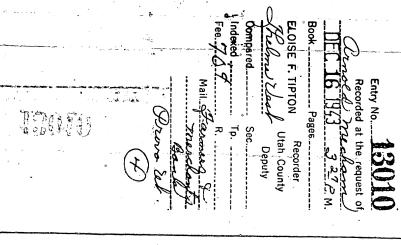
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AFFIDAVIT

STATE OF UTAH,)
: SS.
COUNTY OF UTAH,)

MARK D. EGGERTSEN, being first duly sworn deposes and says that he is a citizen of the United States of America and over the age of twenty-one (21) years;

That he is well acquainted with WILLARD L. SCWARDS and FANNIE SCWARDS, the grantor and the grantee, respectively, in that certain Quit-claim Deed dated September 5th, 1934 and recorded September 8th, 1934 in Book 303 at page 193 and knows that the said grantor and the said grantee were husband and wife at the time said deed was executed and recorded.

This Affidavit is made for the purpose of showing the martial status of said parties as the same was not given in said deed.

64 64 Subscribed and sworn to before me this 8th day of December, A. D.,

N1943\ R Y

My Commission Expires October 29th, 1946. Meston Sarrett Notary Public, Residing at Provo, Utah

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EASEMENT DEED

THIS DEED, Made this 20 day of White A.D., 1943, between THE SALT LAKE & UTAH RAILROAD CORPORATION, a corporation of the State of Delaware, party of the first part, as Grantor, and THE DENVER AND RIO GRANDE WESTERN RAILROAD COMPANY, a corporation of the State of Delaware, party of the second part, Grantee:

That the said party of the first part for and in consideration of the sum of ONE DOLLAR (\$1.00) and other good and valuable consideration to the said party of the first part in hand paid by the said party of the second part, the receipt whereof is hereby confessed and acknowledged, has granted and by these presents does grant unto the said party of the second part, its successors and assigns, the right, privilege and easement to use and to permit to be used certain land of the party of the first part for the construction, operation and maintenance of railroad interchange tracks with necessary roadbed and appurtenances and a pole line of the Western Union Telegraph Company with necessary appurtenances and attachments thereto, said land being described as follows:

A strip of land of varying width within the southwest quarter of the southeast quarter of Section 7, Township 7 South, Range 3 East, Salt Lake Base and Meridian, being all that portion of the Grantor's right of way lying between the easterly right of way line of said The Denver and Rio Grande Western Railroad Company and a line parallel with and 17 feet southwesterly at right angles from the center line of the main track of said Grantor - said center line being described as follows, to-wit:

Beginning at a point in said center line of track at Grantor's Engineers Station 59 + 43.0 which said point bears North 39°18' West 616 feet from a point on the South line of said quarter section 1038.4 feet East from the southwest corner of said quarter section; thence North 39°18' west along said center line of main track a distance of 1072.4 feet to a point in the west line of said quarter section 1317.2 feet north from the southwest corner of said quarter section -- containing 0.57 of an acre more or less, at Provo, Utah County, Utah.

TO HAVE AND TO HOLD THE SAME, together with all and singular the appurtenances and privileges thereunto belonging or in anywise thereunto appertaining, and all the estate, right, title, interest, and claim whatsoever of the said party of the first part, either in law or equity, in and to the easement herein and hereby granted to the only proper use and benefit of the said party of the second part, its successors and assigns, so long as said tracks and appurtenances are used as interchange tracks for party of the first part and party of the second part.

IN WITNESS WHEREOF, the said party of the first part has caused these presents to be executed by the hand of its President and its corporate seal to be hereunto affixed and attested by its Secretary the day and year first above written.

THE SALT PARE & UTAH RAILROAD CORPORATION

ATTEST:

BY

COUNTY OF

277

APPROVED AS TO FORM Rhindra GENERAL ATTORNEY

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ct P	2 FULL NAME Pakert and	2 FULL NAME flabert Bough											
NDING PERMANENT RECORD. hould be stated EXACTLY. PHYSICIANS be properly classified. Exact statement of													
	3 Residence: No.	St.,											
	(a) In city or town when the state (1/4) A												
	(a) In city or town where death occurred 42/srs. 10 mos. 12 (s. (b) In Utah PERSONAL AND STATISTICAL PARTICULARS	yrs. mos. ds. (c) In U. S., if of foreign birth yrs. mos. ds											
	4 SEX 15 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED	MEDICAL CERTIFICATE OF DEATH											
	Mal OR DIVORCED (Write the word)	19 DATE OF DEATH (month, day, and year) Jun. 17											
NE st erl	Ga If Married, Widowed, or Divorced	20 I HEREBY CERTIFY, That I attended deceased from											
1.4 1.4 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5	HUSBAND OF (or) WIFE OF	Jan. 16 1928 to Jan 17 1928											
E S	7 DATE OF BIRTH	Vlast saw ham alive on Jan 17											
	(month, day, and year) Max, 5-1885 1	1											
	Months Days If LESS than	death occurred on the date stated above, at # m. The principal cause of death and related causes of importance Duration											
S A GE ma	42- 1/2 /1 day,hrs.	Were as 10110Ws:											
FOR S 1S AGJ t it n	9 OCCUPATION OF DECEASED	Monown But Natural											
VED THIS plied.	(a) Trade, profession, or particular kind of work done, as engineer (type of) miner, bookkeeper, etc												
NN	(kind of) bank ata												
MARGIN RESERVED UNFADING INK—TH d be carefully supplied I in plain terms, so the See instructions on b	this deceased last worked at (d) Total time (years)												
	year) occupation occupation	Other contributory causes of importance:											
	10 BIRTHPLACE (City or town) Lehr	not known											
NF/ NF/ NF/ NF/ be	(State or Country) Wah	If operation, date of None											
M D PH	FATHER GAMES GALLE	Condition for which performed											
a Light	OF FATHER	Was there an autopsy? No											
Y WITH U tion should of DEATH important.	(State or Country)												
	S OF MOTHER PARTY PARTY	If death was due to external causes (violence) fill in also the following:											
3 60	14 BIRTHPLACE	Accident, suicide, or homicide? Date of injury											
PLAINLY informati AUSE OF	OF MOTHER (State or Country)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in injury occurred in injury occurred in injury occurred.											
A Suppose	15 INFORMANT (Signature) James Gruah	Specify whether injury occurred in industry, in home, or in public place.											
N. B.—WRITE PLAINI. Every item of informshould state CAUSE OCCUPATION is very	Address Leli 114 &												
	16 BURIAL, CREMATION, OR REMOVAL	Mannar of injum.											
	Place Lehr, Utal Date Man 19 1928	Manner of injury											
WR it st PA	13 62 0	Nature of injury											
	17 UNDERTAKER FT H Wing	Was disease or injury in any way related to occupation of deceased?											
6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Address Tehn Wille												
× × × × ×	18 FILED JEN. 19. 19. 28 Milley Kirkhan	If so, specify											
	REGISTRAR.	(Signed) J.D. Worlton, M. D.											
	REGISTERED NUMBER 2	Aan, 1, 1928 Address Lehi, utal											
		The state of the s											

STATEMENT OF OCCUPATION—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question (a) and own home in answer to Question (b). For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

(a) The trade, profession, or particular kind of work done. The industry or business in which the work was done.

The month and year the deceased last worked at the occupation.

(d) The number of years the deceased followed the occupation.
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a

etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH—Name first the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic Interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (Secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia." (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.) "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths, state means of injury and