

GLORIA K. OLSON  
1679 SOUTH 1250 WEST  
SYRACUSE, UTAH 84015

A F F I D A V I T

STATE OF UTAH )  
                  ) ss.  
COUNTY OF DAVIS )

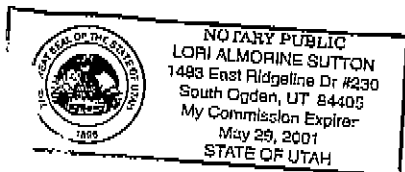
**RETURNED**  
**JUN - 3 1999**

E 1520582 @ 2511 P 505  
SHERYL L. WHITE, DAVIS CNTY RECORDER  
1999 JUN 3 11:16 AM FEE 12.00 DEP SW  
REC'D FOR OLSON, GLORIA K.

GLORIA K. OLSON, being first duly sworn upon oath deposes and says that ~~KHH~~ (she) was well and personally acquainted with CRAIG J OLSON, one of the Grantees in a Deed recorded in Book 879, at Page 1040, Records of DAVIS County, Utah; that he knows the said CRIAG J OLSON to be the same person as CRAIG JOHN OLSON whose death certificate is attached hereto.

*Gloria K. Olson*  
GLORIA K. OLSON

Subscribed and sworn to before me this 3<sup>rd</sup> day of June, 1999.



*Lori Almorine Sutton*  
NOTARY PUBLIC

PROPERTY DESCRIPTION:

ALL OF LOT 118, VILLA VISTA SUBDIVISION NO.4, A PART OF THE SOUTHEAST QUARTER OF SECTION 10, TOWNSHIP 4 NORTH, RANGE 2 WEST, SALT LAKE BASE AND MERIDIAN, IN THE CITY OF SYRACUSE, DAVIS COUNTY, UTAH.  
12-063-0118

ACCOMMODATION RECORDING ONLY.  
BONNEVILLE TITLE COMPANY MAKES NO  
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SUFFICIENCY OR EFFECTS OF DOCUMENT.



# STATE OF UTAH - DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH **520582** **8 25 11 P** **506**

Access to info restricted  
only (24) is limited under  
the Utah Statistics Act  
and Rules

LOCAL FILE NUMBER **18-1534**

STATE FILE NUMBER

1 NAME OF DECEDENT FIRST MIDDLE LAST <b>CRAIG John OLSON</b>		2 SEX <b>Male</b>		3a DATE OF DEATH (Mo Day Yr) <b>March 30, 1999</b>		3b TIME OF DEATH (24hr clock) <b>2025</b>	
4 DATE OF BIRTH (Mo Day Yr) <b>April 20, 1951</b>		5 AGE (Last Birthday) <b>47</b>		6 IF UNDER 1 YEAR: Mo Yr Day		7 IF UNDER 60 HOURS: Mo's Minutes	
8 PLACE OF BIRTH (City & State or Foreign Country) <b>Ogden, Utah</b>				9 SOCIAL SECURITY NUMBER <b>528-76-7985</b>			
11 HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <b>Salt Lake City</b>				12 OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other <b>University Hospital</b>			
10 WAS DECEDENT EVER IN THE U.S. ARMED FORCES <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				11 MARITAL STATUS <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) <b>Logistics Management Specialist</b>	
13a RESIDENCE STREET AND NUMBER <b>1679 South 1250 West</b>				13b CITY TOWN OR COMMUNITY <b>Syracuse</b>		13c COUNTY <b>Davis</b>	
13d INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13e ZIP CODE <b>84075</b>		14 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)		15 RACE Black White Am Indian (Info may be different) Japanese etc. (Specify) <b>White</b>	
16 EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17+) <b>-18-</b>				17 FATHER'S NAME (First Middle Last) <b>Arthur Olson</b>			
18 MAIDEN NAME OF MOTHER (First Middle Last) <b>Velma Russon</b>				19 NAME RELATIONSHIP AND MAILING ADDRESS OF INFORMANT <b>Gloria K. Olson/wife/ 1679 South 1250 West, Syracuse, Utah 84075</b>			
20 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. Homeless		21a DATE OF DISPOSITION <b>April 5, 1999</b>		21b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Syracuse City Cemetery</b>		21c LOCATION - City or town, State <b>Syracuse, Utah</b>	
22 SIGNATURE OF FUNERAL LICENSEE <i>Thomas R. Malbo</i>		23 LICENSE NUMBER <b>101812</b>		24 FUNERAL HOME, (Name, address and phone number) <b>Lindquist's Layton Mortuary #45</b>			
25 DATE DECLARED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN <b>March 30, 1999</b>		26 IF not certified by medical exam how was death reported to ME? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No If yes enter the date and hour reported. I.E. Case No. _____ MO DAY YEAR		27 FURNITURE HOME, (Name, address and phone number) <b>1867 North Fairfield Road Layton, Utah 84041</b>			
27a CERTIFYING PHYSICIAN <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.		27b SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> MD		27c LICENSE NUMBER <b>93-265597-1205</b>		27d DATE SIGNED (Mo Day Yr) <b>April 5, 1999</b>	
28 NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Typed Print) <b>Richard H. Schmidt, M. D. 50 North Medical Drive, Salt Lake City, Utah 84132</b>		29 REGISTRAR'S SIGNATURE <i>[Signature]</i>		30a DATE REGISTRAR NOTIFIED OF DEATH (Mo Day Yr) <b>April 05, 1999</b>		30b DATE FILED (Mo Day Yr) <b>April 06, 1999</b>	
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. <b>Brown death</b> <b>Intracranial hemorrhage</b> <b>Cerebral Arteriovenous malformation</b>		32 IN YOUR OPINION TOBACCO USE BY THE DECEDENT <input 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 checked="" 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 or Accidentally		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 LOCATION (Street or rural route number, city or town, county and state)				35e PLACE OF INJURY At home (farm, school, factory, office building, etc.) (Specify)			
36 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

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: **APR 06 1999**

County - Salt Lake

Registrar *[Signature]*

**L096280**

*Barry E Nangle*

Barry E. Nangle  
DIRECTOR OF VITAL RECORDS  
By

*Ellen Freeman*



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