

6310068

Commencing at a point 4 Rods East and 164 feet South of the Northeast corner of Block 46, Ten Acre Plat "A", Big Field Survey, and running thence South 100 feet; thence North  $84^{\circ}15'$  East 12.06 Rods to the East line of Section 20, Township 1 South, Range 1 East, Salt Lake Meridian; thence North 83.5 feet; thence West 12 Rods to the place of beginning. Being a part of the Northeast quarter of the Northeast quarter of Section 20, Township 1 South, Range 1 East, Salt Lake Meridian.

Commencing 16 Rods East and 164 feet South from the Northeast Corner; Block 46, 10 Acre Plat "A", Big Field Survey; North 145 feet, West 69 feet; South 2.84 feet Westerly along curve to right 51.16 feet, South  $89^{\circ}51'$  West 33.31 feet South  $0^{\circ}01'$  East 145 feet more or less; East 153 feet more or less to the beginning.

6310068  
03/22/96 10:16 AM 13-00  
NANCY WORKMAN  
RECORDER, SALT LAKE COUNTY, UTAH  
E H FANKHAUSER  
243 E 400 S #200  
SLC, UT 84111  
REC BY: D KILPACK ,DEPUTY - WI

BK7357PG1011

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

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

LOCAL NUMBER <b>18-2239</b>		STATE OF UTAH - DEPARTMENT OF HEALTH		STATE NUMBER	
NAME OF DECEASED <b>Virginia Jeremy Wright ROBINSON</b>		SEX <b>Female</b>	RACE <b>Caucasian</b>	DATE OF DEATH (Month Day Year) <b>June 26, 1984</b>	
WILL DECEASED OF BLACKEN DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, indicate type: Malaria <input type="checkbox"/> Purpura <input type="checkbox"/> Cholera <input type="checkbox"/> Other <input type="checkbox"/> (If other, specify)		DATE OF BIRTH (Month Day Year) <b>December 18, 1907</b>		AGE (Last Birthday) <b>76</b> Yrs	IF BORN IN U.S. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF NUMBER OF MONTHS <input type="checkbox"/> DAYS <input type="checkbox"/> HOURS <input type="checkbox"/> MINUTES
PLACE OF BIRTH (State or foreign country) <b>Salt Lake City, Utah</b>		CITY OF BIRTH <b>U.S.A.</b>	EDUCATION (Specify only highest grade completed: Elementary or Secondary 10-12; College 13-16 or 17+) <b>14</b>	SOCIAL SECURITY NUMBER <b>529-02-7840</b>	
USUAL OCCUPATION (One kind of work done during most of working life - none if retired) <b>Homemaker</b>		KIND OF BUSINESS OR INDUSTRY <b>(At Home)</b>		NAME of surviving spouse (If, only enter maiden name) <b>Dr. Thomas E. Robinson, M.D.</b>	
NAME OF FATHER <b>Walter Wright</b>		MIDNIGHT OF MOTHER <b>Emily Jeremy</b>		Was decedent ever in U.S. Armed Forces? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
USUAL RESIDENCE - (Street address or location) <b>2514 Kensington Avenue</b>		INSIDE CITY LIMITS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT <b>Husband Dr. Thomas E. Robinson, M.D. 2514 Kensington Avenue Salt Lake City, Utah 84108</b>		
CITY OR TOWN <b>Salt Lake City</b>	COUNTY <b>Salt Lake</b>	STATE AND ZIP CODE <b>Utah 84108</b>	CITY OR TOWN <b>Salt Lake</b>		
NAME OF HOSPITAL, NURSING HOME or other institution where death occurred (If outside institution give street address or location) <b>Cottonwood Hospital Medical Center</b>		INPATIENT <input checked="" type="checkbox"/> OUTPATIENT <input type="checkbox"/> I/OA <input type="checkbox"/>	CITY OR TOWN <b>Murray, Utah</b>	COUNTY <b>Salt Lake</b>	
MEDICAL EXAMINER (I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the causes stated below based on examination of the body, and/or investigation of the circumstances) Decedent was pronounced dead at <b>10:00 AM</b> DATE <b>June 26, 1984</b>		PHYSICIAN OF MEDICAL EXAMINATION (Signature) <i>Joseph Perry</i>		TIME OF DEATH (24 hr clock) <b>2231</b>	
CERTIFIER (I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the causes stated below that I attended the patient, and I last saw the patient alive on <b>June 26, 1984</b> ) If not certified by medical examiner, was death reported to him? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes give the date and hour reported: M E Case No.		CERTIFIER'S name and title (Type or print) <b>J. Joseph Perry, M.D.</b>		DATE SIGNED (Month Day Year) <b>29 June 1984</b>	
HOUR <b>MO</b> DAY <b>YEAR</b>		SIGNATURE of Funeral Director <i>Robert A. ...</i>		UTAH DRIVER LICENSE NUMBER <b>5675</b>	
NAME AND LOCATION OF CEMETERY OR CREMATORIAL <b>Wasatch Lawn Memorial Park Salt Lake County, Utah</b>		LOCAL REGISTRAR - (Signature) <i>...</i>		Date accepted for registration by local registrar <b>June 25, 1984</b>	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE: (A) <b>Acute myocardial infarction</b>		Interval between onset and death <b>1 day</b>		Interval between onset and death	
CONTRIBUTING IF ANY WHICH WERE NOT TO THE IMMEDIATE CAUSE: (B) <b>Coronary artery disease</b>		Interval between onset and death		Interval between onset and death	
PART II. OTHER SIGNIFICANT CONDITIONS - CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.		AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		IF YES, were findings considered in determining cause of death? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Accident <input type="checkbox"/>	Pending Investigation <input type="checkbox"/>	DATE of Injury (Month Day Year)	TIME of Injury (24 Hour Clock)	INJURY AT WORK? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PLACE OF INJURY (Specify home, farm, factory, highway, street, office buildings, etc.)
Suicide <input type="checkbox"/>	Undetermined if Injured <input type="checkbox"/>				
Homicide <input type="checkbox"/>	Accident of Possibility <input type="checkbox"/>				
LOCATION OF INJURY - STREET AND NUMBER OR LOCATION AND CITY OR TOWN		Distance from place of injury to nearest residence (from 1st)		Were laboratory tests done for drugs or toxic chemicals? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DECEASED NOW BEING OCCUPIED (Enter category of person which resulted in injury, NATURE OF INJURY SHOULD BE EXTENDED TO THIS AREA)		Miles		Were laboratory tests done for alcohol? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
				If motor vehicle accident, specify if decedent was driver, passenger or pedestrian	

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.

*Thomas L. Schlerker* MD  
Thomas L. Schlerker, MD  
Director of Health

*Mary Lee J. Mackay*  
DEPUTY REGISTRAR



Date Issued

**MAR 01 1996**

**200260**

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