

WHEN RECORDED MAIL TO: RONALD F. WEGNER  
4735 W. 3650 SO.  
West Valley, Utah 84120

AFFIDAVIT

I, Ronald F. Wegner, a citizen of the United States of America, of legal age, represent that Judith Kay Peterson Wegner, who is named as the deceased in the Death Certificate attached hereto, is one and the same person as Judith Wegner, who is named as Grantee in that certain Warranty Deed dated February 2, 1978, recorded February 3, 1978, as Entry No. 3060560, in Book 4620, at page 235, Salt Lake County Recorder, which deed conveyed the following described real property located in Salt Lake County, State of Utah:

Parcel No. 1:

A tract of land situate in the Southwest Quarter of the Northeast Quarter of Section 21, Township 1 South, Range 1 West, Salt Lake Base and Meridian. The boundaries of said tract are described as follows:

Beginning at a point 269.983 feet East and 18.917 feet North from the center of said Section 21; thence North 0°04'40" West 85.00 feet; thence South 89°53'21" East 100.00 feet; thence South 0°04'22" East 85.00 feet; thence North 89°53'21" West 100.0 feet to the point of beginning.

Less and excepting therefrom: A parcel of land being part of an entire tract situate in the Southwest Quarter of the Northeast Quarter of Section 21, Township 1 South, Range 1 West, Salt Lake Base and Meridian. The boundaries of said tract are described as follows:

Beginning at a point 269.983 feet East and 18.917 feet North from the center of Section 21, Township 1 South, Range 1 West, Salt Lake Base and Meridian; thence North 0°04'40" West 85.00 feet; thence South 89°53'21" East 0.25 feet; thence South 0°04'40" East 85.00 feet; thence North 89°53'21" West 0.25 feet to the point of beginning.

Together with and subject to a perpetual right of way described as follows:

Beginning on the East line of 2700 West Street, at a point 50.00 feet South 89°53'21" East and 4.44 feet North 0°04'22" West from the center of said Section 21; thence South 89°53'21" East 320.00 feet; thence North 0°04'22" West 30.00 feet; thence North 89°53'21" West 320.00 feet; thence South 0°04'22" East 30.00 feet to the point of beginning.

(Continued . . .)

6036495  
03/08/95 12:15 PM 20.00  
NANCY WORKMAN  
RECORDER, SALT LAKE COUNTY, UTAH  
PARAMOUNT TITLE  
REC BY: B GRAY DEPUTY - WI

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2/13/95 95-1261 JR

6036495

(continued . . .)

**Parcel No. 2:**

A tract of land situate in the Southwest Quarter of the Northeast Quarter and the Northwest Quarter of the Southeast Quarter of Section 21, Township 1 South, Range 1 West, Salt Lake Base and Meridian. The boundaries of said tract are described as follows:

Beginning at a point 269.983 feet East and 18.917 feet North from the center of said Section 21; thence South 0°04'40" East 85.00 feet; thence South 89°53'21" East 100.00 feet; thence North 0°05'10" West 65.56 feet; thence North 0°04'22" West 19.44 feet; thence North 89°53'21" West 100.00 feet to the point of beginning.

Together with and subject to a perpetual right of way described as follows:

Beginning on the East line of 2700 West Street, at a point 50.00 feet South 89°53'21" East and 4.44 feet North 0°04'22" West from the center of said Section 21; thence South 89°53'21" East 320.00 feet; thence North 0°04'22" West 30.00 feet; thence North 89°53'21" West 320.00 feet; thence South 0°04'22" East 30.00 feet to the point of beginning.

DATED, this 7th day of March, 1995.

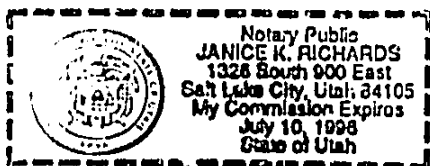
*Ronald F. Wegner*  
\_\_\_\_\_  
Ronald F. Wegner

STATE OF UTAH                    )  
  ) ss.  
COUNTY OF SALT LAKE        )

On the 7th day of March, 1995, personally appeared before me, Ronald F. Wegner, the signer of the foregoing instrument, who, after being duly sworn, acknowledged to me that he executed the same.

*Janice K. Richards*  
\_\_\_\_\_  
Notary Public

My Commission Expires: 7-10-96      Residing at: SLC, Ut



BK7113PG0034

**SALT LAKE CITY - COUNTY HEALTH DEPARTMENT  
DIVISION OF VITAL STATISTICS**

STATE OF UTAH - DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**

JEC 1 0 1992

Accept to information on this form is limited under the Utah Statutes Act and Rules

LOCAL FILE NUMBER 18-4322

STATE FILE NUMBER

DECEDENT	1 NAME OF DECEDENT FIRST MIDDLE LAST <b>Judith Kay Pehrson Wegner</b>			2 SEX <b>Female</b>	3a DATE OF DEATH (Mo Day Yr) <b>Found Nov 24, 1992</b>	3b TIME OF DEATH (If known) <b>Found 10:30</b>
	4 DATE OF BIRTH (Mo Day Yr) <b>Jun 26, 1934</b>		5 AGE (If not birthday) <b>58</b>	6 BIRTHPLACE (City & State or Foreign Country) <b>Salt Lake City, Utah</b>		7 SOCIAL SECURITY NUMBER <b>528-40-8816</b>
	8a PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Other <input checked="" type="checkbox"/> Residence			8b NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility give street address of location) <b>4735 W 3650 S</b>		
	9c CITY, TOWN OR LOCATION OF DEATH <b>W. Valley City</b>		9d COUNTY OF DEATH <b>Salt Lake</b>		9 SURVIVING SPOUSE (If wife give maiden name) <b>Ronald Fred Wegner</b>	
10 VIAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11 MARITAL STATUS <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired)		12b KIND OF BUSINESS OR INDUSTRY
13a RESIDENCE - STREET AND NUMBER <b>4735 West 3650 South</b>		13b CITY, TOWN, OR COMMUNITY <b>West Valley City</b>		13c COUNTY <b>Salt Lake</b>		13d STATE <b>Utah</b>
13e INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f ZIP CODE <b>84120</b>		14 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Mexican <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other (Specify)		15 RACE - Black, White, Am. Indian (Indic. may be entered), Japanese, etc. (Specify) <b>White</b>
16 EDUCATION (Specify only highest grade completed) Elementary or Secondary (10-12); College (13-16 or 17+) <b>12</b>		17 FATHER'S NAME (First, Middle, Last) <b>Unknown</b>				18 MOTHER'S NAME (First, Middle, Last) <b>Unknown</b>
19 NAME, RELATIONSHIP AND MARITAL ADDRESS OF INFORMANT <b>Ronald F. Wegner (Husband) - 4735 West 3650 South, West Valley City, Utah 84120</b>						
DISPOSITION	20 METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input type="checkbox"/> Donation <input type="checkbox"/> Other <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal		21a DATE OF DISPOSITION <b>Nov. 28, 1992</b>	21b PLACE OF DISPOSITION (Name of cemetery, or other place) <b>Valley View Memorial Park</b>		21c LOCATION - City or town, state <b>West Valley City, Utah</b>
	22 SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Irvin L. McDougal</i>		23 LICENSEE NUMBER <b>584</b>	24 FUNERAL HOME (If not address and phone number) <b>#33 McDougal Funeral Home 4330 South Redwood Road Salt Lake City, Utah 84123</b>		
CERTIFIER	25 DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN		26 If not certified by medical examiner, was death reported to M.E.? (If yes, enter the date and hour reported. M.E. Case No.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>1921238</b>			
	27a CERTIFIER <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input checked="" type="checkbox"/> MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner as stated.					
	27b SIGNATURE AND TITLE OF CERTIFIER <i>Maurcen J. Frikke</i>			27c LICENSE NUMBER <b>0010</b>	27d DATE SIGNED (Mo. Day Yr.) <b>11/24/92</b>	
28 NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 27) (Type print) <b>Maurcen Frikke, M.D., Asst. Med. Exam., 48 N. Medical Dr., Salt Lake City, Utah 84115</b>						
REGISTRAR	29 REGISTRAR'S SIGNATURE <i>Harry L. Gibbons</i>				30 DATE FILED (Month Day Year) <b>Nov. 25, 1992</b>	
CAUSE OF DEATH	31 PART I - ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DEATH SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. <b>PENDING</b> Due to (or as a consequence of):					32 Approximate Interval Between Death and Death
	Sequentially list conditions (if any), leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated a series resulting in death) LAST.					
	PART II - Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.					
	32 IN YOUR OPINION TOBACCO USE BY THE DECEDENT <input type="checkbox"/> Probably contributed to the cause of death <input type="checkbox"/> Was the underlying cause of death <input type="checkbox"/> Did not contribute to the cause of death <input type="checkbox"/> Is unknown in relation to the cause of death					33a WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
34 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined if Injured Purposely or Accidentally <input type="checkbox"/> Pending Investigation		35a DATE OF INJURY (Month Day Year) <b>Unknown</b>	35b TIME OF INJURY (24 Hour Clock) <b>Unknown</b>	35c INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	35d PLACE OF INJURY (At home, farm, street, factory, office, building, etc. (Specify))	
35e LOCATION (Street or rural route number, city or town, county and state)						
35f DESCRIBE HOW INJURY OCCURRED (Enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE SPECIFIED)						

BK 711360035

This is to certify that this is a true copy of the information on file in this office. This certified copy is issued under authority of Section 26-15-26 of the Utah Code Annotated, 1953 as amended.

*Harry L. Gibbons*  
Harry L. Gibbons, M.D., M.P.H.  
Director of Health



*Mary Lee J. MacKay*  
DEPUTY REGISTRAR

Date Issued **DEC 1 8 1992**

55457

# SALT LAKE CITY - COUNTY HEALTH DEPARTMENT DIVISION OF VITAL STATISTICS

## STATE OF UTAH - DEPARTMENT OF HEALTH AMENDMENT OF MEDICAL AND HEALTH SECTION DATA - DEATH

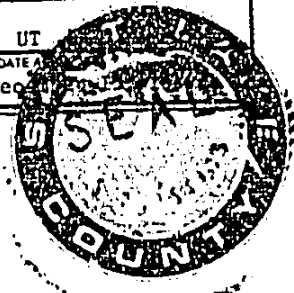
18-4322 LOCAL CERTIFICATE NUMBER		STATE CERTIFICATE NUMBER		
IDENTIFICATION OF THE RECORD	1. NAME OF DECEASED - First Name <b>Judith Kay Pehrson</b>		2. HOURS (24 Hour Clock) <b>Fd: 1030</b>	
	Middle Name <b>WEGNER</b>		3. DATE OF DEATH - Month Day Year <b>November 24, 1992</b>	
ORIGINALLY REPORTED INFORMATION	3a. PLACE OF DEATH - City or Town <b>W. Valley City</b>		3b. COUNTY <b>Salt Lake</b>	
	3c. DATE ORIGINAL FILED <b>Nov. 25, 1992</b>			
INFORMATION AS IT SHOULD BE STATED ON THE ORIGINALLY REGISTERED CERTIFICATE	31. PART I ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.  IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>PENDING</b> DUE TO (OR AS A CONSEQUENCE OF)			Approximate Interval Between Onset And Death.
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF)			
	PART II Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I			
	32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT <input type="checkbox"/> Probably contributed to the cause of death <input type="checkbox"/> Was the underlying cause of death <input type="checkbox"/> Did not contribute to the cause of death <input checked="" type="checkbox"/> Is unknown in relation to the cause of death			33a. WAS AN AUTOPSY PERFORMED? <b>Yes</b>
34. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Pending <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined if Injured Purposefully or Accidentally <input type="checkbox"/> Pending Investigation		35a. DATE OF INJURY (Month, Day, Year) <b>Unknown</b>	35b. TIME OF INJURY (24 Hour Clock) <b>Unknown</b>	35c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
		35d. LOCATION (Street or rural route number, city or town, county and state)		35e. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)
35f. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED BY ITEM 31)				
INFORMATION AS IT SHOULD BE STATED ON THE ORIGINALLY REGISTERED CERTIFICATE	31. PART I ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.  IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE</b> DUE TO (OR AS A CONSEQUENCE OF)			Approximate Interval Between Onset And Death.
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF)			
	PART II Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I			
	32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT <input type="checkbox"/> Probably contributed to the cause of death <input type="checkbox"/> Was the underlying cause of death <input type="checkbox"/> Did not contribute to the cause of death <input checked="" type="checkbox"/> Is unknown in relation to the cause of death			33a. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined if Injured Purposefully or Accidentally <input type="checkbox"/> Pending Investigation		35a. DATE OF INJURY (Month, Day, Year)	35b. TIME OF INJURY (24 Hour Clock)	35c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
		35d. LOCATION (Street or rural route number, city or town, county and state)		35e. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)
35f. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED BY ITEM 31)				
DECLARATION OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER	36. I, THE CERTIFYING PHYSICIAN OR MEDICAL EXAMINER HAVING PERSONAL KNOWLEDGE OF SUPPLEMENTAL INFORMATION WHICH MODIFIES THE INFORMATION ORIGINALLY REPORTED, DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		37. SIGNATURE OF PHYSICIAN OR MEDICAL EXAMINER <b>Maureen J. Frikke</b>	
	38. MEDICAL EXAMINER CASE NUMBER <b>92-1238</b>		39. DATE SIGNED <b>12/10/92</b>	
REGISTRARS OFFICE	40. OFFICE OF STATE REGISTRATION STRAHL <b>John E. Ricketts</b>		41. NAME OF PHYSICIAN OR MEDICAL EXAMINER (Print or Type) <b>Maureen J. Frikke, Assis. Medical Examiner, M.D.</b>	
	42. ADDRESS - Street, City, and State and Zip Code <b>48 Medical Dr., Salt Lake City, UT</b>		43. DEGREE OR TITLE <b>M.D.</b>	
		44. DIRECTOR, BUREAU OF VITAL RECORDS <b>Harry L. Gibbons, M.D., M.P.H.</b>		45. DATE <b>Dec 18 1992</b>

This is to certify that this is a true copy of the information on file in this office. This certified copy is issued under authority of Section 26-15-28 of the Utah Code Annotated, 1953 as amended.

Date Issued **DEC 18 1992**

55449

*Mary Lee J. Mackay*  
DEPUTY REGISTRAR



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