD	APR 13 1990

STATE REGISTRAR

A.	B.	C.	D.	E.	F.	CENSUS TRACT
1	OR	2				

VS-11 (REV. 3-89) MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

This is to certify that this document is a true copy of the official record filed with the Office of State Registrar.

Kenneth W. Kizer, MD, MPH, Director and State Registrar of Vital Statistics

by: David W. Mitchell
DAVID MITCHELL, CHIEF
OFFICE OF STATE REGISTRAR

DATE ISSUED FEB 27 1991

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

Kathleen Billy A. Wood
411 Rocedi Terrace
415839
City 97601

cdhs

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 1st day of April A.D., 19 91 at 4:19 o'clock P.M., and duly recorded in Vol. M91, of Deeds on Page 5834.

Evelyn Biehn County Clerk
By Pauline Mullendore

FEE $13.00