STATE OF OREGON

COUNTY OF LINN

K-43742 AFFIDAVIT

>)ss.)

Affiant, 13, 130NNLANDER after being duly swom, hereby state and affirm the
following:
1. I am a duly licensed physician in the State of Oregon.
2. I am the attending physician for Einar Swanson, and I have personally examined Mr.
Swanson.
3. Based upon my examination of Mr. Swanson, it is my medical opinion that he is
suffering from Alzheimer's, and that due to his medical condition, he is incapacitated.
4. The term "incapacitated" as used in the preceding sentence means that Mr. Swanson is
currently unable to transact business affairs due to his condition.
Under the penalties of perjury, the Affiant hereby swears and affirms that the foregoing
information contained in this Affidavit is true, correct and complete to the best of his knowledge and
belief.
12-1-92
STATE OF OREGON)
) ss.
The foregoing instrument was acknowledged before me this 1st day of December 1992, by
1111/1 Admin
Notary Public OFFICIAL SEAL NOTARY PUBLIC OFFICIAL SEAL NOTARY PUBLIC OFFICIAL SEAL OFFICI
COMMISSION NO. 015997
My Commission Expires: MY COMMISSION EXPIRES UNE 10. 1986 N
06/10/96
swanson.aft\nkd5
Return to: George D. Sebastian 1546 Catron, SE
Albuquerque, New Mexico 87123
STATE OF OREGON: COUNTY OF KLAMATH: ss.
the <u>24th</u> day
Filed for record at request of
of Evelyn Biehn County Clerk
FEE \$5.00 By Quelen Mulination