

**KODIAK ORAL HISTORY PROJECT**  
**P. O. Box 201**  
**Kodiak, Alaska 99615**  
**(907) 486-4205**

I hereby give and grant to the Kodiak Oral History Project my tape recorded memoir as a donation for such scholarly and educational purposes as the director of the project, Dr. Gary Stevens, shall determine. Copies of this tape recording and/or the written transcript, will be deposited at the University of Alaska Oral History Archives in Fairbanks; and at Kodiak College. It is expressly understood that the full literary rights of this memoir pass to the Kodiak Oral History Project.

*[Handwritten Signature]*  
 Signature of narrator

1220 MARSEN  
 Address of narrator

*[Handwritten Signature]*  
 Signature of interviewer

112 B Five Fingers Ct  
 Kodiak, AK 99615  
 Address of interviewer

3/10/93  
 Date of agreement