

Return to:

AFFIDAVIT

Nola B. Nagel, being first duly sworn upon an oath, deposes and says that he/she was well and personally acquainted with Aage V. Nagel, one of the Grantees in deed recorded as Entry # 628603 in Book 1072 at Page 231, records of Weber County, Utah; that he/she knows said Aage V. Nagel to be the same person as Aage Voss Nagel whose death certificate is attached hereto. That by reason of said death the joint tenancy on the hereinafter described premise has terminated. 08-133-0008 - VT.

PROPERTY DESCRIPTION:

All of lot 8 Park Lane Sub. No 6
Roy City Weber County, Utah
Except the south 3 feet thereof.

Dated this 1 day of Oct, A.D. 1999

Nola B. Nagel

State of Utah)
) ss
County of Weber)

On this 19 day of Oct A.D. 1999
personally appeared before me:

NOLA B. NAGEL

E# 1665690 BK2036 PG2684
DOUG CROFTS, WEBER COUNTY RECORDER
01-OCT-99 216 PM FEE \$13.00 DEP MW
REC FOR: NOLA.B..NAGEL

the signer of the within instrument, who duly acknowledged to me that he executed the same.



Lynda D. Folkman
Notary Public

Residing at: Orderville, UT My Commission expires: 4-25-2001

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STATE OF UTAH — DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

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

LOCAL FILE NUMBER 29-688-99		STATE FILE NUMBER	
1 NAME OF DECEDENT FIRST MIDDLE LAST Ange Voss NAGEL		2 SEX Male	3a DATE OF DEATH (Mo. Day, Yr.) July 2, 1999
4 DATE OF BIRTH (Mo. Day, Yr.) Sept. 30, 1932		5 AGE - (Last Birthday) 66	6 BIRTH PLACE (City & State or Foreign Country) Esbjerg, Jerne, Denmark
7 SOCIAL SECURITY NUMBER 529-50-8601		8b NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location) McKay-Dee Hospital	
8a PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> 1 Inpatient <input type="checkbox"/> 2 Outpatient <input type="checkbox"/> 3 DCA <input type="checkbox"/> 4 Nursing Home <input type="checkbox"/> 5 Residence <input type="checkbox"/> 7 Other		9 SURVIVING SPOUSE (If wife give maiden name) Nola Beus Johnston	
8c CITY, TOWN OR LOCATION OF DEATH Ogden		8d COUNTY OF DEATH Weber	
10 WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No		11 MARITAL STATUS <input type="checkbox"/> 1 Never Married <input checked="" 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 use retired) Toolmaker Machinist		12b KIND OF BUSINESS OR INDUSTRY Flameco Barnes	
13a RESIDENCE - STREET AND NUMBER 4482 South 2250 West		13b CITY, TOWN OR COMMUNITY Roy	
13c INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No		13d STATE Utah	
13e ZIP CODE 84067		14 WAS DECEDENT OF HISPANIC ORIGIN? <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 (13-16 or 17+) 12	
17 FATHER'S NAME (First, Middle, Last) Olfert Albin Nagel		18 MAIDEN NAME OF MOTHER (First, Middle, Last) Anna Kirstina Voss	
INFORMANT 19 NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Nola Nagel (wife) 4482 South 2250 West, Roy, Utah 84067			
DISPOSITION 20 METHOD OF DISPOSITION <input checked="" type="checkbox"/> 1 Burial <input type="checkbox"/> 2 Donation <input type="checkbox"/> 3 Other <input type="checkbox"/> 4 Cremation <input type="checkbox"/> 5 Removal			
21a DATE OF DISPOSITION July 6, 1999		21b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Hooper Cemetery	
22 SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Stephen H. Johnston</i>		23 LICENSE NUMBER 113589	
24 FUNERAL HOME (Name, address and license number) Myers Mortuary 5865 South 1900 West Roy, Utah 84067		25 DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 7/2/99	
CERTIFIER 26a 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.			
27a SIGNATURE AND TITLE OF CERTIFIER <i>Brent E. Wallace M.D.</i>		27b LICENSE NUMBER 161010	
27c DATE SIGNED (Mo., Day, Yr.) 7/3/99		28 NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type-Print) Brent E. Wallace M.D. 1915 West 5950 South, Roy, Utah 84067	
29 REGISTRAR'S SIGNATURE <i>Barry E. Nangle</i>		30a DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) July 6, 1999	
30b DATE FILED (Mo., Day, Yr.) July 6, 1999		31 PART 1 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. Anoxic Brain Injury Seizure Hepatic Encephalopathy Cirrhosis of Liver	
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 LOCATION (Street or rural route number, city or town, county and state)		35d PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)	
35e 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

E# 1665690 BK2036 P#268

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: **JUL 06 1999**
 County: **WEBER**
 Registrar: *Barry E. Nangle*
 LL 602904
 * 0 0 6 0 2 9 0 4 *



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