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AFFIDAVIT

STATE OF OREGON

County of Klamath

ss.

I, Lucille Stelzenmueller, the (Spouse) (~~son~~)
 (~~Daughter~~) of Hans G. Stelzenmueller, state that he died on or
 about Nov 22, 1985 leaving as
 spouse and issue the following:

Lucille Stelzenmueller (Spouse)

Sandra Faas (Issue)

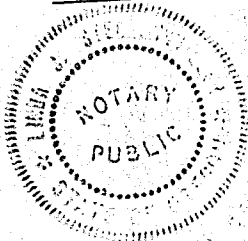
Doreen Stelzenmueller (Issue)

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 28th day of November, 1990.

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



Billy A. Wood
 411 Pacific Place
 City 97601

inda J. Wood
 Notary Public for Oregon
 My Commission expires: 4-14-91

91 APR 1 PM 4 20

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

5841

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

5852

85-021064

CERTIFICATE OF DEATH

Local File Number

State File Number

DECEASED - NAME First Middle Last Hans George STELZENMUELLER		DATE OF DEATH (month day year) NOVEMBER 22, 1985	
1 RACE (White, Black, American Indian, etc.) White	2 SEX Male	3 AGE - Last birthday (years) 69	4 DATE OF BIRTH (month day year) July 20, 1916
5 CITY, TOWN OR LOCATION OF DEATH Portland		6 HOSPITAL OR OTHER INSTITUTION - NAME (If not in residence, street and number) Portland Adventist Hospital	
7a STATE OF BIRTH (If not in U.S.A.) Oregon		7b CITIZEN OF WHAT COUNTRY USA	
8 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		9 SPOUSE (If married widowed) Lucille	
10 SOCIAL SECURITY NUMBER 543-09-6522		11 USUAL OCCUPATION (Give kind of work done during most of working life) Meat Cutter	
12 RESIDENCE - STATE Oregon		13 COUNTY Multnomah	
14 CITY, TOWN, OR LOCATION Portland		15 STREET AND NUMBER OR R.F.D., ZIP 1932 SE 100th 97216	
16 FATHER - NAME Hans Stelzenmueller		17 MOTHER - NAME Otillia Adler	
18 INFORMANT - NAME and relationship to deceased Lucille Stelzenmueller - wife		19 LOCATION Gresham, Oregon	
20 BURIAL, CREMATION, REMOVAL MAJOR (Specify) Cremation		21 CEMETERY OR CREMATORY - NAME Columbia Crematory	
22 FUNERAL SERVICE LICENSEE (If performing As S. ch.) P. E. Baker		23 NAME AND ADDRESS OF FACILITY PO Box 66396 Lincoln-Willamette Funeral Directors, Portland, Oregon 97256	
24 To the best of my knowledge, death occurred at the time, date and place and cause stated. 25a (Signature) P. ERWIN SYPHERS, M.D. NAME AND ADDRESS OF CERTIFIER (Type or Print) 25b P. ERWIN SYPHERS, MD 1000 SE Main St Portland Ore 97216 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		26 DATE SIGNED (Month Day Year) 11/22/85	
27 DATE RECEIVED BY REGISTRAR (Month Day Year) DEC 16 1985		28 REGISTRAR Arthur W. Bloom	
29 IMMEDIATE CAUSE PART I (a) Cardio-Pulmonary failure with Pneumonia DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerotic heart disease DUE TO, OR AS A CONSEQUENCE OF (c) PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) Post operative bowel obstruction surgery		30 INTERVAL BETWEEN ONSET AND DEATH Weeks Years Interval between onset and death	
31 AUTOPSY (Specify Yes or No) No		32 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No	
33 ACCIDENT (Specify Yes or No) No		34 DATE OF INJURY (Month Day Year) No	
35 HOUR OF INJURY No		36 DESCRIBE HOW INJURY OCCURRED No	
37 INJURY AT WORK (Specify Yes or No) No		38 PLACE OF INJURY - At home farm street factory office building etc (Specify) No	
39 LOCATION No		40 STREET OR R.F.D. NO No	
41 CITY OR TOWN No		42 STATE No	

ORIGINAL-VITAL STATISTICS COPY

Relun
Billy A. Wood
411 Pacific Road
City 97001

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 FEB 07 1991

EDWARD J. JOHNSON
STATE REGISTRAR

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 4:20 o'clock P.M., and duly recorded in Vol. M91 of Deeds on Page 5840

FEE \$13.00

Evelyn Biehn County Clerk
By Pauline Muelendorfer