

**FILED DISTRICT COURT**  
Third Judicial District

SEP 21 2001

SALT LAKE COUNTY

By \_\_\_\_\_ <sup>BR</sup>  
Deputy Clerk

E. Jay Sheen (No. 3749), of  
ROBINSON & SHEEN, L.L.C.  
1366 East Murray-Holladay Road  
Salt Lake City, Utah 84117  
Telephone: (801) 273-0855

Attorneys for Debra L. P. Roberts, Applicant

IN THE THIRD JUDICIAL DISTRICT COURT OF SALT LAKE COUNTY

STATE OF UTAH

In The Matter of the Estate of	:	LETTERS TESTAMENTARY
	:	
	:	
GLADYS LOUISE MATHEWS POPP,	:	
	:	
Deceased.	:	Probate No. 013901278
	:	
	:	Judge Roger A. Livingston

1. Debra L. P. Roberts was duly appointed and qualified as General Personal Representative of the Estate of the above-named decedent on September 21, 2001, by the Court with all authority pertaining thereto.

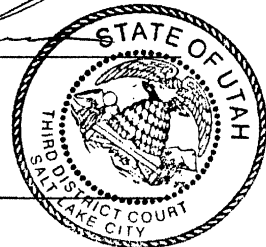
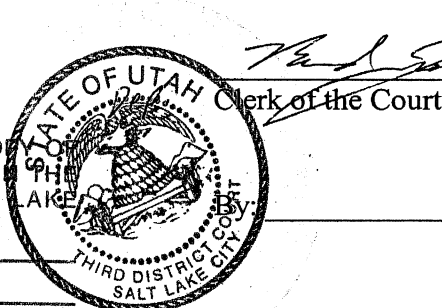
2. Administration of the Estate is unsupervised.

These letters are issued to evidence the appointment, qualification, and authority of the personal representative named above.

WITNESS, my signature and the Seal of the Court, this 21 day of September, 2001.

I CERTIFY THAT THIS IS A TRUE COPY OF AN ORIGINAL DOCUMENT ON FILE IN THE THIRD DISTRICT COURT, SALT LAKE COUNTY, STATE OF UTAH.  
DATE: May 13 2023

[Signature]  
DEPUTY COURT CLERK



WHEN RECORDED, MAIL TO:

Recorded December 4, 1973 Filing No. F14,093  
At 10:10 AM/PM In Book J 2 Page 475  
Fee \$2.00 Zera B. Jessop, Rich County Recorder  
Z.B.J.

Space Above for Recorder's Use

# Warranty Deed

(Corporate Form)

SWEETWATER PARK, a corporation  
organized and existing under the laws of the State of Utah, with its principal office at  
SALT LAKE CITY, of County of SALT LAKE, State of Utah,  
grantor, hereby conveys and warrants to

MAX WILLIAM POPP AND GLADYS LOUISE POPP, HIS WIFE, AS JOINT TENANTS  
WITH FULL RIGHTS OF OWNERSHIP AND NOT AS TENANTS IN COMMON

of TEN AND NO/100----- for the sum of  
and other good and valuable consideration DOLLARS,  
the following described tract of land in RICH County,  
State of Utah;

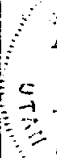
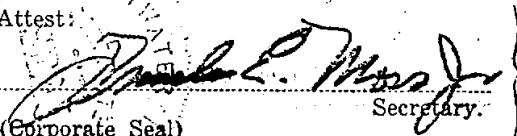
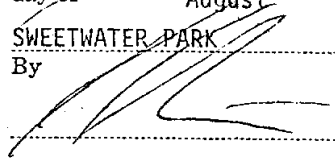
Lot No. 8, Sweetwater Park Subdivision No. 6,  
according to the official Plat filed in the office  
of the County Recorder of Rich County, State of Utah,

Subject to easements, encumbrances and restrictions  
of record, enforceable in law and equity.

One (1) share of common stock in the Sweetwater Park  
Homeowners' Association, Inc.

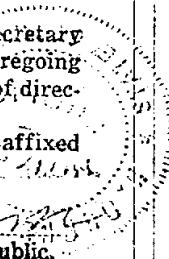
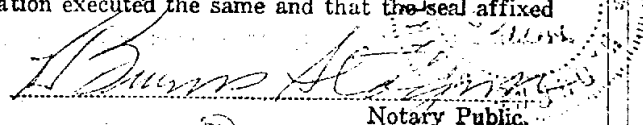
The officers who sign this deed hereby certify that this deed and the transfer represented  
thereby was duly authorized under a resolution duly adopted by the board of directors of the grantor  
at a lawful meeting duly held and attended by a quorum.

In witness whereof, the grantor has caused its corporate name and seal to be hereunto affixed  
by its duly authorized officers this 29th day of August A. D., 1973,

Attest:   Secretary.  
By  SWEETWATER PARK Company  
President.

STATE OF UTAH,  
County of SALT LAKE } ss.

On the 29th day of August 1973, A. D.  
personally appeared before me BRIAN C. SWINTON and FRANK E. MOSS, JR.  
who being by me duly sworn did say, each for himself, that he, the said  
is the president, and he, the said FRANK E. MOSS, JR. is the secretary  
of SWEETWATER PARK Company, and that the within and foregoing  
instrument was signed in behalf of said corporation by authority of a resolution of its board of direc-  
tors and said BRIAN C. SWINTON and FRANK E. MOSS, JR.  
each duly acknowledged to me that said corporation executed the same and that the seal affixed  
is the seal of said corporation.

  
  
Notary Public

My Commission expires 2 Oct 1974 My residence is Douglasville, Ga

# STATE OF UTAH

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

STATE OF UTAH - DEPARTMENT OF HEALTH

LOCAL FILE NUMBER **18-598**

STATE FILE NUMBER

NAME OF DECEDENT <b>Max William POPP</b>		SEX <b>Male</b>	RACE (White, Black, Am. Indian, etc.) Specify <b>White</b>	DATE OF DEATH (Month, Day, Year) <b>February 21, 1983</b>
1. WAS DECEDENT OF SPANISH ORIGIN? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, indicate type: Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other (If other, specify)		2. DATE OF BIRTH (Month, Day, Year) <b>May 23, 1913</b>	3. AGE (Last Birthday) <b>69</b> Yrs.	4. IF UNDER 1 year: Months _____ Days _____ IF UNDER 24 HOURS: Hours _____ Minutes _____
8. BIRTHPLACE (State or foreign country) <b>Salt Lake City, Utah</b>		9. CITIZEN of what country <b>U.S.A.</b>	10. <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	11. EDUCATION—(Specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17+) <b>9</b>
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) <b>Welder &amp; Repairman</b>		13b. KIND OF BUSINESS OR INDUSTRY for - <b>Interstate Brick Co.</b>	14. NAME OF surviving spouse (If, wife, enter maiden name.) <b>Gladys Louise Mathews</b>	
15. NAME OF FATHER <b>Max Carl Wilhelm Popp</b>		16. MAIDEN NAME OF MOTHER <b>Caroline Catherine Bretz</b>		17. Was decedent ever in U.S. Armed Forces? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
18a. USUAL RESIDENCE—(Street address or location) <b>2215 East 3380 South Street</b>		18b. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT <b>Mrs. Gladys M. Popp (wife) 2215 East 3380 South Street Salt Lake City, Utah 84109</b>	
18c. CITY OR TOWN <b>Salt Lake City</b>		18d. COUNTY <b>Salt Lake</b>	18e. STATE AND ZIP CODE <b>Utah 84109</b>	
20a. NAME of hospital, nursing home or other institution where death occurred. (If outside an institution, give street address or location.) <b>St. Mark's Hospital</b>		20b. CITY OR TOWN <b>Salt Lake City, Utah</b>	20c. COUNTY <b>Salt Lake</b>	
21a. MEDICAL EXAMINER: I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the causes stated below based on examination of the body and/or investigation of the circumstances. Decedent was pronounced dead at: HOUR: _____ DATE: _____		21b. PHYSICIAN OR MEDICAL EXAMINER SIGNATURE <i>Mark S. Shockey, MD</i>		21c. TIME of death (24 hr. clock) <b>2036</b>
21d. PHYSICIAN: I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the causes stated below, that I attended the decedent, and I last saw the decedent alive on: _____ month _____ day _____ year _____		21e. CERTIFIER'S name and title (Type or print) <b>Mark S. Shockey, MD</b>		21f. DATE SIGNED (Month, Day, Year) <b>2/23/83</b>
22. HOUR: _____ MO. _____ DAY _____ YEAR _____		21g. CERTIFIER'S address and zip code <b>3920 So. 1100 E., Salt Lake City, Utah</b>		21h. UTAH PHYSICIAN LICENSE NUMBER <b>6154</b>
23a. Burial <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> DATE <b>Feb. 24, 1983</b>		23b. Signature of Funeral Director <i>Ronald D. Nebeker</i>		23c. FUNERAL HOME—Name, address and license number <b>LARKIN MORTUARY, 260 E. So. Temple St. Salt Lake City, Utah 84111-1274</b>
26. NAME AND LOCATION OF CEMETERY OR CREMATORY <b>Elysian Burial Gardens Salt Lake County, Utah</b>		27. LOCAL REGISTRAR—Signature <i>Hans DeBorja</i>		28. Date accepted for registration by local registrar <b>Feb. 23, 1983</b>
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE: (Enter only one cause per line for A, B and C)		Interval between onset and death		
29. CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.		Interval between onset and death		
(A) <b>Cardiopulmonary Arrest</b>		Interval between onset and death		
(B) _____		Interval between onset and death		
(C) <b>Asthma</b>		Interval between onset and death		
PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.		30. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF YES, were findings considered in determining cause of death? YES <input type="checkbox"/> NO <input type="checkbox"/>		
31. Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> DATE of Injury (Month, Day, Year)		32. TIME OF INJURY (24 Hour Clock)		
32. Suicide <input type="checkbox"/> Undetermined if Injured Accidentally or Purposely <input type="checkbox"/> 33a. _____		33b. _____		
34. Homicide <input type="checkbox"/> 35. PLACE OF INJURY (Specify home, farm, factory, freeway, street, office buildings, etc.)		36. INJURY AT WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>		
36a. LOCATION OF INJURY—STREET AND NUMBER OR LOCATION AND CITY OR TOWN.		37. Were laboratory tests done for drugs or toxic chemicals? YES <input type="checkbox"/> NO <input type="checkbox"/>		
36b. Distance from place of injury to usual residence (Item 18) _____ Miles		38. Were laboratory tests done for alcohol? YES <input type="checkbox"/> NO <input type="checkbox"/>		
39. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)		40. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian.		

SDH-BHS 90(4-82)

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: **FEB 25 1983**

County **SALT LAKE**

Registrar *Hans DeBorja*

*John E. Brockert*  
John E. Brockert

DIRECTOR OF VITAL STATISTICS

By *Maury J. MacKay*



