

56069

AFFIDAVIT

STATE OF OREGON)
County of Clackamas) ss.

I, HAZEL L. LONGNECKER, being sworn say:

I am the former wife of Arthur Uzzell Longnecker who died March 14, 1972, at Oregon City, Oregon. Attached to my affidavit is a certified copy of my former husband's death certificate.

Prior to his death, my former husband and I owned the following real property as joint tenants:

PARCEL I:
N 1/2 S. E. 1/4 S. W. 1/4 of Section 29, T. 29 N., R. 48 E., M. D. B. & M. as per record of survey map recorded in Eureka County, State of Nevada, File No. 34550, Unit No. 5.

PARCEL II:
Lot 8 of Block 13 of Crescent Valley Ranch & Farms, Unit No. 3 as per map recorded in said Eureka County, Nevada, as File No. 34551.

PARCEL III:
Lot 13 of Block 5 of Crescent Valley Ranch & Farms, Unit No. 1 as per map recorded in Eureka County, Nevada, as File No. 34081.

Said joint tenancies were terminated by the death of my husband as evidenced by his attached death certificate and I am the sole owner of the above-described real property.

This affidavit is made for the purpose of removing any clouds on the title of the above-described real property and for effecting the transfer of said real property to Eugene J. Brown under a deed dated April 12, 1972.



Hazel L. Longnecker
Hazel L. Longnecker

Subscribed and sworn to before me this 25 day of April, 1972.

Raymond R. Bagley
Notary Public for Oregon
My commission expires: 5/10/74

Affidavit

BOOK 42 PAGE 422

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

215

CERTIFICATE OF DEATH

State File Number

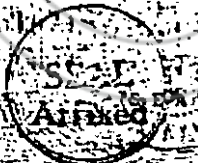
DECEASED—NAME First Middle Last ARTHUR UZZELL LONGNECKER			DATE OF DEATH (month, day, year) 2 March 14, 1972		
RACE (specify) White		SEX Male	AGE—Last birthday (years) 77	Under 1 year mos. days	Under 1 day hours min.
COUNTRY OF BIRTH (if not in U.S.A., name country) Colorado			DATE OF BIRTH (month, day, year) 4 August 12, 1894		
CITY, TOWN, OR LOCATION OF DEATH Clackamas, Oregon City			HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) Oregon City Hospital		
STATE OF BIRTH (if not in U.S.A., name country) Colorado		CITIZEN OF WHAT COUNTRY USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	NAME OF SPOUSE Hazel L	
SOCIAL SECURITY NUMBER [REDACTED]		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Chief Engineer		KIND OF BUSINESS OR INDUSTRY Merchant Marine	
RESIDENCE—STATE Oregon	COUNTY Clackamas	CITY, TOWN, OR LOCATION Portland	STREET AND NUMBER OR P.O. NO. No 148951 SE Fuller Rd		
FATHER—NAME first middle last Unknown		MOTHER— Maiden Name first middle last Unknown		INFORMANT—NAME and relationship to decedent Hazel L Longnecker Wife	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))					
18. (a) Emphysema					appropriate interval between onset and death 30 years
PART II. OTHER SIGNIFICANT CONDITIONS; conditions contributing to death but not related to cause given in Part I (a)					
influenza					
ACCIDENT (specify yes or no) 20a.	DATE OF INJURY (month, day, year) 20b.	HOUR 20c.	HOW INJURY OCCURRED (enter nature of injury in part I or part II (a) (b) (c))		
INJURY AT WORK (specify yes or no) 20e.	PLACE OF INJURY (office, farm, street, factory, etc. (specify)) 20f.	LOCATION (street or R.F.D. No., city or town, county, state) 20g.			
CERTIFICATION—PHYSICIAN: I attended this decedent from 21.	month day year Aug 9 67	month day year Mar 14 72	And Last Saw Him/Her (specify) 21a.	I did view the body after death (specify) 21b.	DEATH OCCURRED (hour) 21c.
PHYSICIAN—SIGNATURE Lowell S. McGraw, M.D.	NAME (type or print) Lowell S. McGraw, M.D.		degree or title	DATE SIGNED (month, day, year) Mar 15 72	
MARRIED ADDRESS—PHYSICIAN 605 High St., Oregon City, OR 97045					
BURIAL, CREMATION, REMOVAL, MAUS (specify) 22a.	CLANETERY OR CREMATORY—NAME 22b.		LOCATION (city or town, state) Portland, Oregon	DATE (month, day, year) 3/20/72	
FUNERAL DIRECTOR—SIGNATURE R. H. Conrad	FUNERAL HOME—NAME AND ADDRESS (street, city or town, county, state) Hillside Chapel, 1306-7th St., Oregon City, Ore 97045				
REGISTRAR—SIGNATURE Walter M. Bickel	DATE RECEIVED BY LOCAL REGISTRAR March 17, 1972		DATE RECEIVED BY STATE REGISTRAR		

RECORDED AT THE REQUEST OF Jack, Goodwin & Urbiskeit
on July 14 19 72 at 50 m-1, post 10 A. M.
Book 42 of OFFICIAL RECORDS, page 422-423 RECORDS OF

STATE OF OREGON)
County of CLACKAMAS)

OREGON COUNTY, NEVADA
36063
File No. 36063 Fee \$ 4.00

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Clackamas County Health Department.



Walter M. Bickel
Registrar of Vital Statistics
Walter M. Bickel
Deputy Registrar Date

BOOK 42 PAGE 423