mde 24328

AFFIDAVIT

STATE OF OREGON)
) ss.
County of Klamath)

'91 APR 1 PM 4 20

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:

Betty Stelzenmueller	(Spouse)
Agnes Box	(Issue)
Kurt Stelzenmueller	(Issue)
Ruth Stelzenmueller	(Issue)
George Edward 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 7 day of November, 1990.

Betty Stelzenmueller

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

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

SUSAN KAHL NOTARY PUBLIC STATE OF OREGON

Return: Betty A. Wood
411 Pacific Terrace
City 97601

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

5847

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

85-005053

103
Local File Number

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK 01

DECEDENT

1 DECEASED—NAME (First, Middle, Last): FRED HARRY STELZENMUELLER

2 DATE OF DEATH (month, day, year): March 15, 1985

3 RACE (White, Black, American Indian, etc. (specify)): White

4 SEX: Male

5a AGE—Last Birthday (years): 66

5b Under 1 year (mos.) / 5c Under 1 day (hours / min.)

6 DATE OF BIRTH (month, day, year): February 28, 1919

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): West Medical Center

7c If Hosp or Inst, indicate DOA or Emer. Rm. Inpatient (Specify): Inpatient

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A., name country): Oregon

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (If married, widowed): Betty

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

13 SOCIAL SECURITY NUMBER: 542-10-3600

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Real Estate Broker 254712

14b KIND OF BUSINESS OR INDUSTRY: Home & Land Sales

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls 13

15d STREET AND NUMBER OR R.F.D., ZIP: 2311 White Street 97601

15e Inside City Limits (specify yes or no): Yes

16 FATHER—NAME (first, middle, last): Hans George Stelzenmueller

17 MOTHER—NAME (first, middle, last, Maiden Name): Agnes Ottilla Adler

18 INFORMANT—NAME and relationship to deceased: Agnes S. Box, daughter

19a BURIAL, CREMATION, REMOVAL, OTHER (specify): Cremation

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Crematory

19c LOCATION (city or town, state): Klamath Falls, Oregon 97603

20a FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature): William F. Davenport

20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

DISPOSITION

1
2 183
3

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

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

21b DATE SIGNED (Mo., Day, Yr.): March 15, 1985

21c HOUR OF DEATH: 12:00 P.M.

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Kenneth L. Tuttle, MD, 2680 Uhrmann Road, Klamath Falls, Oregon 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST

USE OF DEATH

4 1624
5 —
6 —

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): MAR 18 1985

22b REGISTRAR (Signature): Darlene E. Cravens

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I (a) Metastatic lung cell carcinoma of the left lung — Interval between onset and death: 5 months

DUE TO, OR AS A CONSEQUENCE OF:

(b)

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)

24 AUTOPSY (Specify Yes or No): No

25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

26a ACCIDENT (Specify Yes or No): No

26b DATE OF INJURY (Mo., Day, Yr.)

26c HOUR OF INJURY

26d DESCRIBE HOW INJURY OCCURRED

26e INJURY AT WORK (Specify Yes or No): No

26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

26g LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45.2 REV 12.83

Colleen
Billy A. Wood
411 Pacific Terrace
Klamath Falls 97601

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
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.

Evelyn Biehn - County Clerk

FEE $13.00

By Pauline Mulendare