

mde 24328

AFFIDAVIT

STATE OF OREGON

County of Klamath

ss.

I, BETTY STELZENMUELLER, the (Spouse) (Son)
 (Doughter) of Fred H. Stelzenmueller, state that he died on or
 about 3-15-85 leaving as spouse and
 issue the following:

<u>Betty Stelzenmueller</u>	(Spouse)
<u>Agnes Box</u>	(Issue)
<u>Kurt Stelzenmueller</u>	(Issue)
<u>Ruth Stelzenmueller</u>	(Issue)
<u>George Edward Stelzenmueller</u>	(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:

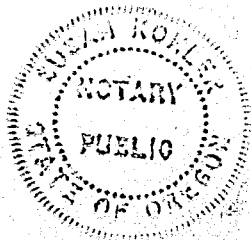
Lot 10, Block 304, DARROW ADDITION

DATED the 7 day of November, 1990.

Betty Stelzenmueller
 SUBSCRIBED and SWORN to before me this 7th day of
November, 1990.

Susan Laack
 Notary Public For Oregon
 My Commission expires: 10-5-93

Return: Billy A. Wood
411 Pacific Avenue
City 97601



91 APR 1 PM 4 20

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

5847

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

85-005053

CERTIFICATE OF DEATH

Local File Number

State File Number

DECEASED—NAME 1 FRED MADDE STELZENMUELLER		DATE OF DEATH (month, day, year) 2 March 15, 1985	
RACE (Specify) 3 White	SEX 4 Male	AGE—Last birthday (years) 5a 66	Under 1 year 5b 66 days
CITY, TOWN OR LOCATION OF DEATH 6 Klamath Falls		DATE OF BIRTH (month, day, year) 7 February 28, 1919	
HOSPITAL OR OTHER INSTITUTION—NAME (If not in entry 6, give street and number) 8 West Medical Center		COUNTY OF DEATH 9 Klamath	
STATE OF BIRTH (If not in U.S.A. name country) 10 Oregon	CITIZEN OF WHAT COUNTRY 11 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 12 Married	SPOUSE (If married widowed) 13 Betty
SOCIAL SECURITY NUMBER 14 542-10-3500		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify year, if any) 15 No	
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 16 Real Estate Broker 254712		KIND OF BUSINESS OR INDUSTRY 17 Home & Land Sales	
RESIDENCE—STATE 18 Oregon	COUNTY 19 Klamath	CITY, TOWN, OR LOCATION 20 Klamath Falls	STREET AND NUMBER OR R.F.D. NO. 21 2311 White Street 97601
FATHER—NAME 22 Hans George Stelzenmueller	MOTHER—NAME 23 Agnes Ottilla Adler	INFORMANT—NAME and relationship to decedent 24 Agnes S. Box, daughter	
BURIAL CREMATION, REMOVAL, MAIMS, (Specify) 25 Cremation	CEMETERY OR CREMATORY—NAME 26 Eternal Hills Crematory	LOCATION 27 Klamath Falls, Oregon 97603	
FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Specify) 28 Billy A. Wood		NAME AND ADDRESS OF FACILITY 29 Davenport's Chapel of the Good Shepherd, 6120 South Sixth Street, Klamath Falls, Oregon 97603-7194	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature) Kenneth L. Tuttle, MD		DATE SIGNED (Month, Day, Year) 21b March 15, 1985	
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21c Kenneth L. Tuttle, MD, 2680 Uhrmann Road, Klamath Falls, Oregon 97601		HOUR OF DEATH 21d 12:00 P.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e		DATE RECEIVED BY REGISTRAR (Month, Day, Year) 22a MAR 18 1985	
REGISTRAR 22b (Signature) Edward J. Johnson		22c (Signature)	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Metastatic lung cancer secondary to the left lung		Interval between onset and death 5 MONTHS	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) 30		AUTOPSY (Specify Yes or No) 24 No	
DATE OF INJURY (Month, Day, Year) 25a No		HOUR OF INJURY 25b No	
INJURY AT WORK (Specify Yes or No) 25c No		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25d No	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26a No	LOCATION 26b	STREET OR R.F.D. NO. 26c	CITY OR TOWN 26d
STATE 26e			

ORIGINAL-VITAL STATISTICS COPY

452 REV 1283

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 II
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 **5846**.

FEE \$13.00

Evelyn Biehn - County Clerk

By **Pauline Mullens**