

WHEN RECORDED, MAIL TO:  
MARVIN S. PRISKE  
2454 E. Barcelona Dr.  
SANDY, UT 84093

13428876  
10/16/2020 3:06:00 PM \$40.00  
Book - 11040 Pg - 3588-3591  
RASHELLE HOBBS  
Recorder, Salt Lake County, UT  
FABIAN & CLENDENIN  
BY: eCASH, DEPUTY - EF 4 P.

Parcel No. 22-34-453-004-0000

**WARRANTY DEED**  
(Special)

Marvin Priske, GRANTOR, hereby CONVEYS and WARRANTS against all claiming by, through or under his to Marvin S. Priske, as Trustee of the Priske Family Trust, dated September 11<sup>th</sup>, 2014, as GRANTEE, for the sum of TEN DOLLARS (\$10.00) and other good and valuable consideration, the following parcel of real property located in Salt Lake County, state of Utah, more particularly described as follows:

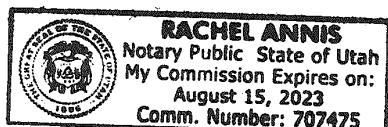
Lot 102, WILLOW CREEK SUBDIVISION NO. 11, and the  
Southeasterly 9 feet of lot 101, WILLOW CREEK SUBDIVISION  
NO. 11, according to the official plat thereof on file and of record  
in the office of the Salt Lake County Recorder.

WITNESS, the hand of said GRANTOR, this 16<sup>th</sup> day of October 2020.

  
\_\_\_\_\_  
Marvin S. Priske

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

On the 16<sup>th</sup> day of October, 2020, before me, the undersigned, a Notary Public in  
and for the said state, personally appeared Marvin S. Priske, known to me to be the person whose  
name is subscribed to the foregoing instrument, who duly acknowledged to me that he executed  
the same.



  
\_\_\_\_\_  
Rachel Annis  
Notary Public

**WHEN RECORDED, MAIL TO:**

MARVIN S. PRISKE  
2454 E. Barcelona Dr.  
SANDY, UT 84093

Parcel No. 22-34-453-004-0000

**AFFIDAVIT OF DEATH**

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

Marvin S. Priske, the affiant herein, being duly sworn, states

1. That he knew and was the husband of Connie L. Priske, also known as Connie Lou Priske.
3. That Connie L. Priske died on 10/10/2016 and attached hereto as Exhibit "A" is a true and correct Certificate of Death for her.
4. That as the result of the death of Connie L. Priske, the following described real property, all located in Salt Lake County, state of Utah, more particularly known as:

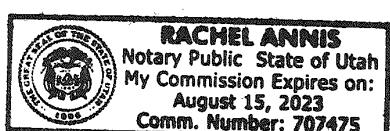
Lot 102, WILLOW CREEK SUBDIVISION NO. 11, and the Southeasterly 9 feet of lot 101, WILLOW CREEK SUBDIVISION NO. 11, according to the official plat thereof on file and of record in the office of the Salt Lake County Recorder.

passed as the result of joint tenancy to Marvin S. Priske, as the sole surviving husband and joint tenant.

DATED this 16<sup>th</sup> day of October, 2020.

  
\_\_\_\_\_  
Marvin S. Priske

On this 16<sup>th</sup> day of October, 2020, personally appeared Marvin S. Priske, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is signed on the preceding document, and acknowledged to me that he signed it voluntarily and for its stated purpose.



  
\_\_\_\_\_  
Rachel Annis  
Notary Public

**BK 11040 PG 3589**

Exhibit "A"  
(see attached certificate of death)

## CERTIFICATION OF VITAL RECORDS

## STATE OF ARIZONA

STATE OF ARIZONA  
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS  
CERTIFICATE OF DEATH

State File No. 102- 2016-044467

|  |  |                   |  |  |                             |  |                   |  |
|--|--|-------------------|--|--|-----------------------------|--|-------------------|--|
| 1. DECEASED'S LEGAL NAME (FIRST, MIDDLE, LAST)   |  | 2. AKA'S (IF ANY) |  |  |                             | 3. DATE OF DEATH   |                   |  |
| CONNIE LOU PRISKE  |  |                   |  |  |                             | 10/10/2016   |                   |  |
| 4. SEX   | 5. SOCIAL SECURITY NUMBER:   | 6. DATE OF BIRTH  | 7. AGE   | UNDER 1 YEAR   | 8. MONTHS                   | 9. DAYS  | 10. HOURS         | 11. MINUTES                              |
| FEMALE   | 501-26-0615  | 09/14/1929        | 87   |  |                             |  |                   |  |
| 12. PLACE OF DEATH - HOSPITAL:<br><input type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL   |  |                   | 13. PLACE OF DEATH - OTHER THAN HOSPITAL:<br>NURSING HOME OR LONG TERM CARE FACILITY <input type="checkbox"/> RESIDENCE <input checked="" type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER  |  |                             |  |                   |  |
| 14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY):<br>THE VILLA HOSPICE HOME   |  |                   | 15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH:<br>MESA 85210  |  |                             | 16. COUNTY OF DEATH:<br>MARICOPA   |                   |  |
| 17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY):<br>CROOKSTON, MINNESOTA  |  |                   | 18. MARITAL STATUS AT TIME OF DEATH:<br>MARRIED  |  |                             | 19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE):<br>MARVIN S. PRISKE  |                   |  |
| 20. DECEASED'S USUAL RESIDENCE STREET ADDRESS:<br>2454 E BARCELONA DR  |  |                   | 21. CITY AND COUNTY:<br>SANDY, SALT LAKE   |  |                             | 22. STATE  | 23. ZIP CODE      | 24. EVER IN THE ARMED FORCES<br>84093 NO |
| 25. WAS DECEASED OF HISPANIC ORIGIN?<br><input type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO<br><input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO<br><input type="checkbox"/> YES, PUERTO RICAN<br><input type="checkbox"/> YES, CUBAN<br><input type="checkbox"/> YES, OTHER (SPECIFY)<br><br><input type="checkbox"/> UNKNOWN |  |                   | 26. DECEASED'S RACE(S):<br><input checked="" type="checkbox"/> WHITE<br><input type="checkbox"/> BLACK, AFRICAN AMERICAN<br><input type="checkbox"/> NATIVE HAWAIIAN<br><input type="checkbox"/> ASIAN INDIAN<br><input type="checkbox"/> CHINESE<br><input type="checkbox"/> FILIPINO<br><input type="checkbox"/> JAPANESE<br><input type="checkbox"/> GUAMIANOR CHAMORRO<br><input type="checkbox"/> KOREAN<br><input type="checkbox"/> VIETNAMESE<br><input type="checkbox"/> SAMOAN<br><input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE |  |                             | 27. IF AMERICAN INDIAN OR ALASKA NATIVE,<br>SPECIFY UP TO 4 TRIBES.<br>PRIMARY OR ENROLLED TRIBE:<br><br>ADDITIONAL TRIBE:<br><br>ADDITIONAL TRIBE:<br><br>ADDITIONAL TRIBE: |                   |  |
| 28. OCCUPATION:<br>HOMEMAKER   |  |                   |  |  |                             |  |                   |  |
| 29. FATHER'S NAME (FIRST, MIDDLE, LAST):<br>CHARLES BECK   |  |                   | 30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE):<br>GLADYS SCHANK   |  |                             |  |                   |  |
| 31. INFORMANT'S NAME:<br>MARVIN S. PRISKE  |  |                   | 32. RELATIONSHIP   | 33. INFORMANT'S MAILING ADDRESS:<br>2454 E BARCELONA DR, SANDY, UTAH 84093   |                             |  |                   |  |
| 34. NAME AND ADDRESS OF FUNERAL FACILITY:<br>WYMAN CREMATION & BURIAL CHAPEL 115 S. COUNTRY CLUB DRIVE,<br>MESA, AZ  |  |                   | 35. FUNERAL DIRECTOR:  |  |                             | 36. LICENSE NUMBER:<br>SAMUEL R BUELER, FUNERAL DIRECTOR F1076   |                   |  |
| 37. METHOD(S) OF DISPOSITION:<br>CREMATION   | 38. NAME AND LOCATION OF 1st DISPOSITION FACILITY:<br>PARADISE MEMORIAL CREMATORIY, INC., SCOTTSDALE,<br>ARIZONA |                   |  | 39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY:<br>NONE                   |                             |  |                   |  |
| MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I  |  |                   |  |  |                             |  |                   |  |
| IMMEDIATE CAUSE OF DEATH   | 40. A<br>UNSPECIFIED NATURAL CAUSES  |                   |  |  |                             | 41. APPROXIMATE INTERVAL:<br>UNKNOWN   |                   |  |
| DUE TO OR AS A CONSEQUENCE OF:   | 42. B  |                   |  |  |                             | 43. APPROXIMATE INTERVAL:<br>  |                   |  |
| DUE TO OR AS A CONSEQUENCE OF:   | 44. C  |                   |  |  |                             | 45. APPROXIMATE INTERVAL:<br>  |                   |  |
| DUE TO OR AS A CONSEQUENCE OF:   | 46. D  |                   |  |  |                             | 47. APPROXIMATE INTERVAL:<br>  |                   |  |
| CAUSE OF DEATH PART II   |  |                   |  |  |                             |  |                   |  |
| 48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE:   |  |                   |  | 49. INJURY?  | 50. INJURY AT WORK?         | 51. MANNER OF DEATH  | 52. TIME OF DEATH |  |
|  |  |                   |  | <input type="checkbox"/> NO  | <input type="checkbox"/> NO | NATURAL DEATH  | 0813              |  |
|  |  |                   |  | 53. WAS AN AUTOPSY PERFORMED?  |                             | 54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?  |                   |  |
|  |  |                   |  | <input type="checkbox"/> NO  |                             |  |                   |  |
| CAUSE AND MANNER OF DEATH CERTIFICATION  |  |                   |  |  |                             |  |                   |  |
| <input checked="" type="checkbox"/> Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated.   |  |                   |  | 55. NAME OF PERSON COMPLETING CAUSE OF DEATH:<br>CHERYL R. PENDERGRASS, M.D. |                             |  |                   | 56. DATE CERTIFIED:<br>10/10/2016        |
| <input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.   |  |                   |  |  |                             |  |                   |  |
| 57. CERTIFIER'S ADDRESS:<br>7534 E. 2ND ST., STE. 102 SCOTTSDALE, AZ 85251   |  |                   |  | 58. NAME OF REGISTRAR:<br>MICHELE CASTANEDA-MARTINEZ                         |                             |  |                   | 59. DATE REGISTERED<br>10/20/2016        |

DATE ISSUED: 10/26/2016

H 0018494



This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA  
Revised 07/2015

This copy not valid unless prepared on a form displaying the State Seal.

*Krystal Colburn*  
KRISTAL COLBURN  
ASSISTANT STATE REGISTRAR

Arizona  
Department of  
Health Services