#### WHEN RECORDED MAIL TO:

John D. Bleazard 1817 E Bryan Rd grantsville, Ut. 84074 Ent 234118 Bk 0993 Pg 0834
Date: 30-DEC-2004 4:16PM
Fee: \$18.00 Check
CALLEEN B PESHELL, RECORDER
FILED BY: LMO
FOR: BLEAZARD MARK
TOOELE COUNTY CORPORATION

## PERSONAL REPRESENTATIVE'S DEED

MARK C. BLEAZARD, as personal representative of the estate of DALE M. BLEAZARD, deceased,

GRANTOR(S)

TO

JOHN D. BLEAZARD

GRANTEE(S)

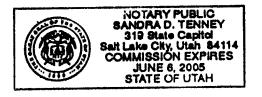
whose address is **TOOELE** City, County of **TOOELE**, State of **UTAH**.

WHEREAS, Grantor is the qualified Personal Representative of said estate, filed as Probate Number **003300052**, in **TOOELE** County, Utah, a copy of the Letters of Testamentary being attached hereto.

THEREFORE, for valuable consideration received, Grantor hereby conveys and warrants to grantee all right, title and interest acquired as such Personal Representative or otherwise in and to the following described real property in **TOOELE** County, Utah:

THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER, EXCEPT ONE ACCESS ROAD, SECTION 26, TOWNSHIP 2 SOUTH, RANGE 4 WEST.

WITNESS the hand(s) of said grantor(s	s) this 30 day of Sept.	, 2004.
		Mark C. Bleazard Personal Repleser tative of the estate of Dale M. Bleazard, deceased
	· · · · · · · · · · · · · · · · · · ·	
STATE OF UTAH)		
COUNTY OF TOOELE)	SS.	
On the 30 day of Sprember representative of the estate of DALE M to me that he executed the same.	, <b>2004</b> , personally appeare I. <b>BLEAZARD</b> , and as signer(s) o	d before me MARK C. BLEAZARD as personal of the foregoing instrument who duly acknowledged
		Sandia Demey Notary Public
Commission Expires:	Residi	ng in:



### Ent 234118 Bk 0993 Pg 0835

3RD DISTRICT COURT-TOOELE

00 JUL 10 PM 1: 35

FILED BY\_\_\_\_\_

John R. Madsen (USB No. 4371) Kelly J. Applegate (USB No. 6170) RAY, QUINNEY & NEBEKER Attorneys for Personal Representative 400 Deseret Building 79 South Main Street Salt Lake City, Utah 84111 (801) 532-1500

# IN THE THIRD JUDICIAL DISTRICT COURT OF TOOELE COUNTY STATE OF UTAH

### IN THE MATTER OF THE ESTATE

OF

DALE MAX BLEAZARD,

Deceased.

LETTERS TESTAMENTARY

Probate No: 003300052

- 1. Mark C. Bleazard was duly appointed and qualified as Personal Representative of the estate of the above-named decedent on the <u>io</u> day of <u>Jacky</u>, 2000, 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 said Personal Representative.

WITNESS, my signature and the seal of this Court, this /a day of \_\_\_\_\_\_\_

Clerk of the Court

By: Marlyn Gussel

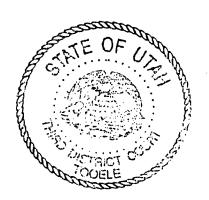
525619/jrm

2000.

I CERTIFY THAT THIS IS A TRUE COPY OF AST ORIGINAL DOCUMENT ON FILE IN THE THIRD DISTRICT COURT, TOOELE COUNTY, STATE OF UTAH

DATE: July 10, 200

DEPUTY COUNT CLERK



MAR 8, 1921 78 LOCATE TATE   Thorse   Decoration   Decora	MART 8, 1921 78 Months   Tright   Trigh	MAT 8, 1921. 78 Locate   Total   Name   Peco    Total Experiment   Dispose	Mar 8, 1921 78 More   The Theory   The Series   The Serie		DALE MAXWELL BLEAZARD Male June 19, 1999	DF DEATH (24hr.olook) 22:45
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25. ARE DECEASELY WEST AND THE COURT PAYSICIAN TO the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.  27a. CERTIFIER?  27a. CERTIFIER?  27a. CERTIFIER?  27a. CERTIFIER?  27a. CERTIFIER?  27a. CERTIFIER?  27b. SIGNATURE 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.  27b. SIGNATURE AND TITLE OF CERTIFIER  27b. SIGNATURE AND TITLE OF CERTIFIER THE CAUSE OF DEATH (MALE) (Type-Print)  28b. NAME AID ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (MALE) (Type-Print)  29c. REGISTRARS SIGNATURE  29c. REGISTRARS SIGNATURE  31. PART I ENTER THE DISEASES, INJURIES, OR COMPILIATIONS THAT CAUSED THE DEATH (MALE) (Type-Print)  31. PART I ENTER THE DISEASES, INJURIES, OR COMPILIATIONS THAT CAUSED THE DEATH (MALE) (Type-Print)  31. PART I ENTER THE DISEASES, INJURIES, OR COMPILIATIONS THAT CAUSED THE DEATH (MALE) (Type-Print)  31. PART I ENTER THE DISEASES, INJURIES, OR COMPILIATIONS THAT CAUSED THE DEATH (MALE) (Type-Print)  31. PART I ENTER THE DISEASES, INJURIES, OR COMPILIATIONS THAT CAUSED THE DEATH (MALE) (Type-Print)  32c. INJURIES (MALE) (Type-Print)  33d. WAS AN AUTORY  33d. WAS AN A	25. DATE DECEASES VAS LAST PARTICIPATION (CALLES AND ALL CALLES AN	ATTENDED OF DESTROY PHYSICIAN  If yes, some that does not hour reported to DAY  YEAR  THERE  The Certifier of the course of the	25. DATE DECEASEDWAS LAST  THE INTERIOR OF SETS STRYNG PHYSICIAN  AX  127a. CERTIFIER  27a. CERTIFIER  27a. CERTIFIER  27b. CERTIFIER  27c. CICRIFIER  27c. CI	X	Tate Mortuary 110 So. Main St.	
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date, place, and due to the cause(s) and manner as stated.  276. SIGNATIVE AND TITLE OF CERTIFIER  276. SIGNATIVE AND TITLE OF CERTIFIER  276. SIGNATIVE AND TITLE OF CERTIFIER  277. 160653-120   276. DATE SIGNATURE  28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (IRM 31) (TyperPrint)  29. REGISTRAR'S SIGNATURE  29. REGISTRAR'S SIGNATURE  30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)  31. PART I ENTER THE DISEASIS, INJURIES, OR COMMICCATIONS THAT CAUSED THE PEATH. DO NOT ENTEP-TIF-MOOE OF DYING, SUCH AS CARDIAC Behavior of control of the cause of control disease of control disease of control disease of control disease of control manually of cause)  31. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part 1  32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT  33. MASANTER OF DEATH  34. MANNER OF DEATH  35. DATE OF INJURY (Mo., Day, Yr.)  35. DATE OF INJURY (Mo., Day, Yr.)  35. DATE OF INJURY (Mo., Day, Yr.)  35. DATE OF INJURY AND HORK?  36. PLACE OF INJURY And home, farm, street, factory, office, building, etc. (Speen)	date, place, and due to the cause(s) and manner as stated.  276. LIGENSE NUMBER 77-160653-1205  276. LIGENSE NUMBER 77-160653-1205  277. LIGENSE NUMBER 77-160653-1205  28. NAME AND ADDRESS OF PERSON, WHO CERTIFIED THE CAUSE OF DEATH (IRLS 3)) (*) per Print)  28. NAME AND ADDRESS OF PERSON, WHO CERTIFIED THE CAUSE OF DEATH (IRLS 3)) (*) per Print)  29. REGISTRAR  31. PART I ENTER THE DISEAS,S. INJURIES. OR COMPLICATIONS THAT CAUSED THE PEATH. DO NOT ENTER-Priphoge OF DYING, SUCH AS CARDIAC BASENGE OF ADDRESS (*) PRINT ARUNE. LIST ON TONE CAUSE OF IRLS ON THE PEATH. DO NOT ENTER-Priphoge OF DYING, SUCH AS CARDIAC BASENGE OF COMPLICATIONS THAT CAUSED THE PEATH. DO NOT ENTER-Priphoge OF DYING, SUCH AS CARDIAC BASENGE OF COMPLICATIONS THAT CAUSED THE PEATH. DO NOT ENTER-Priphoge OF DYING, SUCH AS CARDIAC BASENGE OF COMPLICATIONS THAT CAUSE OF HACH LINE.  MARBONITE CAUSE (*) PROPERTY OF COMPLICATIONS THAT CAUSED THE PEATH. DO NOT ENTER-Priphoge OF DYING, SUCH AS CARDIAC BASENGE OF COMPLICATIONS THAT CAUSE OF THE DECEDENT BASENGE OF PRINTING AND ALTOPSY OF THE PERSON BANABASE OF THE DECEDENT BASENGE OF PRINTING AND ALTOPSY PRINTING	date, place, and dute to the cause (s) and manner as stated.  276. SIGNATURE AND TITLE OF CERTIFIED THE CAUSE OF DEATH (I EM 31) (Type-Print)  28. NAME AND ADDRESS OF PERSON WHID CERTIFIED THE CAUSE OF DEATH (I EM 31) (Type-Print)  29. REGISTRAR'S SIGNATURE  29. REGISTRAR'S SIGNATURE  30. DATE REGISTRAR NOTIFIED OF DEATH (No. Day, W.)  30. DATE REGISTRAR'S SIGNATURE  31. PART I ENTER THE DISEASE, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER-RIFTMORE OF DIVING, SUCH AS CARDIAC  APPOXIMATE CAUSE (Print)  AMERICAN AREST, SHOCK, OR PRANT FALURE. LIST OUT O'NE CAUSE OF REAL ACH LINE.  APPOXIMATE CAUSE (Print)  AMERICAN AREST, SHOCK, OR PRANT FALURE. LIST OUT O'NE CAUSE OF REAL ACH LINE.  APPOXIMATE CAUSE (Print)  AMERICAN AREST, SHOCK, OR PRANT FALURE. LIST OUT O'NE CAUSE OF REAL ACH LINE.  APPOXIMATE CAUSE (Print)  AMERICAN AREST, SHOCK, OR PRANT FALURE. LIST OUT O'NE CAUSE OF REAL ACH LINE.  APPOXIMATE OF DEATH  AND A CONSEQUENCE OF:  BATT IS O'NE SIGNIFICAN CONSTITUTION TO BE CODE BY THE DECEDENT  BATT IS O'NE SIGNIFICAN CONSTITUTION TO BE CODE BY THE DECEDENT  BATT IS O'NE SIGNIFICAN CONSTITUTION TO BE CODE OF SIGNIFICAN CONSTITUTION OF SIGNIFICAN	date, place, and due to the cause(s) and manner as stated.  27b. SIGNATURE AD TITLE OF CERTIFIER  27b. SIGNATURE  28b. NAME ALIO ADDRESS OF PERSON, WHO CERTIFIED THE CAUSE OF DEATH (MR. 21) (Types Princy)  28c. NAME ALIO ADDRESS OF PERSON, WHO CERTIFIED THE CAUSE OF DEATH (MR. 21) (Types Princy)  28c. REGISTRAR SIGNATURE  28c. REGISTRAR SIGNATURE  37c. LICEMSE NUMBER 77-160653-1205  27d. DATE SIGNIPO (MA. Day Yr) 1  28c. REGISTRAR SIGNATURE  37c. LICEMSE NUMBER 77-160653-1205  27d. DATE SIGNIPO (MA. Day Yr) 1  28c. REGISTRAR SIGNATURE  37c. LICEMSE NUMBER 77-160653-1205  27d. DATE SIGNIPO (MA. Day Yr) 1  28c. REGISTRAR SIGNATURE  37c. LICEMSE NUMBER 77-160653-1205  27d. DATE SIGNIPO (MA. Day Yr) 1  28c. REGISTRAR NOTIFIED OF DEATH (MA. Day, Yr) 30b. DATE FILED (MA. Day, Yr) 3	CERTIFIEA	1. CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and ma	
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Type Print)  29. REGISTRAR'S SIGNATURE  29. SAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (INC. Day, Yr.)  30a. DATE REGISTRAR NOTIFIED OF DEATH (No. Day, Yr.)  31. PART I ENTER THE DISEASIS, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER-Q-IF MODE OF DYING, SUCH AS CARDIAC  Believes Of POYING, SUCH AS CARDIAC  BELIEVE OF DEATH  AUTOPSY  FINANCIAL CAUSE (Print)  CAUSE OF DEATH  DUE TO (OR AS A CONSEQUENCE OF):  10. PORT II. Other Significant Conditions contributing to death but not presulting in the underlying cause given in Part 1  10. Probably contributed to the cause of death.  10. DID TO (OR AS A CONSEQUENCE OF):  11. Probably contributed to the cause of death.  12. Was the underlying cause of death.  13. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT  14. SUBSER  AUTOPSY  FINONOS AVALABLE  PRICE TO COMPLETION  15. INJURY AN WORK?  16. UNKNOWN  16. UNKNOWN  17. Ves. 10. No. USER  PRICE TO COMPLETION  15. INJURY AN WORK?  15. INJURY AN WORK?  15. INJURY AN WORK?  15. INJURY AN Home, farm, stieset, factory, office, building, etc. (Speechy)  16. SINDLY AN WORK?  16. SINDLY AN WORK?  16. SINDLY AN WORK?  17. Ves. 10. SINDLY AN Home, farm, stieset, factory, office, building, etc. (Speechy)  17. PORT DICKNOWN  18. INJURY AN HOME, and the cause of death.  18. INJURY AN HOME, and the cause of death.  19. SINDLY AN HOME, and the cause of death.  19. SINDLY AN HOME, and the cause of death.  20. SINDLY AN HOME, and the cause of death.  21. PORT DICKNOWN  22. No. The Course of Sindly And Home, farm, stieset, factory, office, building, etc. (Speechy)	REGISTRAR 29. REGISTRAR'S SIGNATURE  30.0. DATE REGISTRAR'S SIGNATURE  31. PART I ENTER THE DISEASS, NUURIES, OR COMPLICATIONS THAT CAUSED THE PEATH. DO NOT ENTEP-415-MODE OF DAYING, SUCH AS CARDIAC Belowen Onest and Death ANABINE CAUSE (IT has desired of the cause)  31. PART I ENTER THE DISEASS, NUURIES, OR COMPLICATIONS THAT CAUSED THE PEATH. DO NOT ENTEP-415-MODE OF DYING, SUCH AS CARDIAC Belowen Onest and Death Anabing in death of the cause of the Complete of th	28. NAME AND ADDRESS OF PERSON WIND CERTIFIED THE CAUSE OF DEATH (I'BU 37) (TyperPrint)  29. REGISTRAR'S SIGNATURE  29. REGISTRAR'S SIGNATURE  20. A REGISTRAR'S SIGNATURE  31. PART I ENTER THE DISEASES, INJURIES, OR COMPULCATIONS THAT CAUSED THE DEATH. DO NOT ENTERPHIPMORE OF DVING, SUCH AS CARDIAC  OR RESPIRATORY ARREST, SHOCK, OR MAINT FAILURE. UST ONLY ONE CAUSE OF FACH LINE.  NAMEDIATE CAUSE (Print disease of Conditions).  I may bedre to immediate cause. Even UNDERLY THAT CAUSED THE DEATH. DO NOT ENTERPHIPMORE OF DVING, SUCH AS CARDIAC  Bequentially let conditions.  I may bedre to immediate cause. Even UNDERLY THAT CAUSE OF:  A DUE TO (OR AS A CONSEQUENCE OF):  Be DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (O	28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Typen*Init)  29. REGISTRARS SIGNATURE  29. REGISTRARS SIGNATURE  29. REGISTRARS SIGNATURE  31. PART I ENTER THE DISEASES, NUURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER-HI-DISE OF DIVING, SUCH AS CARDIAC  OR RESPIRATORY ARRESY, SHOCK, OR HINTER LUST CRYST OF THE DEATH. DO NOT ENTER-HI-DISE OF DIVING, SUCH AS CARDIAC  ADJUSTED CAUSE (Press or Cause)  AMADENTE CAUSE (Press or Cause)  AMADENTE CAUSE (Press or Cause)  AND CAUSE OF CAUSE (Press or Press)  Barpentially list conditions, Inny, teating to limited events resulting or the underlying cause or plany;  But inguised events resulting or the underlying cause of plany.  But indicated events resulting or the underlying cause of the cause of death.  CAUSE OF DEATH  34. MANUER OF DEATH  35. DATE OF INJURY (Aso., Day, Yr.)  35. DATE OF INJURY AT WORK?  35. DATE OF INJURY (Aso., Day, Yr.)  35. DATE OF INJURY AT WORK?  35. DATE OF INJURY (Aso., Day, Yr.)  35. DATE OF INJURY AT WORK?  35. DATE OF INJURY (Aso., Day, Yr.)  35. DATE OF INJURY AT WORK?  35. DATE OF INJURY AN HORR. Inductory of Injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)  ** As of this date patient was referred to Home of Cartify indicated in Injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)  ** As of this date patient was referred to Home of Cartify indicated in Injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)  ** As of this date patient was referred t	CERTIFIER	date, place, and due to the cause(s) and manner as stated.  27b. SIGNATURE AND TITLE OF CERTIFIER    27d. DATE SIGNSO (Mo.	
29. REGISTRAR 3 SIGNATURE  29. REGISTRAR MOTIFIED OF DEATH (Mo. Dey, M.) 306. DATE FILED (Mo. Dey, M.) 307. DATE FILED (Mo. Dey, M.) 308. DATE FILED (Mo. Dey, M.) 308. DATE FILED (Mo. Dey, M.) 2 9 1999  31. PART I ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE PEATH. DO NOT ENTER-RIFMODE OF DVING, SUCH AS CARDIAC DRIVEN CHARLES (Provided and Death of Machine)  10. RESPIRATORY ARREST, SHOCK, OR PRART FAILURE. LIST ONLY TONE CAUSE OF EACH LINE.  11. PRINTING CAUSE (Print death)  12. REGISTRAR MOTIFIED OF DEATH (Mo. Dey, M.) 308. DATE FILED (Mo. Dey, M.) 308. DATE FILED (Mo. Dey, M.) 309. DATE FILED (Mo. Dey, M.) 30	REGISTRAR  29. REGISTRAR'S SIGNATURE  31. PART I ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH, DO NOT ENTER-THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH, DO NOT ENTER-THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH, DO NOT ENTER-THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH, DO NOT ENTER-THE DISEASES, INJURNES, OR COMPLICATIONS THAT CAUSED THE DEATH, DO NOT ENTER-THE DISEASES, INJURNES, OR COMPLICATIONS THAT CAUSED THE DEATH, DO NOT ENTER-THE DISEASES, INJURNES, OR COMPLICATIONS THAT CAUSED THE DEATH OF DEATH  Beyward Ontel and Death of the Death of the Death of the Course of the Death of the Death of the Death of the CAUSE of the Death of the Death of the Death of the Cause of death.  Beyward Ontel and Death of the Death of the Death of the Cause of death.  Beyward Ontel and Death of the Death of the Cause of Death	29. REGISTRAR SIGNATURE  30. DATE REGISTRAR NOTIFIED OF DEATH (No. Day, Yr.)  31. PART I ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE PEATH. DO NOT ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE PEATH. DO NOT ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE PEATH. DO NOT ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE PEATH. DO NOT ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE PEATH. DO NOT ENTER THE DESCRIPTION OF DIVING, SUCH AS CARDIAC  Approximate. Interval Behavior of the Course of Cause of David Course of Cause	REGISTRAR 3 SIGNATURE    20 REGISTRAR SIGNATURE   20 REGISTRAR NOTIFIED OF DEATH (Mo. Dey. Yr.)   300. DATE FILED (Mo., Day. Yr.)   300. DATE	5	1 Correct ( 10/23)	29
31. PART I ENTER THE DISEAS, S., INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER-QUEMOSE OF DYING, SUCH AS CARDIAC DRIESPIRATORY ARREST, SHOCK, OR GART FAILURE. LIST ONLY ONE CAUSE OF ACH LINE.  INMEDIATE CAUSE (Phal disease or foortion resulting in death)  Sequentially list conditions, If any, leading to limited disease or shortion  Resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  d.  CAUSE OF DEATH  PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part 1  DUE TO (OR AS A CONSEQUENCE OF):  1. Probably contributed to the cause of death.  1. Probably contributed to the cause of death.  2. Was the underlying cause given in Part 1  1. Probably contributed to the cause of death.  2. Was the underlying cause of death.  33a. WAS AN AUTOPSY FINDMOS SNATURE PROPRIED TO COMPLETION OF CAUSE OF DEATH?  34. MAINTER OF DEATH  35a. DATE OF INJURY (Mo., Day, Yr.)  35b. TIME OF INJURY AT WORK?  35c. INJURY AT WORK?  35c. INJURY AT WORK?  35c. INJURY AT WORK?  35d. PLACE OF INJURY A Home, farm, street, factory, office, building, etc. (Speechy)	31. PART I ENTER THE DISEASES, INJURIES. OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE DISEASES, INJURIES. OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE DISEASES, INJURIES. OR COMPLICATIONS THAT CAUSED THE DEATH.  ADPROXIMATE INTER THE DISEASES, INJURIES. OR COMPLICATIONS THAT CAUSED THE DEATH.  ADPROXIMATE INTER THE DISEASES, INJURIES. OR COMPLICATIONS THAT CAUSED THE DEATH.  ADPROXIMATE INTER THE DISEASES, INJURIES. OR COMPLICATIONS THAT CAUSED THE DEATH.  DUE TO (OR AS A CONSEQUENCE OF):  ### DUE	31. PART I ENTER THE DISEASES, INJURIES. OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER-QUI-MODE OF DYING, SUCH AS CARDIAG OR RESPIRATORY ARREST, SHOCK, OR PRART FAILURE. LIST OPIT ONE CAUSE OF FACH LINE.  MAJEDIATE CAUSE (Phat disease shortoon reaching in death)  DUE TO (OR AS A CONSEQUENCE OF):  Serpentially list conditions. It may, leading to firm addite cause. Street UNDERLYING. CAUSE (deease or imply) In death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  1. Probably contributed to the cause of death. 1. Probably contributed to the cause of death. 1. S. NON-USER  PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part 1  33. WERE AUTORBY PERFORMED? PERFORMED? 1. Probably contributed to the cause of death. 1. S. NON-USER 1. S. NON-USER OF DEATH 1. Natural 1. S. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, Nature Of Final Nature of Hall of the cause of death of the cause of death in injury, Nature Of Final Nature of Hall of the cause of death of the cause of death. 1. Natural 35. LOCATION (Street or rural route number, city or fown, county and state). 35. Indicate minds of the cause of death of the cause of death. 35. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, Nature Of Final Nature of Hall Natu	31. PART I ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE HODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, ON PART FAILURE. LIST CONTONE CAUSE CHI. ACH LINE.  MANEDIATE CAUSE (Prival disease or consistion meaning in death)  DUE TO (OR AS A CONSEQUENCE OF):  ALLOSE (risease or injury) Nat inhalted events resulting in the underlying cause given in Part 1  DUE TO (OR AS A CONSEQUENCE OF):  1. Probably contributed to the cause of death. 2. Was the underlying cause of death. 32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT ALTOPRY PERFORMED? PERFORM		29. REGISTRAR'S SIGNATURE. 30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) 30b. DATE FILED	
CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF JUNEAR OF DEATH  CAUSE OF DEATH  CAUSE OF JUNEAR OF	CAUSE OF DEATH  CAMPE OF DEATH  34. MANGER OF DEATH  34. MANGER OF DEATH  35. DATE OF INJURY (Mo., Day, Y.)  35. DATE OF INJURY OCCURRED (Inler sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)  ** As of this date patient was referred to Home Health Care	MANAGENATION OF BATH  SE OF ATH  PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part 1  DUE TO (OR AS A CONSEQUENCE OF):  JUB TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  JUB TO (OR AS A CONSEQUE	RANEDIATE CAUSE (PINAl delease or bondision in subditing in death)  DUE TO (OR AS A CONSEQUENCE OF):  J. Probably or death   S. NON-USER   S. NON-USER   PERFORMENT   PERFORMENT	REGISTRAR	31, PART I ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE DISEASES.	proximate Interval
Sergentidity ket conditions, If now, bacfing to Immediate cause. Each UNDERLYING CAUSE (effects or injury) Into Math Mittable development resulting in the underlying cause given in Part 1  CAUSE OF DEATH  PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part 1  DUE TO (OR AS A CONSEQUENCE OF):  d.  132. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT AUTOPSY FINONOS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH  135. Did not contribute to the cause of death.  14. Is unknown in relation to the cause of death.  15. NON-USER PERFORMED  16. UNKNOWN FUNCE OF INJURY (Mo., Day, Yr.)  16. UNKNOWN FUNCE OF INJURY At home, farm, street, factory, office, building,etc. (Speech)	Segunitarily list conditions. If any, basing to immediate cause. Ever INDERLYNING CAUSE (riferate or injuny) PART II. Other Significant Conditions contributing to death but not g. Was the underlying cause given in Part 1    PART II. Other Significant Conditions contributing to death but not g. Was the underlying cause of death.   1. Probably contributed to the cause of death.   2. Was the underlying cause of death.   34. MANTER OF DEATH   35s. DATE OF INJURY (Mo., Day, Yr.)   35s. TIME OF INJURY AT WORK?   35d. PLACE OF INJURY. At home, farm, street, factory, office, building,etc. (Specify)    35g. LOCATION (Street or rural rouse number, city or form, county and state.)   1. Yes   2. No   35g. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)    4	Sequentially hat conditions, If any, leading to immediate couse. Enter INDEPTIVED CAUSE (deepers or injury) In immediate couse. Enter INDEPTIVED CAUSE (deepers or injury) In immediate couse for injury (in immediate) In immediate couse for injury	Sequentially list conditions. It any, leading to himmedate cause. Error INDERLYING CAUSE (disease or injury) That initiated evants resulting In death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUEN		MANEDIATE CAUSE /FINA L'ENGESTIVE HEAVITOULUNE	year
CAUSE OF DEATH  CAUSE (effects or injury) In death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d.  DUE TO (OR AS A CONSEQUENCE OF):  d.  DUE TO (OR AS A CONSEQUENCE OF):  1. Probably contributed to the cause of death.  D. I. Probably contributed to the cause of death.  D. I. Probably contributed to the cause of death.  D. I. Probably contributed to the cause of death.  D. I. Probably contributed to the cause of death.  D. I. Probably contributed to the cause of death.  D. I. PROBABLY CAUSE OF DEATH  AUTOPSY FINDINGS AVAILABLE PRICE TO COMPLETION  IF USER  34. MASHER OF DEATH  35a. DATE OF INJURY (Mo., Day, Yr.)  35b. TIME OF INJURY AT WORK?  STORY DEATH  35c. INJURY AT WORK?  STORY DEATH	CAUSE OF DEATH  CAUSE OF DEATH	B my, teafing to Immediate course. Enter IMDERTURING CAUSE (desease or influny in Immediate) CAUSE (desease or influny in Immediate)  DUE TO (OR AS A CONSEQUENCE OF):  d.  PART II. Other Significant Conditions contributing to death but not growth in Immediate available of the cause of death.    1. Probably contributed to the cause of death.   2. Was the underlying cause given in Part 1   3. No. LUSER PRICORLED?   5. NO. LUSER PRICORLED?   6. UNKNOWN   1. Yes   2. No   1. Yes   3. Suicide   4. Homicide   4. Soft his date patient was diver, passanger or pedestrian.  ** As of this date patient was reformed.	CAUSE (Seeses or injury) Institutional contribution a contributing to death but not peaking in death july cause given in Part 1  CAUSE (Seeses or injury) Institution of the underlying cause given in Part 1  DUE TO (OR AS A CONSEQUENCE OF):  132. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT DI. Frobably contributed to the cause of death. DI. Was the underlying cause of death. DI. Winknown DI. Ves DI. No CAUSE OF DEATH DI. Natural DI. Undelermined DI. Undelermined DI. Undelermined DI. Undelermined DI. Pending It injured Purposely or Accidentally  AS OF this date patient was referred to Home Health Care for primary care under direction of certifying physician.		Viabelles	years
CAUSE OF DEATH  CAUSE OF DEATH	CAUSE OF DEATH  CAUSE OF DEATH	PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part 1    1. Probably contributed to the cause of death.	CAUSE OF DEATH  CAUSE OF INJURY (Mo., Day, Yr.)  CAUSE OF INJURY (Mo., Day, Yr.)  CAUSE OF INJURY At WORK?  CAUSE OF INJURY At Norm, county and state.)  CAUSE OF INJURY At WORK?  CAUSE OF DEATH  CAUSE OF INJURY At WORK?  CAUSE OF		Il may, leading to immediate causa. Enter UNIDERLYWIG CAUSE (deeste or injury) c.	
CAUSE OF DEATH    1. Probably contributed to the cause of death.	CAUSE OF DEATH  resulting in the underlying cause given in Part 1    1. Prohibity contributed to the cause of death.   3. NON-USER PERFORMED? P	FATH  Teaulting in the underlying cause given in Part 1  1. Prohably contributed to the cause of death. 2. Was the underlying cause of death. 3. NON-USER PERFORMED? PERFORMED? PERFORMED? PERFORMED? PERFORMED? PERFORMED? OF CAUSE OF DEATH?  1. ve. \$2. No.  34. MANNER OF DEATH  35a. DATE OF INJURY (Mo., Day, Vr.)  35b. TIME OF INJURY AT WORK?  35b. TIME OF INJURY AT WORK?  35c. INJURY AT WORK?  35c. INJURY AT WORK?  35c. INJURY AT WORK?  35d. PLACE OF INJURY. At home, farm, street, factory, office, building,etc. (Specify)  35c. LOCATION (Street or rural route number, city or form, county and state.)  35d. DESCRIBE HOW INJURY OCCURRED (anter sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)  ** As Of this date patient.	CAUSE OF DEATH  Tesulting in the underlying cause given in Part 1    1. Probably contributed to the cause of death.   2. Was close of death.   3. NOM-USER PERFORMED! OF CAUSE OF DEATH   3. Did not contribute to the cause of death.   4. NOM-USER PERFORMED! OF CAUSE OF DEATH   3. Did not contribute to the cause of death.   4. NOM-USER PERFORMED! OF CAUSE OF DEATH   3. Did not contribute to the cause of death.   4. NOM-USER PERFORMED! OF CAUSE OF DEATH   3. Did not contribute to the cause of death.   4. NOM-USER PERFORMED! OF CAUSE OF DEATH   3. DIATE OF INJURY (Mo., Day, Yi.)   35b. TIME OF INJURY AT WORK?   35c. INJURY AT WORK?   3. NOM-USER PERFORMED! OF CAUSE OF DEATH   1. Yes			
34. MANNER OF DEATH  35a. DATE OF INJURY (Mo., Day, Yr.)  35b. TIME OF INJURY (Mo., Day, Yr.)  35b. TIME OF INJURY (Mo., Day, Yr.)  35c. INJURY AT WORK?  35d. DATE OF INJURY (Mo., Day, Yr.)  35d. TIME OF INJURY AT WORK?  35d. DATE OF INJURY AT WORK?  35d. DATE OF INJURY (Mo., Day, Yr.)	3. Did not contribute to the cause of death.   3. Did not contribute to the cause of death.   3. Did not contribute to the cause of death.   3. Did not contribute to the cause of death.   3. Did not contribute to the cause of death.   3. Did not contribute to the cause of death.   3. Did not contribute to the cause of death.   3. Did not contribute to the cause of death.   3. Did not contribute to the cause of death.   3. Did not contribute to the cause of death.   3. Did not contribute to the cause of death.   3. Did not contribute to the cause of death.   3. Did not contribute to the cause of death.   3. Did not contribute to the cause of death.   3. Did not contribute to the cause of death.   3. Did not contribute to the cause of death.   4. Did not contribute to the cause of death.   4. Did not contribute to the cause of death.   4. Did not contribute to the cause of death.   4. Did not contribute to the cause of death.   4. Did not contribute to the cause of death.   4. Did not contribute to the cause of death.   5. Did not contribute t	3. Did not contribute to the cause of death.   1. Yes   2. No   1. Yes   2. Yes   2. No   1. Yes   2. Yes   2. No   1. Yes   2. Yes   2	33. MANMER OF DEATH   35a. DATE OF INJURY (Mo., Day. Yr.)   35b. TIME OF INJURY   35c. INJURY AT WORK?   35c. IN		resulting in the underlying cause given in Part 1	FINDINGS AVAILABLE PRIOR TO COMPLETION
PEC Natural Cld Academic 1	1.Ves   2.No   356. LOCATION (Street or rural route number, cly or lown, county and state.)   356. LOCATION (Street or rural route number, cly or lown, county and state.)   356. LOCATION (Street or rural route number, cly or lown, county and state.)   356. LOCATION (Street or rural route number, cly or lown, county and state.)   356. LOCATION (Street or rural route number, cly or lown, county and state.)   356. LOCATION (Street or rural route number, cly or lown, county and state.)   356. LOCATION (Street or rural route number, cly or lown, county and state.)   356. LOCATION (Street or rural route number, cly or lown, county and state.)   356. LOCATION (Street or rural route number, cly or lown, county and state.)   356. LOCATION (Street or rural route number, cly or lown, county and state.)   356. LOCATION (Street or rural route number, cly or lown, county and state.)   356. LOCATION (Street or rural route number, cly or lown, county and state.)   356. LOCATION (Street or rural route number, cly or lown, county and state.)   356. LOCATION (Street or rural route number, cly or lown, county and state.)   356. LOCATION (Street or rural route number, cly or lown, county and state.)   356. LOCATION (Street or rural route number, cly or lown, county and state.)   356. LOCATION (Street or rural route number, cly or lown, county and state.)   356. LOCATION (Street or rural route number, cly or lown, county and state.)   356. LOCATION (Street or rural route number, cly or lown, county and state.)   356. LOCATION (Street or rural route number, cly or lown, county and state.)   356. LOCATION (Street or rural route number, cly or lown, county and state.)   356. LOCATION (Street or rural route number, cly or lown, county and state.)   356. LOCATION (Street or rural route number, cly or lown, county and state.)   356. LOCATION (Street or rural route number, cly or lown, county and state.)   356. LOCATION (Street or rural route number, cly or lown, county and state.)   356. LOCATION (Street or rural route number, cly or lo	1. Natural   2. Accident     1. Yes   2. No   35e. LOCATION (Street or nural route number, city or form, county and state.)   35l. If motor vehicle accident specify if decedent was driver, passanger or padestrian.   35g. DESCRIBE HOW INJURY OCCURRED (anter sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)   35g. DESCRIBE HOW INJURY OCCURRED (anter sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)   35g. DESCRIBE HOW INJURY OCCURRED (anter sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)	35. LOCATION (Sweet or nursh route number, city or Jown, county and state.)   35. LOCATION (Sweet or nursh route number, city or Jown, county and state.)   35. If motor vahicle accident specify if decedent was driver, passenger or pedestrian.   35. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)   ** As of this date patient was referred to Home Health Care for primary care under direction of certifying physician.		34. MANNER OF DEATH 35a, DATE OF INJURY (Mo., Day, Yr.) 35b, TIME OF INJURY AT WORK? 35d, PLACE OF INJURY At hom	1, Yes 2. No
35e. LOCATION (Street or rural route number, city or town, county and state.) 351. If motor vehicle accident specify if decedent was	3. Suicide	35g. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)  15 Undelermined 16 Pending ** As of this date patient was referred to Komo Health as	3. Suicide   4. Homicide   3. Describe How Injury Occurred (enter sequence of events which resulted in injury, Nature of Injury Should BE Entered in ITEM 31)   35g. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, Nature of Injury Should BE ENTERED IN ITEM 31)   ** As of this date patient was referred to Home Health Care for primary care under direction of certifying physician.		TET . Natural 2. Accident 2. No 35e. LOCATION (Street or rural route number, city or lown, county and state.) 35f. If motor vehicle accident spec	ily if decedent was
35g. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)	** AS OF TAILS GATE PATIENT WAS REFERRED TO HOME Health Care purposely of for primary care under direction of certifying studies.	1" House Three tire to AS OF FOLS GATE DATIENT WAS referred to Home to-111 a	H hyured howestpation ** As of this date patient was referred to Home Health Care for primary care under direction of certifying physician.		35. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTE	AED IN ITEM 31)
Puposely of Investigation A AS OI CILIS GATE PATIENT WAS REFERRED TO HOME Health Care for primary care under direction of certifying them.		1 IOF DEDICATE UDDEF OFFICE OF CERTIFORD COMMENT AND C	UDH BVRHS-Form 12. Rev. 1/98		Purposely or Purpo	
	UDH 8VRHS-Form 12. Rev. 1/96	UDH BVRHS-Form 12. Rev. 1/98		<u> </u>	UDH BVRHS-Form 12. Rev. 1/86	
ertify that this is a true copy of the certificate on file in this office. This certified copy is issued	ertify that this is a true copy of the certificate on file in this office. This certified copy is issued	y that this is a true copy of the certificate on file in this office. This certified copy is issued		certify the		
ertify that this is a true copy of the certificate on file in this office. This certified copy is issued rity of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.	rity of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.	of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.	hority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.	uthority of s	. 0 1000	
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Ept 234118 Bk 0993 Pg 0838

### UTAH DEPARTMENT OF HEALTH AFFIDAVIT TO AMEND A RECORD

23-097 D BIF	RTH & DEATH	☐ FETAL DEATH	142 99 00	6d 53
LOCAL CERTIFICATE NUMBER		γ.	STATE CERTIFICATE	NUMBER
1	IIDDLE NAME	<u> </u>	c. LAST NAME	
DALE	MAXWELL	<u> </u>	BLEAZARD	
	ACE OF OCCURRENCE - dty	,	T.	AMENDED
Male   June 19,1999   0	<u>Grantsville</u>	, Tooele Cou	nty p	
s name of father Gerald S. Bleazard	) 6	MAIDEN NAME OF MOTHER	11	2 of 2
Gerard 5. Dreazard		Ella Max	MeTT [	
MAKE NO	CORRECTION	IS ABOVE THIS	LINE	
ITEM 88. FACTS EXACTLY AS STATED ON THE ORIGIN		b. FACTS A	IS THEY SHOULD HAVE BEEN STATED ON THE OF	IIGINAL
NUMBER PACIS EXACTET AS STATED ON THE ORIGIN	NAL HECOND		AT THE TIME OF OCCURRENCE	
3a June 19, 1999		<u>June 18, 1</u>	999	<del></del>
		· · · · · · · · · · · · · · · · · · ·		
<u> </u>				
				·
9 Incorrect date of deat	l	<del></del>		
INCOLLECT date of death	·			
I hereby certify, under penalty of perjury, that I have personal known	uledge of the above facts and	that the Subscribed	& sworn to before me this 20 day of	Ulu 19 29
Information given is true and correct.	vienda o ino acora nacio ano		-10' On-	7
10. SIGNATURE OF FIRST WITNESS	11. DATE SIGNED		ic Mula. Motary P	IB(IC
Their Hearn's	July 2	0 1999 S	SHIRLEY J. A	INOTOU
112 AGE OF WITNESS 113 BELATIONSHIP OF WITNES	S TO THE PERSON WHOSE I	RECORD F	525 Valley View Dr. Tocele, UT	. P.O. Box 645
IS BEING AMENDED	ighter-in-l		COMMISSION	EXPIRES
Legal Day	igncer-in-i	aw A	SEPT. 11, 5 STATE OF L	2001 i
14. ADDRESS OF WITNESS (sireet, city, state, zip)		04000 L	SIATEOF	//wi
342 W. Clark St. Grantsv:				
I hereby certify, under penalty of perjury, that I have personal knot information given above is true and correct.	viedge of the above facts and	that the Subscribed	& sworn to before me this 🚜 🔔 day of 💃	cly 19 28
		Notacy Publ	ic Shuley Montage	
15. SIGNATURE OF SECOND WITNESS	16. DATE SIGNED	1	HOYARY PU	BUC
Some of Jun	7-20	. 99 S	SHIRLEY J. NO	ORTON 1
17. AGE OF WITNESS 18. RELATIONSHIP OF WITNES	IS TO THE PERSON WHOSE P	RECORD E	525 Valley View Dr.	P.O. Box 645
Legal IS BEING AMENDED. Fu	neral Direc	tor.	Toosle, UT &	YPIRES
1 -		A A	SEPT. 11, 2 STATE OF U	001
19. ADDRESS OF WITNESS (Street, chy. staw. zip) 110 So Main St. Tooele,	11+5h 04074	. 1	STATE OF U	TAH
		4		
20. DATE ACCEPTED 1999 21. OFFICE OF THE STATE OR	E Canal	eSL		
JUL 28 1999   13 arrey	O INDIVIN	~ いん		
	1,100,000			

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.

23-097

AUG 1 0 1999

Barry E. Nangle
Barry E. Nangle

County

DIRECTOR OF VITAL RECORDS

Registrar

4052