

82

1125

AFFIDAVIT

84111

Utah County
DEPUTY
MAIL
Hearhouse Bldg.
J. S. G. [Signature]

1969 JAN -3 AM 9:48

RECORDED AT THE REQUEST OF
Michael J. [Signature]

1125

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

Donna Z. Evans, having been first duly sworn, deposes and says:

1. That she is the surviving widow of Daniel Evans.
2. That said Daniel Evans is the same person as that person named in a certain certificate of death on file in the City County Health Department of Utah County, Bureau of Vital Statistics, under Registrar's No. 32 and who died on January 12, 1961.
3. That the said Daniel Evans is, to the personal knowledge of affiant, the same person as that person named as grantee in three certain Warranty Deeds records in the office of the Utah County Recorder and as pertaining to the following three described tracts of land in Utah County, State of Utah:

Tract 1

Com. at a pt which is S 574.2 ft & W 423.6 ft from E 1/2 cor of Sec 13, T 5 S, R 1 W, SLB&M; S 89°13' W 672 ft; S 23' E 650 ft; S 1°41' W 91.7 ft; S 89°07' W 608.7 ft; N 57' E 1709 ft; S 89°32' E 458.7 ft; N 7' W 678.8 ft; N 76°42' E 382.9 ft; S 89°34' E 415.8 ft; S 10' E 1708.7 ft to beg. Area 51.30 acres.

Tract 2

The SE 1/4 of Sec 25, T 4 S, R 3 W, SLB&M. Area 160 acres.

Tract 3

The S 1/2 of NE 1/4 & NW 1/4 of NE 1/4 of Sec 33, T 4 S, R 3 W, SLB&M. Area 120 acres.

4. That affiant is the same person as Donna Z. Evans, also named as grantee in the three said Warranty Deeds, and is the survivor of the joint tenancy created in each deed.

Donna Z. Evans

STATE OF UTAH ()
COUNTY OF Utah) ss.

On this 14th day of January, 1969, personally appeared before me Donna Z. Evans, the signer of the above instrument, who appearing to be of sound mind, capable of understanding and actually understanding, duly acknowledged to me that she executed the same.

My commission expires: Jan 16, 1971

[Signature]
Notary Public
Residing at [Signature]

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CITY-COUNTY HEALTH DEPARTMENT OF UTAH COUNTY
DEPARTMENT OF VITAL STATISTICS

REGISTRAR'S NO. 32

UTAH CERTIFICATE OF DEATH

STATE FILE NO.

This is a
Legal Record
and will be
Permanently
Filed

Write Plainly

Use Typewriter
or Unfading Ink

All items to
be complete
and accurate

Physician
Must sign
Personally

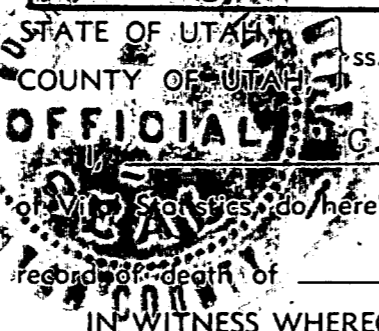
Send original
Certificate
to Local
Registrar
Immediately

Physicians should
State Cause of Death
in plain terms

Funeral
Director's No.
212

Embalmer's No.
320

1. PLACE OF DEATH a. COUNTY Utah		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Utah		b. COUNTY Utah	
b. CITY, TOWN, OR LOCATION Lehi		c. LENGTH OF STAY IN 1b Life		c. CITY, TOWN, OR LOCATION Lehi	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) R.F.D. Saratoga Road			d. STREET ADDRESS R.F.D. Saratoga Road		
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Daniel Evans			4. DATE OF DEATH January 12, 1961		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 15, 1917	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming cattleman		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Lehi, Utah	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Isreal Evans		14. MOTHER'S MAIDEN NAME Blanche Holmstead	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 528-22-3278		17. INFORMANT Donna Z. Evans, Lehi, Utah	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH Immediate
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Dec. 30, 1960, to Jan. 12, 1961 and last saw him alive on Jan. 10, 1961. Death occurred at 11:15 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Guy S. Richards, M. D.			22b. ADDRESS American Fork, Utah		22c. DATE SIGNED 1-16-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-16-61	23c. NAME OF CEMETERY OR CREMATORY Lehi City Cemetery		23d. LOCATION (City, town, or county) (State) Lehi Utah
24. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Wing Mortuary, Lehi, Utah			25. DATE RECD. BY LOCAL REG. 1-16-61		26. REGISTRAR'S SIGNATURE C. M. Smith, M. D.



C. M. Smith, M. D. City-County Health Dept of Utah County, Registrar

do hereby certify that the within and foregoing certificate of death is a true and correct copy of the record of death of Daniel Evans, as appears on the records at my office.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 23rd day of January, A.D. Nineteen Hundred Sixty-one

C. M. Smith, M. D.
Registrar of Vital Statistics
By Joyce Christensen, Deputy