

1318066

Recorded at Request of Carl B. Fuller FEB 16 1958

at 10.50 M. Fee Paid \$ 1.30 HAZEL TAGGART CHASE, Recorder, Salt Lake County, Utah

by APD Jorgensen Dep. Book 786 Page 58 Ref.:

Mail tax notice to _____ Address 215 E 6th South

WARRANTY DEED

ALBERT E. BANGERTER and SERAPH IOWN BANGERTER, his wife, grantors
of Salt Lake County of State of Utah, hereby
CONVEY and WARRANT to CARL B. FULLER and EDYTH L. FULLER, his wife, as joint
tenants and not as tenants in common and to the survivor of them,

grantees
of Salt Lake County, State of Utah

for the sum of Ten and no/100 (\$10.00) ----- DOLLARS

and other good and valuable considerations,
the following described tract of land in Salt Lake County,
State of Utah, to-wit:

Commencing at a point 49.5 rods East of the Northwest corner
of the Southwest quarter of Section 33, Township 1 South, Range 1
West, Salt Lake Meridian, and running thence East 4 rods; thence
South 305 feet; thence West 4 rods; thence North 305 feet to the
place of beginning.

Subject to a reservation for an easement over and across the
North 10 feet of the above described premises for the purpose of in-
stalling and maintaining a drainage ditch to serve the above described
property and other property.

Also, subject to a reservation for an easement over and across
the South 5 feet of the above described premises for the purpose of
installing and maintaining an irrigation ditch to serve the above
described property and other property.

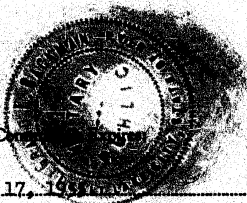


WITNESS the hands of said grantors, this 14 day of February A. D. 1953.

Signed in the presence of
Charles P. Duesman Albert E. Bangter
Seraph Iown Bangter

STATE OF UTAH {
COUNTY OF SALT LAKE SS.

On the 14 day of February A. D. 1953, personally
appeared before me Albert E. Bangter and Seraph Iown
Bangter, his wife,
the signers of the within instrument who duly acknowledged
to me that he yexecuted the same.

My Comm. 
Charles P. Duesman
Notary Public
Residing at Salt Lake City, Utah

12430647
12/09/2016 09:28 AM \$14.00
Book - 10509 Pg - 1323-1325
GARY W. OTT
RECORDER, SALT LAKE COUNTY, UTAH
CARL B FULLER
3040 W 3835 S
WVC UT 84119
BY: CBA, DEPUTY - WI 3 P.

AFFIDAVIT OF IDENTITY

STATE OF UTAH)
COUNTY OF SALT LAKE)

I, Carl Brockbank Fuller, being first duly sworn, do depose and say:

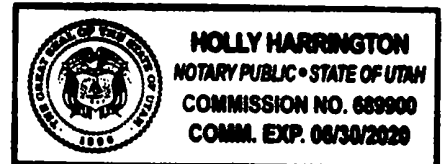
1. I currently live at 3040 S. 3835 S., West Valley City, Utah 84119
2. I am the ex-husband of Edyth Ruth Larkin Fuller, also known as Edyth L. Fuller
3. CERTIFICATE OF DEATH ATTACHED.
4. The property involved herein is all of VTDI 15-33-301-021-0000 DIST 24

Dated the 7th day of December, 20 16.

Carl B Fuller
Carl Brockbank Fuller

On the 7th day of December, 20 16, Carl Brockbank Fuller, the signer of the above instrument, personally appeared before me and duly acknowledge to me that she executed the same.

Holly Harrington
NOTARY PUBLIC



STATE OF UTAH CERTIFICATION OF VITAL RECORD

BK 10509 PG 1324

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Access to information on this form is tracked under the Utah Records Act and Rules.

18-4105

STATE FILE NUMBER

1. NAME OF DECEDENT Edyth Ruth Larkin FULLER				2. SEX Female		3a. DATE OF DEATH (Mo., Day, Yr.) September 6, 2002		3b. TIME OF DEATH (24 hr. clock) 0905	
4. DATE OF BIRTH (Mo., Day, Yr.) January 20, 1923		5. AGE - Last Birthday 79		6. BIRTHPLACE (City & State or Foreign Country) Oakland, California		7. SOCIAL SECURITY NUMBER confidential			
6a. PLACE OF DEATH (check only one) <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input checked="" type="checkbox"/> 3. DOA <input type="checkbox"/> 4. Nursing Home <input type="checkbox"/> 5. Residence (any)				6b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) Pioneer Valley Hospital					
8a. CITY, TOWN, OR LOCATION OF DEATH West Valley City				8b. COUNTY OF DEATH Salt Lake		9. SURVIVING SPOUSE (if wife, give maiden name) Carl B. Fuller			
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"/> 2. Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired) Homemaker		12b. KIND OF BUSINESS OR INDUSTRY Own Home			
13a. RESIDENCE - STREET AND NUMBER 3040 West 3835 South				13b. CITY, TOWN OR COMMUNITY West Valley City		13c. COUNTY Salt Lake		13d. STATE Utah	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		13f. ZIP CODE 84119		14. WAS DECEDENT OF HISPANIC ORIGIN? (if yes, Specify) <input type="checkbox"/> 1. Mexican <input type="checkbox"/> 2. Cuban <input type="checkbox"/> 3. Puerto Rican <input type="checkbox"/> 4. Other (Specify)		15. RACE (Race may be entered, Japanese, etc. (Specify)) White		16. EDUCATION (Specify only highest grade completed) Elementary or Secondary (10-12) College (13-16 or 17+) -12-	
17. FATHER'S NAME (First, Middle, Last) Joseph Elijah Larkin				18. MAIDEN NAME OF MOTHER (First, Middle, Last) Anna Louise Mueller					
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Carl B. Fuller, husband - 3040 West 3835 South, West Valley City, Utah									
20. METHOD OF DISPOSITION <input type="checkbox"/> 1. Entombment <input checked="" type="checkbox"/> 2. Burial <input type="checkbox"/> 3. Donation <input type="checkbox"/> 4. Cremation <input type="checkbox"/> 5. Other <input type="checkbox"/> 6. Removal			21a. DATE OF DISPOSITION Sept. 10, 2002		21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Valley View Memorial Park		21c. LOCATION - City or Town, State West Valley City, Utah		
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Spencer S. McDougall</i>				23. LICENSEE NUMBER 103421		24. FUNERAL HOME (Name and address) McDougall Funeral Home 4330 S. Redwood Road SLC, Utah 84123			
25. DATE DECEASED LAST ATTENDED BY CERTIFYING PHYSICIAN 8/26/02			26. If not certified by medical examiner, was death reported to M.E.? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No If yes, enter the date and hour reported. M.E. CASE NO. _____ HR. _____ MO. _____ DAY _____ YEAR _____						
27. 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.									
27a. SIGNATURE AND TITLE OF CERTIFIER <i>Eric Colin McDougall, MD</i>			27b. LICENSE NUMBER 99-372613-1205			27c. DATE SIGNED (Month, Day, Year) 9/9/2002			
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print) 3920 S. 1100 E., SLC UT 84124 Eric Colin McDougall, MD									
29. REGISTRAR'S SIGNATURE <i>Patricia Carey EF</i>				30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) September 9, 2002		30b. DATE FILED (Mo., Day, Yr.) September 9, 2002			
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. CONGESTIVE HEART FAILURE Approximate Interval Between Onset and Death: 1 MONTH b. _____ c. _____ d. _____ Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST									
PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I HYPERTENSION			32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: <input type="checkbox"/> 1. Probably contributed to the cause of death. <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"/> 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 <input type="checkbox"/> 6. Pending Investigation If injured Purpose or Accidently			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. LOCATION (Street or rural route number, city or town, county and state.)						35e. If motor vehicle accident specify if decedent was driver, passenger or pedestrian.			
35f. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY should be entered in Item 31)									

UDH-BVR
DATE ISSUED
OCT 12 2016

This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics. Security features of this official document include: High Resolution Border, V & R images in top cycloids, and microtext. This document displays the date, seal, and signature of the Utah State Registrar of Vital Records and Statistics.

Richard J. Oborn
Richard J. Oborn, MPA
State Registrar
Rev. 1/16



065269262

Gary L. Edwards
Gary L. Edwards
Director/Health Officer
County/District Health Department



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VTDI 15-33-301-021-0000 DIST 24 TOTAL ACRES 0.23
FULLER, CARL B. & EDYTH L. TAX CLASS UPDATE REAL ESTATE 65800
LEGAL BUILDINGS 94200
PRINT P TOTAL VALUE 160000

3040 W 3835 S NO:
WEST VALLEY UT 84119453840 EDIT 1 FACTOR BYPASS
LOC: 3040 W 3835 S EDIT 0 BOOK 00000 PAGE 0000 DATE 00/00/0000
SUB: SEC 33 TOWNSHIP 1S RANG 1W TYPE SECT PLAT
10/07/2016 PROPERTY DESCRIPTION FOR TAXATION PURPOSES ONLY
COM 49.5 RDS E & 155 FT S FR W 1/4 COR SEC 33 T 1S R 1W SL
MER E 4 RDS S 150.75 FT W 4 RDS N 150.75 FT TO BEG 0.23 AC

PFKEYS: 1=RXPH 4=VTAU 6=NEXT 7=RTRN VTAS 8=RXMU 10=RXBK 11=RXPN 12=PREV