

Merle A. Hansen  
3305 South Maple Way  
West Valley City, Utah 84119

14084736 B: 11407 P: 7583 Total Pages: 2  
03/22/2023 09:40 AM By: salvarado Fees: \$40.00  
Rashelle Hobbs, Recorder, Salt Lake County, Utah  
Return To: MERLE A HANSEN  
3305 SOUTH MAPLE WAYWEST VALLEY CITY, UTAH 84119



## **AFFIDAVIT OF DEATH OF JOINT TENANT**

MERLE A. HANSEN, BEING FIRST DULY SWORN DISPOSES AND SAYS:

THAT SHE IS OF LEGAL AGE AND A RESIDENT OF UTAH.

THAT SHE IS ONE OF THE NAMED GRANTEES AS JOINT TENANTS WITH FULL RIGHTS OF SURVIVORSHIP IN THAT CERTAIN WARRANTY DEED DATED JUNE 30, 1955 IN WHICH VENICE J. HANSEN AND MERLE A. HANSEN, HUSBAND AND WIFE AS JOINT TENANTS AND NOT AS TENANTS IN COMMON WITH FULL RIGHTS OF SURVIVORSHIP ARE NAMED AS GRANTEES, RECORDED JULY 5, 1955, IN BOOK 1214 AT PAGE 497, RECORDS OF SALT LAKE COUNTY, UTAH. SAID PREMISES IS LOCATED IN SALT LAKE COUNTY, STATE OF UTAH, AND MORE PARTICULARLY DESCRIBED AS FOLLOWS:

**Lot 16, GRANGER GARDENS SUBDIVISION, according to the official plat thereof, recorded in the office of the County Recorder of Salt Lake County, Utah.**

Parcel No. 15-28-451-001-0000

THAT THE DECEDENT NAMED IN THE ATTACHED CERTIFICATE OF DEATH, VENICE JAMES HANSEN, WAS THE HUSBAND OF THE AFFIANT AND ONE AND THE SAME PERSON AS THE VENICE J. HANSEN NAMED AS ONE OF THE GRANTEES ON THE ABOVE DESCRIBED WARRANTY DEED. THAT SAID VENICE J. HANSEN DIED ON MARCH 12, 2004, IN WEST VALLEY CITY, UTAH. THAT BY REASON OF SAID DEATH, THE JOINT TENANCY ON THE HEREINBEFORE DESCRIBED PREMISES HAS BEEN TERMINATED, AND SAID PREMISES IS NOW VESTED IN MERLE A. HANSEN, AS SURVIVING JOINT TENANT.

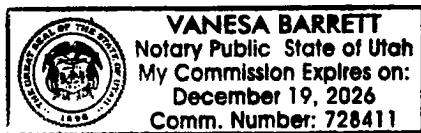
*3/15/23*  
DATED THIS      DAY OF MARCH, 2023.

Merle A. Hansen  
MERLE A. HANSEN

STATE OF UTAH )  
:SS  
COUNTY OF SALT LAKE )

ON THIS 23 DAY OF MARCH, 2023, PERSONALLY APPEARED BEFORE ME, MERLE A. HANSEN, THE SIGNER OF THE FOREGOING AFFIDAVIT WHO DULY ACKNOWLEDGED TO ME THAT SHE EXECUTED THE SAME.

  
NOTARY PUBLIC



## STATE OF UTAH - DEPARTMENT OF HEALTH

Access to information on  
this form is limited under  
the Vital Statistics Act  
and Rules.

LOCAL FILE NUMBER 18-1279

STATE OF UTAH - DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME OF DECEDENT		FIRST Venice	MIDDLE James	LAST HANSEN	2. SEX Male	3a. DATE OF DEATH (Mo., Day, Yr.) March 12, 2004	3b. TIME OF DEATH (24 hr. clock) 1800	
DECEDENT	4. DATE OF BIRTH (Mo., Day, Yr.) February 28, 1927	5. AGE - Last Birthday 77	6. IF UNDER 1 YEAR Months Days	7. IF UNDER 24 HRS Hours Minutes	8. BIRTHPLACE (City & State or Foreign, Country) Fountain Green, UT	9. SOCIAL SECURITY NUMBER 528-30-7945		
	8a. PLACE OF DEATH (check only one) HOSPITAL (status codes for Hospital only) 1. Inpatient 2. ER/Outpatient				8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) 3305 So. 2610 West			
	8c. CITY, TOWN, OR LOCATION OF DEATH West Valley City		8d. COUNTY OF DEATH Salt Lake		8e. SURVIVING SPOUSE (if wife, give maiden name) Merle Alvey			
	10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		11. MARITAL STATUS <input type="checkbox"/> 1. Never Married <input checked="" type="checkbox"/> 2. Widowed <input checked="" type="checkbox"/> 3. 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) Drywaller		12b. KIND OF BUSINESS OR INDUSTRY Construction	
	13a. RESIDENCE - STREET AND NUMBER 3305 So. 2610 West			13b. CITY, TOWN OR COMMUNITY West Valley City			13c. COUNTY Salt Lake	
	13d. STATE Utah		14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify) <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		15. RACE - Black, White, Am. Indian (tribe may be entered), Japanese, etc (Specify) White	16. EDUCATION (specify only highest grade completed) Elementary or Secondary (0-12) College (13-18 or 17+) 10		
	17. FATHER'S NAME (First, Middle, Last) Peter James Hansen				18. MAIDEN NAME OF MOTHER (First, Middle, Last) Lavina May Guymon			
	19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Merle Hansen, Wife 3305 So. 2610 West, West Valley City, UT 84119							
	DISPOSITION	20. METHOD OF DISPOSITION <input type="checkbox"/> 1. Embalming <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 March 17, 2004		21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Valley View Memorial Park	21c. LOCATION - City or Town, State West Valley, Utah	
		22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>KP Munain MD</i>		23. LICENSE NUMBER 339526		24. FUNERAL HOME (Name and address) Valley View Memorial Park & Funeral Home		
CERTIFIER	25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 02/17/04		26. If not certified by medical examiner was death reported to M.E.? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No M.E. CASE NO. HR NO DAY YEAR		4335 West 4100 South West Valley City, UT 84120			
	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 <i>KP Munain MD</i>			
	27c. LICENSE NUMBER 1747N81205				27d. DATE SIGNED (Month, Day, Year) 03/16/04			
REGISTRAR	28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print) KP MUNAIN 1505 W 2100 S, SLC, UT, 84119		30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) March 16, 2004		30b. DATE FILED (Mo., Day, Yr.)			
	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. <i>COPD</i> DUE TO (OR AS A CONSEQUENCE OF)  b. _____ DUE TO (OR AS A CONSEQUENCE OF)  c. _____ DUE TO (OR AS A CONSEQUENCE OF)  d. _____							
CAUSE OF DEATH	32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT. <input checked="" 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		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)			
UDH-BVR Form 12, Rev 12/98								

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:

MARCH 18, 2004

*Barry E Nangle*

Barry E. Nangle

DIRECTOR OF VITAL RECORDS

By

*Ellen Freeman*

SDH-BVR/HS 96 (6)

County

SALT LAKE

Registrar

*Barry Nangle*

LL 01348739

\* 0 1 3 4 8 7 3 9 \*

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

14084736 B: 11407 P: 7584 Page 2 of 2