RETURNED
DEC 4 - 2002

E 1809783 B 3179 P 530
SHERYL L. WHITE, DAVIS CNTY RECORDER
2002 DEC 4 2:11 PM FEE 12.00 DEP MEC
REC'D FOR PETERSON, CAROL L.

WHEN RECORDED MAIL TO:

663 EAST 1950 SOUTH
BOUNTIFUL, UT 84010

AFFIDAVIT OF IDENTITY

The undersigned hereby states that the CLARK ALBERT PETERSON who is the subject of the attached Death Certificate is the same person as the CLARK A. PETERSON who is listed as an owner in joint tenancy with the undersigned on that certain Warranty Deed dated MAY 8, 1996 and recorded MAY 8, 1996 as Entry No. 1247163 in Book 1999 at Page 726 in the office of the DAVIS County Recorder, which Warranty Deed covers real property located at , , Utah, more particularly described as follows:

ALL OF LOT 264, MILL CREEK HEIGHTS SUBDIVISION, PLAT "O", A SUBDIVISION OF PART OF SECTION 32, TOWNSHIP 2 NORTH, RANGE 1 EAST, SALT LAKE MERIDIAN, IN THE CITY OF BOUNTIFUL, ACCORDING TO THE OFFICIAL PLAT THEREOF.

PARCEL #05-047-0004

SUBJECT TO EASEMENTS, RIGHTS, RESERVATIONS, RESTRICTIONS AND RIGHTS OF WAY, COVENANTS, TAXES AND ASSESSMENTS APPEARING OF RECORD OR ENFORCEABLE IN LAW OR EQUITY.

All interest of the decedent in said property under the joint tenancy indicated above is hereby terminated.

In witness whereof, the undersigned has executed this Affidavit of Identity the 4th day of December, 2002.

Carol L Peterson
CAROL L. PETERSON

State of Utah)
ss.
County of DAVIS)

The foregoing instrument was acknowledged before me this 4th day of December, 2002, by CAROL L. PETERSON.

Notary Public
Residing at: Salt Lake City
My commission expires: 5/14/04

KEVIN S. PARKE
NOTARY PUBLIC • STATE OF UTAH
2120 SOUTH 1300 EAST STE 130
SALT LAKE CITY, UT. 84116
COMM. EXP. 5-14-2004

(Seal)

STATE OF UTAH — DEPARTMENT OF HEALTH

E 1809783 B 3179 P 531

DEC 1 0 1999

STATE OF UTAH - DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

LOCAL FILE NUMBER 00-865 — STATE FILE NUMBER

USE PERMANENT BLACK INK

DECEDENT

1 NAME OF DECEDENT (First, Middle, Last)	2. SEX	3a DATE OF DEATH (Mo., Day, Yr.)	3b TIME OF DEATH (24 hr. clock)
Clark Albert PETERSON	Male	December 1, 1999	0837 hr

4 DATE OF BIRTH (Mo., Day, Yr.)	5. AGE- Last Birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS: Hours / Minutes	6 BIRTHPLACE (City & State or Foreign Country)	7 SOCIAL SECURITY NUMBER
May 30, 1934	65			Logan, Utah	516-32-0475

8a PLACE OF DEATH (check only one): HOSPITAL (enter codes for Hospital only) [X] 2 ER/Outpatient — 1 Inpatient, 3 DOA; ALL OTHER LOCATIONS: 5 Nursing Home, 6 Residence (any), 7 Other (specify)

8b NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility give street address of location): Lake View Hospital

8c CITY, TOWN OR LOCATION OF DEATH	8d COUNTY OF DEATH	9 SURVIVING SPOUSE (If wife, give maiden name)
Bountiful	Davis	Carol Joanne Luce

10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES?	11. MARITAL STATUS	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired)	12b. KIND OF BUSINESS OR INDUSTRY
[X] 1. Yes [ ] 2. No	[ ] 1 Never Married [ ] 3 Widowed [X] 2. Married [ ] 4 Divorced	Programer	IBM

13a. RESIDENCE - STREET AND NUMBER	13b. CITY, TOWN OR COMMUNITY	13c. COUNTY	13d. STATE
663 East 1950 South	Bountiful	Davis	Utah

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify)	15. RACE - Black, White, Am. Indian (tribe may be entered), Japanese, etc. (Specify)	16. EDUCATION (specify only highest grade completed) Elementary or Secondary (0-12) College (13-18 or 17+)
[X] 1 Yes [ ] 2 No	84010	[ ] 1 Yes [X] 2 No — [ ] 1 Mexican [ ] 3 Cuban [ ] 5 Puerto Rican [ ] 4 Other (Specify)	White	12 + 2

PARENTS

17. FATHER'S NAME (First Middle Last)	18. MAIDEN NAME OF MOTHER (First Middle Last)
John Darrell Peterson	Marie Schmidt

INFORMANT

19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT: Carol L. Peterson (Wife) 663 East 1950 South Bountiful, Utah 84010

DISPOSITION

20. METHOD OF DISPOSITION	21a. DATE OF DISPOSITION	21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place)	21c. LOCATION - City or Town, State
[ ] 1 Entombment [ ] 2 Donation [ ] 3 Other [X] 4 Burial [ ] 5 Cremation [ ] 6 Removal	December 4, 1999	Lake Hills Memorial Pk.	Sandy, Utah

22. SIGNATURE OF FUNERAL SERVICE LICENSEE	23. LICENSEE NUMBER	24. FUNERAL HOME (Name and address)
[signature]	373801	Deseret Memorial Mortuary 36 East 700 South Salt Lake City, Utah 84111

CERTIFIER

25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN	26. If not certified by medical examiner, was death reported to M.E.? [X] 1 Yes [ ] 2 No. If yes, enter the date and hour reported.
3-8-99	M.E. CASE NO. ____ HR. 1510 MO 12 DAY 09 YEAR 1999

27a. CERTIFIER

[X] 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

[ ] 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	27c. LICENSE NUMBER	27d. DATE SIGNED (Month, Day, Year)
[signature] MD, MD	9427474S1205	12/9/99

28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print): Henry Klein M.D. 425 Medical Drive Bountiful, Utah 84010 (299-9119)

REGISTRAR

29. REGISTRAR'S SIGNATURE	30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)	30b. DATE FILED (Mo., Day, Yr.)
Barry E Nangle		DEC 1 0 1999

CAUSE OF DEATH

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cardio Pulmonary arrest — DUE TO (OR AS A CONSEQUENCE OF)	seconds
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST	b. Coronary artery Disease — DUE TO (OR AS A CONSEQUENCE OF)	years
	c. Arterial Hypertension. — DUE TO (OR AS A CONSEQUENCE OF)	years
	d.	

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: [ ] 1 Probably contributed to the cause of death [ ] 2 Was the underlying cause of death [ ] 3 Did not contribute to the cause of death [ ] 4 Is unknown in relation to the cause of death [✓] 5 NON USER [ ] 6 UNKNOWN IF USER

33a. WAS AN AUTOPSY PERFORMED? [ ] 1 Yes [✓] 2 No

33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? [ ] 1 Yes [ ] 2 No

34. MANNER OF DEATH: [✓] 1 Natural [ ] 2 Accident [ ] 3 Suicide [ ] 4 Homicide [ ] 5 Undetermined if Injured Purposely or Accidently [ ] 6 Pending Investigation

35a. DATE OF INJURY (Mo., Day, Yr.) | 35b. TIME OF INJURY (24 Hour Clock) | 35c. INJURY AT WORK? [ ] 1 Yes [ ] 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)

DOH-HVR Form 12, Rev. 12/98

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: DEC 1 0 1999

Barry E Nangle

Barry E. Nangle
DIRECTOR OF VITAL RECORDS

SL 006884

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THE GREAT SEAL OF THE STATE OF UTAH 1896

SDH-BMR 94 (9/96)

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