

ORAL HISTORY
2017-07-03



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I have read and accept both the terms of the Oral History Gift and Release agreement as well as the Interview Restrictions provided.

Ruth E Storbeck
(Narrator's printed name)

945 McKeown St, Apt 2F
(Narrator's mailing address)
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Polyn L. Russell 6-22-17
(Collection manager's signature & date)

Ruth E Storbeck
Alvin Olson
(Narrator's signature & date)

Ruth E Storbeck
Alvin Olson
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