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1482

STATE OF UTAH)
)ss
COUNTY OF UTAH)

1985 JAN 17 PM 3:48
NINA B. FIELD
UTAH COUNTY RECORDER
DEPUTY
PR. ALA. 10/22/84
T.S.S.C. [Signature]

1985 JAN 17 PM 3:48

RECORDED AT THE REQUEST OF
Isabell A. Williams

1482

ISABELL A. WILLIAMS, being first duly sworn upon
oath, deposes and says:

That she is a citizen of the United States of America and is over the age of
21 years;

That she knows of her own knowledge that WILLIAM JONES WILLIAMS
who appears in the certified copy of Death Certificate attached hereto, is one
and the same person as WILLIAM J. WILLIAMS, who, appears as one of the
Grantees and joint tenants in that certain Warranty Deed dated June 5, 1964,
and recorded June 8, 1964, in Book 975 at Page 402,
Entry No. 8695 in the office of the Recorder, Utah County, Utah.

That she is one and the same person as ISABELLE A. WILLIAMS,
who appears as one of the Grantees and joint tenants in the aforementioned Warranty
Deed and that she is the surviving joint tenant of the conveyance consummated
by said Warranty Deed.

Further affiant saith not.

DESCRIPTION:

Commencing 12 rods North of the Southwest Corner of Block 135, Plat "A",
Spanish Fork City Survey of Building Lots; thence North 4 rods; thence East
12 rods; thence South 4 rods; thence West 12 rods to the place of beginning.
Area 48 square rods.

BOOK 2191 PAGE 586

Isabell A. Williams
Isabell A. Williams



Subscribed and sworn to before me, a Notary Public, this 17th day of January

D. D. Farver
Notary Public

Commission Expires: 3-1-1986

Residing at: Provo, Utah

STATE OF UTAH

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH STATE OF UTAH - DEPARTMENT OF HEALTH

LOCAL FILE NUMBER 25-1040		STATE FILE NUMBER	
NAME OF DECEDENT FIRST: William MIDDLE: Jones LAST: Williams		SEX: Male	RACE (White, Black, Am. Indian, etc.) Specify: White
DATE OF BIRTH (Month, Day, Year) Feb 23, 1899		AGE (Last Birthday) 85 yrs	DATE OF DEATH (Month, Day, Year) 11-16-84
CITIZEN OF what country USA		EDUCATION (Specify only Highest grade completed) 12	SOCIAL SECURITY NUMBER 628-28-1117
USUAL RESIDENCE (Street address or location) 840 North 100 West		NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Mrs William Williams 840 North 100 West Spanish Fork, Utah Wife	
CITY OR TOWN: Spanish Fork COUNTY: Utah STATE AND ZIP CODE: Utah 84660		CITY OR TOWN: Utah COUNTY: Utah	
NAME OF HOSPITAL, nursing home or other institution where death occurred Mr View Hospital		PHYSICIAN OR MEDICAL EXAMINER SIGNATURE <i>Enoch A. Ludlow</i>	
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, that I attended the decedent, and I feel sure the decedent died at the hour, date and place reported to me.		CERTIFIER'S name and title (Type or print) Dr. Enoch A. Ludlow	
DATE: 11-19-84		DATE SIGNED (Month, Day, Year) 11-16-84	
SIGNATURE OF Funeral Director <i>Joseph K. Miner, M.D.</i>		FUNERAL HOME—Name, address and phone number Walker Mortuary Spanish Fork, Ut.	
NAME AND LOCATION OF CEMETERY OR CREMATORY Spanish Fork City Cemetery		LOCAL REGISTRAR—Signature <i>Joseph K. Miner, M.D.</i>	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) (Enter only one cause and file for A, B and C) Coronal failure		Interval between onset and death w/c	
CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (B) (AL. STATING THE IMMEDIATE CAUSE LAST.) Intoxication		Interval between onset and death m/r	
PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I. Renal system		Interval between onset and death m/r	
ACCIDENT? <input type="checkbox"/> Homicide? <input type="checkbox"/> Poisoning? <input type="checkbox"/> Undetermined if Injured? <input type="checkbox"/> Accident or Purposeful? <input type="checkbox"/>		PLACE OF INJURY (Specify home, farm, factory, highway, street, office buildings, etc.) Home	
LOCATION OF INJURY—STREET AND NUMBER OR LOCATION AND CITY OR TOWN.		Were laboratory tests done for drug or toxic substances? <input type="checkbox"/>	
DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 2B)		Were laboratory tests done for alcohol? <input type="checkbox"/>	
		If motor vehicle accident, specify if decedent was driver, passenger or pedestrian. <input type="checkbox"/>	

SDH-BHS 90(6-83)

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

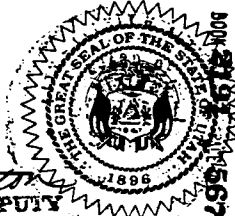
Date Issued: **JAN 17 1985**

1482

By *Joseph K. Miner, M.D.*

John E. Brockert
John E. Brockert
DIRECTOR OF VITAL STATISTICS

By *Joseph K. Miner, M.D.* **DEPUTY**



WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES.