

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: salvaredo Fees: \$40.00
Rashelle Hobbs, Recorder, Salt Lake County, Utah
Return To: MERLE A HANSEN
3305 SOUTH MAPLE WAY WEST 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.

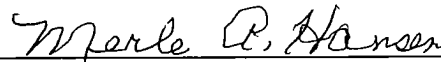
THAT SHE IS ONE OF THE NAMED GRANTEEES AS JOINT TENANTS WITH FULL RIGHTS OF SURVIVORSHIP IN THAT CERTAIN WARRANTY DEED DATED JUNE 30, 1955 IN WHICH VENICE J. HANSEN AND MERLE A. HANSEN, HUSBAND AND WIFE AS JOINT TENANTS AND NOT AS TENANTS IN COMMON WITH FULL RIGHTS OF SURVIVORSHIP ARE NAMED AS GRANTEEES, 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 GRANTEEES 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.

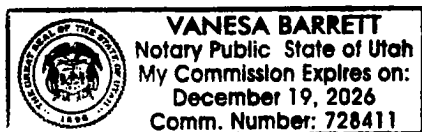
3/15/23
DATED THIS ___ DAY OF MARCH, 2023.


MERLE A. HANSEN

STATE OF UTAH)
 :SS
COUNTY OF SALT LAKE)

ON THIS ___ 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 Utah Public Access Act and Rules.

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

LOCAL FILE NUMBER **18-1279**

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	
4. DATE OF BIRTH (Mo., Day, Yr.) February 28, 1927			5. AGE-Last Birthday 77		6. BIRTHPLACE (City & State or Foreign, Country) Fountain Green, UT		7. SOCIAL SECURITY NUMBER 528-30-7945	
8a. PLACE OF DEATH (check only one) <input type="checkbox"/> 1. Hospital (status codes for Hospital only) <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA			8b. ALL OTHER LOCATIONS <input type="checkbox"/> 4. Nursing Home <input checked="" type="checkbox"/> 5. Residence (any)			8c. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) 3305 So.2610 West		
8d. CITY, TOWN, OR LOCATION OF DEATH West Valley City			8e. COUNTY OF DEATH Salt Lake			9. 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 checked="" type="checkbox"/> 1. Never Married <input 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) Drywall		
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. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		
15. ZIP CODE 84119			16. 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)			17. RACE - Black, White, Am. Indian (tribe may be entered), Japanese, etc. (Specify) White		
18. EDUCATION (specify only highest grade completed) Elementary or Secondary (10-12) College (13-16 or 17+) 10			19. FATHER'S NAME (First, Middle, Last) Peter James Hansen			20. MAIDEN NAME OF MOTHER (First, Middle, Last) Lavina May Guymon		
21. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Merle Hansen Wife 3305 So. 2610 West, West Valley City, UT 84119								
22. METHOD OF DISPOSITION <input type="checkbox"/> 1. Entombment <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			23. DATE OF DISPOSITION March 17, 2004			24. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Valley View Memorial Park		
25. LOCATION - City or Town, State West Valley, Utah			26. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>			27. LICENSE NUMBER 339526		
28. FUNERAL HOME (Name and address) Valley View Memorial Park & Funeral Home			29. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 02/17/04			30. If not certified by medical examiner was death reported to M.E.? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		
31. M.E. CASE NO. _____ HR _____ MO _____ DAY _____ YEAR _____			32. ADDRESS OF DEATH 4335 West 4100 South West Valley City, UT 84120			33. 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.		
34. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> MD			35. LICENSE NUMBER 1747181205			36. DATE SIGNED (Month, Day, Year) 03/16/04		
37. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print) KP MURKIN 1525 W 2100 S, SLC, UT 84119			38. REGISTRAR'S SIGNATURE <i>[Signature]</i>			39. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) March 16, 2004		
40. 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. COPD DUE TO (OR AS A CONSEQUENCE OF) b. _____ DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____ DUE TO (OR AS A CONSEQUENCE OF) 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. 32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT. <input checked="" type="checkbox"/> 1. Probably contributed to the cause of death <input type="checkbox"/> 5. NON USER <input type="checkbox"/> 2. Was the underlying cause of death <input type="checkbox"/> 6. UNKNOWN IF USER <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 if injured <input type="checkbox"/> 6. Pending investigation Purpose or Accidental 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)								

USE PERMANENT BLACK INK

14084736 B: 11407 P: 7584

Page 2 of 2

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

County

SALT LAKE

Registrar

Barry E Nangle

Barry E. Nangle

DIRECTOR OF VITAL RECORDS

By

Ellen Freeman



SDH-BVR-95 (9/96)

LL01348739



* 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.