



When Recorded Mail To:
Mann, Hadfield & Thorne, P.C.
98 North Main Street
Brigham City, UT 84302

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF UTAH)
:ss
COUNTY OF BOX ELDER)

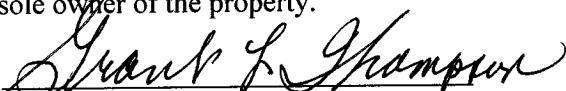
Grant L. Thompson (the "Affiant"), being duly sworn, states and represents that:

1. Affiant is the surviving joint tenant with regard to Water User Claim Number **29-2451**, which is appurtenant to the following described real property located in Box Elder County, State of Utah:

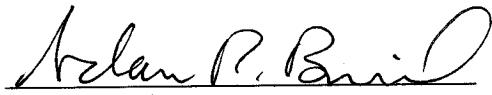
See Attached Exhibit "A"

and the Affiant is the same person as **Grant L. Thompson**, named as one of the joint tenants in that certain Water User Claim Number.

2. The Affiant was a joint tenant with regard to the Water User Claim Number with the following person who is now deceased. The Decedent's name was **Miriam S. Thompson (a.k.a. Miriam Clarice Selman Thompson Wise)**.
3. A Certificate of Death of the Decedent is attached hereto and is incorporated herein by reference.
4. The Affiant was the Son of the Decedent and was personally acquainted with her. The Decedent named in the attached Certificate of Death is one and the same person listed as a record owner of the Water User Claim Number herein described.
5. As the surviving joint tenant, Affiant is now the sole owner of the property.


Grant L. Thompson, Affiant

On the 27 day of May, 2014, personally appeared before me, the undersigned authority, the Affiant named in the foregoing Affidavit, who being by me first duly sworn, acknowledged to me that she executed the same and the statements contained therein are true


Notary Public

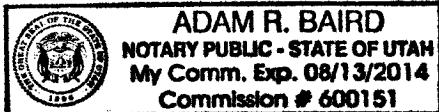


EXHIBIT "A"

(04-044-0011)

BEG AT A APT 548 FT S OF SEC COR BY AGREEMENT WHICH PT IS 1060 FT S & 4620 FT W OF NE COR OF SEC 32, TWP 10N, R 2W, SLM, S 362 FT, E 990 FT TO SW COR OF LOT 23 RIVER BANK TR B N 660 FT, E 134 FT, S 104 FT, N 87* 18'E 131 FT, S 0*5'W 839.9 FT, E 725.5 FT TO 1/4 SEC LINE, S 400 FT, W 1980 FT, N 340 FT, W 3500 FT TO RIVER, N 43*30'W 890 FT, E 4080 FT TO POB..

ALSO BEG AT NW COR OF LOT 46 RIVER TRACT B, E 1320 FT, S 140 FT, S 56*W 495 FT, S 72*5'W 508.86 FT, S 23*30'W 763 FT, W 420 FT, N 820 FT TO A PT 160 FT N OF NW COR O OF LOT 62 OF SD RIVER BANK TR, E 330 FT, N 500 FT TO POB. CONTG 110 ACS M/L. RES A R/W 2 RDS WIDE ACROS N END OF LOTS 8, 27 & 30 OF SD RIVER BANK TR B. TOG WITH A R/W OVER E 2 RDS OF LOTS 8 & 27 RIVER BANK TR B.
EXC TR DEEDED TO WESLEY HANSEN..

LESS: THE LOTS VACATED & COMBINED IN 04-045-0017. CONT 99.52 ACRES M/L

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

3/15 1997

**STATE OF UTAH - DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

143 97 007359

| | | | | | |
|--|--|---|------------------------------|---|---|
| LOCAL FILE NUMBER | | 02-152 | | STATE FILE NUMBER | |
| 1. NAME OF DECEASED | | FIRST | MIDDLE | LAST | 2. SEX |
| Miriam Clarice Selman Thompson WISE | | | | | Female |
| 3. DATE OF BIRTH (Mo. Day. Yr.) | | 4. AGE - (Later Birthday) | 5. IF UNDER 1 YEAR Months | 6. IF UNDER 24 HOURS Days | 7. BIRTHPLACE (City & State or Foreign Country) |
| Feb 22, 1906 | | 91 | | | Odgen, UT |
| 8a. PLACE OF DEATH (Check only one) | | 8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location) | | | |
| HOSPITAL: | | Columbia Brigham City Community | | | |
| 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA <input type="checkbox"/> 5. Nursing Home <input type="checkbox"/> 6. Residence <input type="checkbox"/> 7. Other <input type="checkbox"/> | | 8c. CITY, TOWN OR LOCATION OF DEATH | | | |
| Brigham City | | Box Elder | | | |
| 8d. COUNTY OF DEATH | | 9. SURVIVING SPOUSE (If single maiden name) | | | |
| Box Elder | | Wallace Wise | | | |
| DECEDENT | | 10. WAS DECEASED EVER IN THE U.S. ARMED FORCES | | | |
| 4500 2 2 14 | | <input type="checkbox"/> 1. Never Married <input checked="" type="checkbox"/> 2. Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced | | | |
| 11. MARITAL STATUS | | 12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) | | | |
| 13. RESIDENCE - STREET AND NUMBER | | 13b. CITY, TOWN OR COMMUNITY | | | |
| 2905 West 3200 North | | Brigham City | | | |
| 14a. INSIDE CITY LIMITS? | | 13f. ZIP CODE | | 14. WAS DECEASED OF HISPANIC ORIGIN? (If yes, Specify) | |
| <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No | | 84302 | | <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No <input type="checkbox"/> 1. Mexican <input type="checkbox"/> 2. Cuban <input type="checkbox"/> 3. Puerto Rican <input type="checkbox"/> 4. Other (Specify) White | |
| PARENTS | | 15. RACE - Black, White, Am. Indian (Name may be entered), Japanese, etc. (Specify) | | | |
| John Mark Selman | | 16. MAIDEN NAME OF MOTHER (First, Middle, Last) | | | |
| INFORMANT | | 17. FATHER'S NAME (First, Middle, Last) | | | |
| Mrs Thelma Manning | | 18. MAIDEN NAME OF MOTHER (First, Middle, Last) | | | |
| DISPOSITION | | 19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT | | | |
| 45 | | Mrs Thelma Manning Daughter 6200 West 13800 North | | | |
| 20. METHOD OF DISPOSITION | | 21a. DATE OF DISPOSITION | | 21b. PLACE OF DISPOSITION (Name of cemetery, cemetery, or other place) | |
| <input type="checkbox"/> 1. Burial <input type="checkbox"/> 2. Cremation <input type="checkbox"/> 3. Other | | Sept 4, 1997 | | Brigham City | |
| 22. SIGNATURE OF FUNERAL SERVICE LICENSEE | | 23. LICENSEE NUMBER | | 24. FUNERAL HOME (Name, address and license number) | |
| Ward Taylor | | 97-345063-0903 | | Rogers & Taylor Funeral Home | |
| 25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN | | 26. If not certified by medical examiner, was death reported to M.E.? (If yes, enter the date and hour reported M.E. Case No.) | | | |
| 8/27/97 | | <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No HOUR NO. DAY YEAR | | | |
| 27a. CERTIFIER | | 27b. SIGNATURE AND TITLE OF CERTIFIER | | | |
| <input 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. | | | |
| 28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Type/Print) | | 27c. LICENSE NUMBER | | | |
| Dr. Jan M. Ashdown 950 South 500 West, Brigham City, UT 84302 | | 27d. DATE SIGNED (Mo. Day, Yr.) | | | |
| 29. REGISTRAR'S SIGNATURE | | 30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo. Day, Yr.) | | | |
| John C. Lewis, Jr. | | Aug. 29, 1997 | | | |
| 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 HEAD INJURY. LIST ONLY ONE CAUSE ON EACH LINE. | | 30b. DATE FILED (Mo. Day, Yr.) | | | |
| IMMEDIATE CAUSE (Primary disease or condition resulting in death) | | Sept 11, 1997 | | | |
| a. <u>Aggressive metastatic Colon Cancer</u> | | Approximate Interval between Onset and Death | | | |
| b. <u></u> | | Weeks | | | |
| c. <u></u> | | | | | |
| d. <u></u> | | | | | |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that caused the immediate cause 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 DECEASED? | | | |
| | | <input type="checkbox"/> 1. Probably contributed to cause of death. <input type="checkbox"/> 2. Contributed to cause of death. <input 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. MANNER OF DEATH | | 35a. DATE OF INJURY (Mo. Day, Yr.) | | 35b. TIME OF INJURY (24 Hour Clock) | |
| <input type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident | | | | | |
| <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide | | | | | |
| 35c. LOCATION (Street or rural route number, city or town, county and state.) | | 35d. INJURY AT WORK? | | 35e. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) | |
| 5. Undetermined <input type="checkbox"/> 6. Pending investigation If injured Purposely or Accidentally | | <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No | | 35f. If motor vehicle accident specify if decedent was driver, passenger or pedestrian. | |
| 36g. DESCRIBE HOW INJURY OCCURRED (Enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31) | | | | | |

DATE ISSUED

MAY 09 2011

This is an exact reproduction of the facts registered in the State Office of Vital Statistics. Security features of this official document include: Intaglio Border, V & R Images in top cycloids, ultra violet fibers and hologram image of the Utah State Seal, over the words "State of Utah". This document displays the date, seal and signature of the State Registrar of Vital Statistics.

Janice L. Houston
State Registrar

063102843

**UTAH DEPARTMENT OF HEALTH
Office of Vital Records & Statistics
Salt Lake City, Utah**

AFFIDAVIT FOR CORRECTION

This is a legal document. Complete in black ink and do not alter.

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE. A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

All vital records are registered as received. Corrections must be made by affidavit. An item on the birth or death certificate may be corrected by affidavit only once; a court order will be required for subsequent corrections.

There is no processing fee for affidavits registered within one year of the date of the event. After one year from the date of the event, there is a fee for filing the affidavit which includes one replacement copy. Affidavits completed **within 90 days of issuance** may be given credit for monies previously paid. ((Multiple copies may require an additional fee.))

**PLEASE RETURN ALL COPIES WITH ONE COMPLETED AFFIDAVIT WITHIN 90 DAYS FOR REPLACEMENT TO:
UTAH DEPT. OF HEALTH, OFFICE OF VITAL RECORDS AND STATISTICS, P O BOX 141012,
SALT LAKE CITY, UT 84114-1012**

BIRTH CERTIFICATES

1. List the facts exactly as stated on the reverse side. Opposite each item, correct the information as it should have been stated at the time of the birth.
2. Who may sign the affidavit for corrections: If the person listed on the record is under 18, both parents listed on the record. If the person listed on the record is 18 he/she must sign as one of the witnesses, unless mentally incompetent or physically incapacitated. Parents or other older relatives are preferred witnesses for the second signature. If no father is listed on the record, an older relative of the mother of legal age may sign. The signatures must be notarized.
3. The parent(s) may add or correct the surname from that listed on the record until the child's first birthday without proofs. The first, and/or middle name can be corrected or added without proofs until the child's sixth birthday.
4. If the child is under the age of six and there is no father listed on the record, the child's surname may be corrected to match the mother's maiden name without documentation.
5. Minor corrections in spelling or parents' information may be corrected anytime. Some corrections may require documentary proof.
6. This affidavit cannot be used to add a father to or correct medical information on a birth certificate.

DEATH CERTIFICATES

1. If corrections to non medical information are not being made by the Funeral Home, the informant **MUST** sign as a witness along with an older relative of the deceased, or another person who is knowledgeable of the facts.
2. The medical information (Cause of Death) may only be corrected by the certifying physician or the Medical Examiner.

| LOCAL FILE NUMBER | | <input type="checkbox"/> BIRTH <input type="checkbox"/> DEATH <input type="checkbox"/> STILLBIRTH | STATE FILE NUMBER | |
|---|---|---|---|--|
| NAME AS REPORTED ON REVERSE | 1a. FIRST NAME | 1b. MIDDLE NAME | 1c. LAST NAME | |
| STATEMENT OF CORRECTIONS | 2a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD | | 2b. CORRECT INFORMATION | |
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| WHY IS CHANGE NECESSARY? | 3. | | | |
| PROOFS USED TO AMEND RECORD | 4. | | | |
| OATH OF FIRST WITNESS (MUST BE 18 OR OLDER) | 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 _____ day of _____ 20_____ Notary Public _____ My Commission expires _____ | |
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| OATH OF SECOND WITNESS (MUST BE 18 OR OLDER) | 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 _____ day of _____ 20_____ Notary Public _____ My Commission expires _____ | |
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| UDOH-OVRS REV. 02/06 | | | | |

REGISTRARS USE ONLY: Number of Certificates Replaced: _____ Initials: _____ Date: _____