

D LAND TITLE
Case No. MISC02

Combining 1-S27-1, 1-S27-2 and 1-S27-3

CORRECTION WARRANTY DEED

RONALD K. CRANE and LEILA CRANE aka LEILA H. CRANE

grantor(s) of SALINA, County of SEVIER, State of Utah, hereby
CONVEY(s) and WARRANT(s) to

RONALD K. CRANE and LEILA H. CRANE, husband and wife, as joint tenants

grantee(s) of: 165 NORTH 400 WEST, SALINA, UT 84654
for the sum of: TEN (\$10.00) DOLLARS and other good and valuable consideration
the following described tract of land in SEVIER County, State of Utah:

Commencing 8.95 chains East of the Southwest corner of Section 24, Township 21 South,
Range 1 West, Salt Lake Base and Meridian; running thence North 227.40 feet; thence
West 199.98 feet; thence Southeasterly 304.27 feet, more or less to beginning. Situate in Lot 2,
Block 5, Plat "B" SALINA CITY SURVEY.

Subject to easements and rights-of-way of record or enforceable in law and equity.

This CORRECTION WARRANTY DEED is given to correct that certain WARRANTY DEED
recorded in Book 433, Page 101, records of Sevier County, Utah, in which the description
contained an error.

WITNESS the hand(s) of said grantor(s) this 17th day of APRIL, 2002

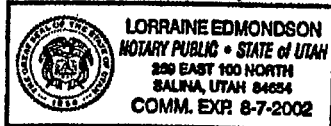
Ronald K. Crane
RONALD K. CRANE
Leila Crane
LEILA CRANE aka
Leila H. Crane
LEILA H. CRANE

00309272 Bk00435 Pg00515-00515

JAYRENE B NIELSEN RECORDER SEVIER COUNTY
2002 APR 25 09:46 AM FEE \$11.00 BY AEB
REQUEST: D LAND TITLE

STATE OF Utah)
County of Sevier)

On the 17 day of April, 2002 personally appeared
before me RONALD K. CRANE and LEILA CRANE aka LEILA H. CRANE the signer(s)
of the within instrument, who duly acknowledged to me that they executed the same.



Lorraine Edmondson
Notary Public

Commission Expires:
Residing In: Salina, Ut.

387 North Main, P.O. Box 727
Richfield, Utah 84701
(801) 896-6426

D LAND TITLE

120 North Main, P.O. Box 10
Manti, Utah 84642
(801) 835-2241

When recorded Mail to:
Salina City
c/o Ms. Sheri Westbrook
P O Box 69
Salina, Utah 84654

File # 5403-R
4-39-36

00336918 BK00533 Pg00731-00733
JAYRENE B NIELSEN RECORDER SEVIER COUNTY
2005 DEC 23 09:44 AM FEE \$0.00 BY JRN
REQUEST: SALINA CITY

AFFIDAVIT

The undersigned, **LEILA H. CRANE** being on oath first duly sworn deposes and says:

1. That pursuant to the terms of that certain Joint Tendency listed on Correction Warranty Deed recorded April 25, 2002 as Entry No. 309272 in Book 435 at Page 515, Official Sevier County Records the following is applicable:

2. A copy of the Death Certificate of Ronald K. Crane as the grantor in the joint tendency is attached hereto.

3. That I know of my own personal knowledge that Ronald K. Crane, the descendent named in the attached certified copy of Death Certificate, he is one and the same person as which is named in favor of the Joint Tendency reserved in the Correction Warranty Deed listed above on the following described property in the County of Sevier, State of Utah:

Commencing 8.95 chains East of the Southwest corner of Section 24, Township 21 South, Range 1 West, Salt Lake Base and Meridian; running thence North 227.40 feet; thence West 199.98 feet; thence Southeasterly 304.27 feet, more or less to beginning. Situated in Lot 2, Block 5, Plat "B" SALINA CITY SURVEY. Containing 0.52 acre.

4. That this affidavit is given to support the recorded legal Joint Tendency to the above described property.

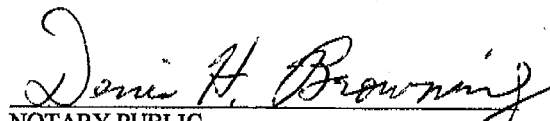
This affidavit is made and executed this 21 day of DECEMBER, 2005.


LEILA H. CRANE

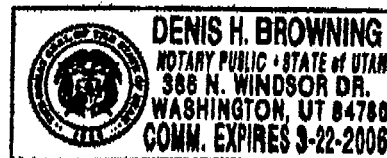
STATE OF UTAH

COUNTY OF SEVIER

On this 21ST day of DECEMBER 2005, personally appeared before me **LEILA H. CRANE**, the signer of the foregoing instrument, who duly acknowledged to me that she executed the same.


NOTARY PUBLIC
Residing in: Washington County

My commission expires: 3-22-2006



STATE OF UTAH - DEPARTMENT OF HEALTH

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

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

LOCAL FILE NUMBER 21-167

STATE FILE NUMBER

1. NAME OF DECEDENT RONALD KENNETH CRANE			2. SEX Male	3a. DATE OF DEATH (Mo., Day, Yr.) June 4, 2004	3b. TIME OF DEATH (24 hr. clock) 0440
4. DATE OF BIRTH (Mo., Day, Yr.) May 20, 1935	5. AGE - Last Birthday 69	6. BIRTHPLACE (City & State or Foreign Country) Salina, Utah	7. SOCIAL SECURITY NUMBER 529-48-7223		
8a. PLACE OF DEATH (check only one) <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DCA		ALL OTHER LOCATIONS: <input type="checkbox"/> 4. Nursing Home <input checked="" type="checkbox"/> 5. Residence (any)		8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) 165 North 400 West	
9a. CITY, TOWN, OR LOCATION OF DEATH Salina			9b. COUNTY OF DEATH Sevier	9c. SURVIVING SPOUSE (if wife, give maiden name) Leila Hampton	
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 type="checkbox"/> 3. Widowed <input checked="" type="checkbox"/> 2. 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) Bus & Truck Driver	
12b. KIND OF BUSINESS OR INDUSTRY Transportation		13a. RESIDENCE - STREET AND NUMBER 165 North 400 West		13b. CITY, TOWN OR COMMUNITY Salina	13c. COUNTY Sevier
13d. STATE Utah		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, American Indian (the may be entered), Japanese, etc. (Specify) Caucasian	
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) Kenneth S. Crane			
18. MAIDEN NAME OF MOTHER (First, Middle, Last) B. Eunice Bjerregaard				19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Leila H. Crane (wife) 165 North 400 West Salina, Utah 84654	
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. Removal		21a. DATE OF DISPOSITION June 10, 2004		21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Pioneer Cemetery	
21c. LOCATION - City or Town, State Salina, Utah		22. SIGNATURE BY FUNERAL SERVICE LICENSEE <i>[Signature]</i>		23. LICENSE NUMBER 111865	
24. FUNERAL HOME (Name and address) SPRINGER TURNER FUNERAL HOME		25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN June 1, 2004			
26. DATE OF DEATH (Mo., Day, Yr.) June 4, 2004		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>[Signature]</i>		27c. LICENSE NUMBER 371521204		27d. DATE SIGNED (Month, Day, Year) 6-8-04	
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print) Kerry Blackham D.O. 310 West Main Street Salina, Utah 84654					
29. REGISTRAR SIGNATURE <i>[Signature]</i>		30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) JUN 08 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. Congestive heart failure 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 b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ DUE TO (OR AS A CONSEQUENCE OF): PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I: CAD DM2					
32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: <input 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 checked="" 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 if injured or Accident		35a. DATE OF INJURY (Mo., Day, Yr.)		35b. TIME OF INJURY (24 HOUR CLOCK)	
35c. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		35d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) 35f. If motor vehicle accident specify if decedent was driver, passenger or pedestrian.			
35e. LOCATION (Street or rural route number, city or town, county and state.)					
35g. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY should be entered in item 31)					

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: **AUG 11 2004**

County: **Sevier**
Registrar: **Robert Reynolds, M.D., M.P.H., M.P.A., M.P.S.C.P.**

[Signature]
Barry E. Nangle

Barry E. Nangle
DIRECTOR OF VITAL RECORDS

By: *[Signature]*

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SDH-BVFRHS 95 (9/96)

LLO1446974



* 0 1 4 4 6 9 7 4 *



WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES.

STATE OF UTAH - DEPARTMENT OF HEALTH - OFFICE OF VITAL RECORDS AND STATISTICS
AFFIDAVIT TO AMEND A RECORD

THIS AFFIDAVIT FORM CAN ONLY BE USED TO MAKE CORRECTIONS ON **DEATH AND FETAL DEATH RECORDS 1989 TO THE PRESENT**

INSTRUCTIONS

- 1. **DO NOT WRITE IN THE FIRST SECTION.** Items 1a through 8a, have been completed by our office according to the information on the original record, even if incorrect. Corrections and missing information are NOT to be entered in these spaces.
- 2. **LIST UNDER ITEM 8b,** opposite each of the incorrect items, the correct information as it should have been stated at the time of death. Please type or print neatly. If adding a name, include the full name, including any middle names. If additional corrections are required, contact our office to prepare a revised affidavit.
- 3. **ITEMS 9 and 10** are generally completed by our office.
- 4. **READ THE AFFIDAVIT. IT IS BINDING UNDER PENALTY OF PERJURY.** Two different persons who have personal knowledge of the accuracy of the desired correction(s) must complete the supporting oaths (Items 11 through 15, and 16 through 20). The affidavit may be made by the person alleging the error exists, such as the funeral director, family member, etc. However, one of the witnesses **must be the informant.** The relationship of the witness to the registrant must be stated, such as "mother," "father," "wife," "sunt," "physician," etc. Requests to correct the marital status should be referred to the state office.
- 5. **THE SIGNATURES MUST BE NOTARIZED.** Do not sign the affidavit except in front of a notary. The signatories assume complete responsibility for the correctness of the amended information.
- 6. **DO NOT WRITE IN SPACES 21 OR 22.** (This is reserved for the State Registrar)
- 7. **WHEN PROPERLY COMPLETED AND SIGNED,** return this form to the Office of Vital Records and Statistics, 288 North 1460 West, P O Box 141012, SLC, UT 84114-1012. If acceptable for registration, it will be filed and become a permanent part of the original record.

FEES: If the affidavit is completed within one year of the date of death, there is no fee for filing it. However, there is a \$5.00 fee for the search of the record which includes a certified copy of the amended death certificate. If it is filed after one year, there is a \$20.00 fee for registration of the affidavit which includes a certified copy of the amended certificate.

IF THE APPLICANT DOES NOT RESPOND TO A WRITTEN REQUEST FROM THIS OFFICE WITHIN 90 DAYS, THE OFFICE WILL RETAIN ALL MONIES PAID.
 21-67 DEATH FETAL DEATH 2004 005856

LOCAL CERTIFICATE NUMBER		<input checked="" type="checkbox"/> DEATH <input type="checkbox"/> FETAL DEATH		STATE CERTIFICATE NUMBER	
INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE	1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME		
	RONALD		KENNETH		CRANE
	2. SEX	3. DATE OF EVENT	4. PLACE OF OCCURRENCE - City and County		
	Male	June 4, 2004	165 North 400 West Salina, Utah		
	5. NAME OF FATHER		6. MAIDEN NAME OF MOTHER		
Kenneth S. Crané		B. Eunice Bjerregaard			

MAKE NO CORRECTIONS ABOVE THIS LINE

STATEMENT OF AMENDMENTS	7. ITEM NUMBER	8a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD	8b. FACTS AS THEY SHOULD HAVE BEEN STATED ON THE ORIGINAL AT THE TIME OF OCCURRENCE
	7	529-48-7223	529-40-7223

AMENDED
2 of 2

9. Correct Social Security Number

10. PROOFS USED TO AMEND RECORD

OATH OF FIRST WITNESS	I hereby certify, under penalty of perjury, that I have personal knowledge of the above facts and that the information given is true and correct.		Subscribed & Sworn to before me this 1st day of July 2004	
	11. SIGNATURE OF WITNESS	12. DATE SIGNED	Notary Public <i>Mitzi Crane</i>	
	<i>Lula Crane</i>	7-1-04	My Commission expires 1-27-2007	
	13. AGE OF WITNESS	14. RELATIONSHIP OF WITNESS TO THE PERSON WHOSE RECORD IS BEING AMENDED	NOTARY PUBLIC MITZI CRANE	
15. ADDRESS OF WITNESS (Street, City, State, Zip)	165 N. 400 W Salina UT 84654			
OATH OF SECOND WITNESS	I hereby certify, under penalty of perjury, that I have personal knowledge of the above facts and that the information given is true and correct.		Subscribed & Sworn to before me this 1st day of July 2004	
	16. SIGNATURE OF WITNESS	17. DATE SIGNED	Notary Public <i>Mitzi Crane</i>	
	<i>Marianne Olsen</i>	7-1-04	My Commission expires 1-27-2007	
	18. AGE OF WITNESS	19. RELATIONSHIP OF WITNESS TO THE PERSON WHOSE RECORD IS BEING AMENDED	NOTARY PUBLIC MITZI CRANE	
20. ADDRESS OF WITNESS (Street, City, State, Zip)	315 W. Center Gunnison UT 84634			
UDOH-OVRS REV. 01/01	FOR USE OF STATE REGISTRAR		21. DATE RECEIVED	
	JUL 20 2004		22. OFFICE OF THE STATE OR LOCAL REGISTRAR	
			<i>Barry E Nangle MC</i>	

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: AUG 11 2004

County: Salt Lake
 Registrar: Robert Remond, MCA

Barry E Nangle

00336918 BK00533 P00733

Barry E. Nangle
 DIRECTOR OF VITAL RECORDS

By *D. Jensen*

LL01446975



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