

The person or persons making this affidavit must fill it up fully, giving a full and complete statement of the facts in the case. State how the disability is and how it has been affecting the applicant while under your observation. Describe as fully and clearly as possible his physical condition thereof and state how it has continued while under your observation. If the applicant is disabled from labor, state how much of the time he has been disabled. The officer before whom this affidavit is taken should carefully read over to each party the content of the affidavit and fully explain the matter to them. The affiant should, if possible, write out the statement; he should also state how he came to know the facts to which he testifies.

STATE OF IOWA

STATE OF Iowa, COUNTY OF Fremont, SS:

In the matter of Horizon claim # 414,690 of Florence B. Walker, minor of Thomas B. Walker. But. les-E" 6" 6" Teln. Inf.

Personally came before me, a John C. Walker and for said County and State, aged 21 years, whose post-office address is Randolph (P. O. Address) County of Fremont State of Iowa, well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to the aforesaid case as follows:

I am a brother of the above named claimant Florence B. Walker and my address is as given above

John C. Walker

claimant

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(SIGN ON THE OTHER SIDE.)

and