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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.

WARRANTY DEED

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 11th, 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:

WITNESS, the hand of said GRANTOR, this 16th day of October 2020.

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

 **RACHEL ANNIS**
Notary Public State of Utah
My Commission Expires on:
August 15, 2023
Comm. Number: 707475

Ent 13428876 BK 11040 PG 3588

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:

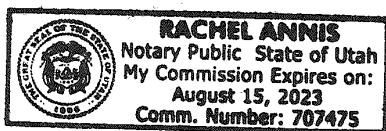
Lot 102, WILLOW CREEK SUBDIVISION NO. 11, and the Southeasterly 9 feet of lot
101, WILLOW CREEK SUBDIVISION NO. 11, according to the official plat thereof on
file and of record in the office of the Salt Lake County Recorder.

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

DATED this 16th day of October, 2020.

Marvin S. Priske
Marvin S. Priske

On this 16th 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

Exhibit "A"
(see attached certificate of death)

AZ

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