

Mail Recorded Deed & Tax Notice To:  
Debra L. P. Roberts  
7997 South Royal Lane  
Salt Lake City, UT 84093



File No.: 169457-CPF

## PERSONAL REPRESENTATIVE'S DEED

This Deed made by **Debra L. P. Roberts**, as Personal Representative of the Estate of **Gladys Louise Mathews Popp** (also known as **Gladys Louise Popp** and is known on the attached Death Certificate as **Gladys Louise Mathews Popp**),

**GRANTOR(S)**, of Salt Lake City, State of Utah,

to **Debra L. P. Roberts, Brent Delbert Popp and Vicki L. P. VanOrden, all as tenants in common,**

**GRANTEE(S)**, of Garden City, State of Utah

Whereas, Grantor is the qualified personal representative of said estate as shown in the Letters of Administration or Letters Testamentary, filed as Probate Number 013901278 in the Third District Court, Utah:

Therefore, for valuable consideration received, Grantor sells and conveys to Grantee the following described real property in Rich County, State of Utah:

**Lot 8, SWEETWATER PARK SUBDIVISION NO. 6, according to the official plat thereof on file and of record in the office of the Rich County Recorder.**

**TAX ID NO.: 36-05-060-0008** (for reference purposes only)

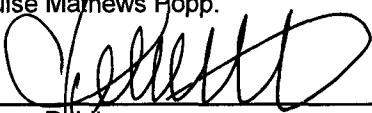
**SUBJECT TO:** Property taxes for the year 2023 and thereafter; covenants, conditions, restrictions and easements of record; and all applicable zoning laws and ordinances.

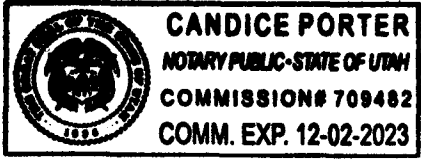
Dated this June 8, 2023.

Debra L. P. Roberts  
Debra L. P. Roberts, Personal Representative

STATE OF Utah  
COUNTY OF Salt Lake

On this June 8, 2023, before me, personally appeared Debra L. P. Roberts, proved on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and acknowledged before me that she executed the same as Personal Representative of the Estate of Gladys Louise Mathews Popp.

  
\_\_\_\_\_  
Notary Public



# STATE OF UTAH — DEPARTMENT OF HEALTH

## STATE OF UTAH — DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Access to information  
in this form is limited by order  
of the Utah State Board of Health  
and Rules.

LOCAL FILE NUMBER **18-2071**

STATE FILE NUMBER

1. NAME OF DECEDENT FIRST MIDDLE LAST <b>Gladys Louise Mathews POPP</b>			2. SEX <b>female</b>	3a. DATE OF DEATH (Mo., Day, Yr.) <b>May 3, 2001</b>	3b. TIME OF DEATH (24 hr. clock) <b>0825</b>
4. DATE OF BIRTH (Mo., Day, Yr.) <b>January 26, 1915</b>		5. AGE - Last Birthday <b>86</b>	6. BIRTHPLACE (City & State or Foreign Country) <b>Salt Lake City, Utah</b>	7. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	
8a. PLACE OF DEATH (check only one) <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA			8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) <b>7997 South Royal Lane</b>		
8c. CITY, TOWN, OR LOCATION OF DEATH <b>Salt Lake City</b>			8d. COUNTY OF DEATH <b>Salt Lake</b>		
9. SURVIVING SPOUSE (if wife, give maiden name)					
10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		11. MARITAL STATUS <input type="checkbox"/> 1. Never Married <input checked="" type="checkbox"/> 3. Widowed <input type="checkbox"/> 2. Married <input type="checkbox"/> 4. Divorced		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired) <b>School Teacher</b>	
12b. KIND OF BUSINESS OR INDUSTRY <b>Elementary Education</b>					
13a. RESIDENCE - STREET AND NUMBER <b>2215 East 3380 South</b>		13b. CITY, TOWN OR COMMUNITY <b>Salt Lake City</b>		13c. COUNTY <b>Salt Lake</b>	13d. STATE <b>Utah</b>
14. WAS DECEDENT OF HISPANIC ORIGIN? (if yes, specify) <input type="checkbox"/> 1. Mexican <input type="checkbox"/> 2. Cuban <input checked="" type="checkbox"/> 2. No <input type="checkbox"/> 3. Puerto Rican <input type="checkbox"/> 4. Other (Specify)		15. RACE - Black, White, Am. Indian (tribe may be entered), Japanese, etc. (Specify) <b>White</b>		16. EDUCATION (specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17+) <b>16 +</b>	
17. FATHER'S NAME (First, Middle, Last) <b>Hyrum Perkins Mathews</b>			18. MAIDEN NAME OF MOTHER (First, Middle, Last) <b>Emily Louise Ekstrand</b>		
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT <b>Debra Roberts (daughter) 7997 South Royal Lane, Salt Lake City, Utah 84093</b>					
20. METHOD OF DISPOSITION <input type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other <input checked="" type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal		21a. DATE OF DISPOSITION <b>May 9, 2001</b>		21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) <b>Elysian Burial Gardens</b>	21c. LOCATION - City or Town, State <b>Salt Lake City, Utah</b>
22. SIGNATURE OF FUNERAL SERVICE LICENSÉE <b>Gregory C. Ballard</b>			23. LICENSÉE NUMBER <b>339526</b>	24. FUNERAL HOME (Name and address) <b>Wasatch Lawn Mortuary 3401 Highland Drive Salt Lake City, Utah 84106</b>	
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN <b>April 25, 2001</b>		26. If not certified by medical examiner, was death reported to M.E.? (if yes, enter the date and hour reported) <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No M.E. CASE NO. _____ HR. _____ MO. _____ DAY _____ YEAR _____			
27a. CERTIFIER <input checked="" type="checkbox"/> 1. 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 type="checkbox"/> 2. 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 <b>Cherie P. Brunkman MD</b>			27c. LICENSE NUMBER <b>155787 1205</b>	27d. DATE SIGNED (Month, Day, Year) <b>May 9, 2001</b>	
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print) <b>Cherie P. Brunkman MD 8th Ave + 1st, SLC, UT 84143</b>					
29. REGISTRAR'S SIGNATURE <b>[Signature]</b>			30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)	30b. DATE FILED (Mo., Day, Yr.) <b>May 10, 2001</b>	
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) a. <b>Congestive Heart Failure</b> DUE TO (OR AS A CONSEQUENCE OF): <b>24 years</b> b. <b>Hypertension</b> DUE TO (OR AS A CONSEQUENCE OF): <b>30 years</b> c. _____ DUE TO (OR AS A CONSEQUENCE OF): _____ d. _____ 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. <input type="checkbox"/> 1. Probably contributed to the cause of death. <input checked="" type="checkbox"/> 5. NON USER <input type="checkbox"/> 2. Was the underlying cause of death. <input type="checkbox"/> 3. Did not contribute to the cause of death. <input type="checkbox"/> 6. UNKNOWN IF USER <input type="checkbox"/> 4. Is unknown in relation to the cause of death.					
32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: <input type="checkbox"/> 1. Probably contributed to the cause of death. <input checked="" type="checkbox"/> 5. NON USER <input type="checkbox"/> 2. Was the underlying cause of death. <input type="checkbox"/> 3. Did not contribute to the cause of death. <input type="checkbox"/> 6. UNKNOWN IF USER <input type="checkbox"/> 4. Is unknown in relation to the cause of death.		33a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		
34. MANNER OF DEATH <input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Undetermined if injured Purposely or Accidently <input type="checkbox"/> 6. Pending Investigation		35a. DATE OF INJURY (Mo., Day, Yr.)	35b. TIME OF INJURY (24 Hour Clock)	35c. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. 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. If motor vehicle accident specify if decedent was driver, passenger or pedestrian.			
35g. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY should be entered in item 31)					

USE PERMANENT BLACK INK

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: **MAY 11 2001**

County - Salt Lake

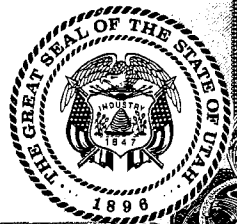
Registrar **[Signature]**

**Barry E Nangle**

Barry E. Nangle  
DIRECTOR OF VITAL RECORDS  
By

**Ellen Freeman**

**L064421**



WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES. ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.

~~XXXXXXXXXX~~

SEP 21 2001

SALT LAKE COUNTY

By BR Deputy Clerk

E. Jay Sheen (No. 3749), of  
ROBINSON & SHEEN, L.L.C.  
1366 East Murray-Holladay Road  
Salt Lake City, Utah 84117  
Telephone: (801) 273-0855

Attorneys for Debra L. P. Roberts, Applicant

IN THE THIRD JUDICIAL DISTRICT COURT OF SALT LAKE COUNTY

STATE OF UTAH

In The Matter of the Estate of	:	LETTERS TESTAMENTARY
	:	
GLADYS LOUISE MATHEWS POPP,	:	
	:	
Deceased.	:	Probate No. 013901278
	:	
	:	Judge Roger A. Livingston

1. Debra L. P. Roberts was duly appointed and qualified as General Personal Representative of the Estate of the above-named decedent on September 21, 2001, by the Court with all authority pertaining thereto.

2. Administration of the Estate is unsupervised.

These letters are issued to evidence the appointment, qualification, and authority of the personal representative named above.

WITNESS, my signature and the Seal of the Court, this 21 day of September, 2001.

I CERTIFY THAT THIS IS A TRUE COPY OF AN ORIGINAL DOCUMENT ON FILE IN THE THIRD JUDICIAL DISTRICT COURT, SALT LAKE COUNTY, STATE OF UTAH.  
DATE: May 13 2023

[Signature]  
DEPUTY COURT CLERK

