

AFFIDAVIT OF IDENTITY

13-100-0007

I, Rick D. Horne, Do duly state that I personally know that Lila Seeds, as shown on the attached Certificate of Death, is one in the same person as Lila Seeds, As shown on deed/entry #722648 in Book 1067 page 1042 of the official records of the Davis County Recorder as receiving an interest as joint tenant in the following described real property;

All of Lot 7, Buena Vista Subdivision No. 3, a subdivision of part of Section 26, Township 5 North, Range 2 West, in the Town of Sunset,

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

STATE OF UTAH

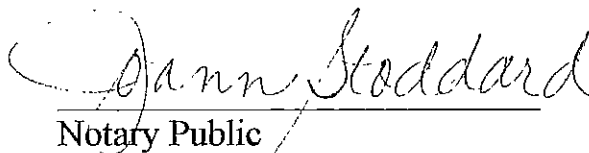
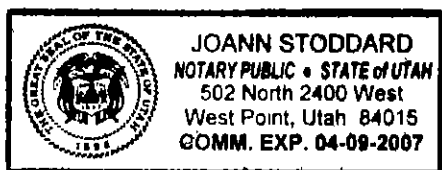
S.S.



County of Davis

Acknowledgment

On this 20<sup>th</sup> Day of October, 2003 Personally appeared before me Rick D. Horne, The signer of the within instrument who duly acknowledged to Me that they executed the same.

  
Notary Public

4-9-07

Commission Expires

# 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 29-256-03

STATE FILE NUMBER

1 NAME OF DECEDENT FIRST MIDDLE LAST <b>Lila SEEDS</b>			2 SEX <b>Female</b>		13a DATE OF DEATH (Mo., Day, Yr.) <b>March 10, 2003</b>		13b TIME OF DEATH (24 hr clock) <b>08:17</b>			
4 DATE OF BIRTH (Mo., Day, Yr.) <b>July 18, 1920</b>			5 AGE - Last Birthday <b>82</b>		6 BIRTHPLACE (City & State or Foreign Country) <b>Hyrum, Utah</b>			7 SOCIAL SECURITY NUMBER <b>529-12-1428</b>		
8a PLACE OF DEATH (check only one) <input checked="" type="checkbox"/> 1 Inpatient <input type="checkbox"/> 2 ER/Outpatient <input type="checkbox"/> 3 DOA			8b ALL OTHER LOCATIONS <input type="checkbox"/> 4 Nursing Home <input type="checkbox"/> 5 Residence (any)			8c NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) <b>Ogden Regional Medical Center</b>				
9c CITY, TOWN, OR LOCATION OF DEATH <b>Ogden</b>			9d COUNTY OF DEATH <b>Weber</b>			9 SURVIVING SPOUSE (if wife, give maiden name)				
10 WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input checked="" 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 enter retired) <b>Waitress</b>			12b KIND OF BUSINESS OR INDUSTRY <b>Restaurant</b>	
13a RESIDENCE - STREET AND NUMBER <b>338 West 1425 North</b>			13b CITY, TOWN OR COMMUNITY <b>Sunset</b>			13c COUNTY <b>Davis</b>		13d STATE <b>Utah</b>		
13e INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No		13f ZIP CODE <b>84015</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, An Indian (tribe may be entered), Japanese, etc (Specify) <b>White</b>		16 EDUCATION (specify only highest grade completed): Elementary or Secondary (0-12) College (13-16 or 17+) <b>12</b>		
17 FATHER'S NAME (First, Middle, Last) <b>Orson M. Lauritzen</b>					18 MAIDEN NAME OF MOTHER (First, Middle, Last) <b>Della Orgill</b>					
19 NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT <b>Lila Rae Seeds (daughter) 338 West 1425 North, Sunset, Utah 84015</b>										
20 METHOD OF DISPOSITION <input checked="" 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 <b>March 13, 2003</b>		21b PLACE OF DISPOSITION (name of cemetery, crematory, or other place) <b>Brigham City Cemetery</b>			21c LOCATION - City or Town, State <b>Brigham City, Utah</b>		
22 SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Stephen H. Johnston</i>			23 LICENSE NUMBER <b>113589</b>		24 FUNERAL HOME (Name and address) <b>101782 Myers Mortuary</b>		25 DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN <b>3/2/03</b>			
25 DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN <b>3/2/03</b>			26 If not certified by medical examiner, was death reported to M E ? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No If yes, enter the date and hour reported M E CASE NO. _____ HR. _____ MO. _____ DAY _____ YEAR _____			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>Bruce F. Burtenshaw M.D.</i>			27c LICENSE NUMBER <b>162931-1205</b>		27d DATE SIGNED (Month, Day, Year) <b>3/11/03</b>					
28 REGISTRAR'S SIGNATURE <i>Craig Deering</i>										
29 REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) <b>MAR 11, 2003</b>					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. <b>Arteriosclerosis Heart Disease</b> <span style="float: right;">405</span> DUE TO (OR AS A CONSEQUENCE OF) b. _____ DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____ Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST. 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 <input type="checkbox"/> 1 Probably contributed to the cause of death <input type="checkbox"/> 2 Was the underlying cause of death <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 <input type="checkbox"/> 6 Pending Investigation			
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 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 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: **MAR 11 2003**

County **WEBER**

Registrar *Craig Deering*

*Barry E Nangle*

Barry E. Nangle  
DIRECTOR OF VITAL RECORDS

By *[Signature]*



LL 1281359



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

USE PERM. NT BLACK INK

SDH-EV/RHS 05 (9/96)

UDH-BVH  
Form 12,  
Rev. 12/98