

74 Dec

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*  
LEILA H. CRANE

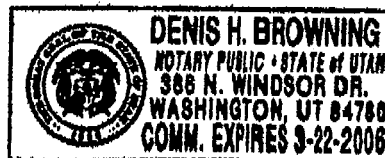
STATE OF UTAH

COUNTY OF SEVIER

On this 21<sup>ST</sup> 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.

*Denis H. Browning*  
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 <b>RONALD KENNETH CRANE</b>			2. SEX <b>Male</b>	3a. DATE OF DEATH (Mo., Day, Yr.) <b>June 4, 2004</b>	3b. TIME OF DEATH (24 hr. clock) <b>0440</b>
4. DATE OF BIRTH (Mo., Day, Yr.) <b>May 20, 1935</b>	5. AGE - Last Birthday <b>69</b>	6. BIRTHPLACE (City & State or Foreign Country) <b>Salina, Utah</b>	7. SOCIAL SECURITY NUMBER <b>529-48-7223</b>		
8a. PLACE OF DEATH (check only one) <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA		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) <b>165 North 400 West</b>	
9a. CITY, TOWN, OR LOCATION OF DEATH <b>Salina</b>			9b. COUNTY OF DEATH <b>Sevier</b>	9c. SURVIVING SPOUSE (if wife, give maiden name) <b>Leila Hampton</b>	
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) <b>Bus &amp; Truck Driver</b>	
12b. KIND OF BUSINESS OR INDUSTRY <b>Transportation</b>		13a. RESIDENCE - STREET AND NUMBER <b>165 North 400 West</b>		13b. CITY, TOWN OR COMMUNITY <b>Salina</b>	13c. COUNTY <b>Sevier</b>
13d. STATE <b>Utah</b>		14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify) <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No <input type="checkbox"/> 3. Mexican <input type="checkbox"/> 4. Cuban <input type="checkbox"/> 5. Puerto Rican <input type="checkbox"/> 6. Other (Specify)		15. RACE - Black, White, Am. Indian (the may be entered), Japanese, etc. (Specify) <b>Caucasian</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>Kenneth S. Crane</b>			
18. MAIDEN NAME OF MOTHER (First, Middle, Last) <b>B. Eunice Bjerregaard</b>				19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT <b>Leila H. Crane (wife) 165 North 400 West Salina, Utah 84654</b>	
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 <b>June 10, 2004</b>		21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) <b>Pioneer Cemetery</b>	
21c. LOCATION - City or Town, State <b>Salina, Utah</b>		22. SIGNATURE BY FUNERAL SERVICE LICENSEE <i>[Signature]</i>		23. LICENSE NUMBER <b>111865</b>	
24. FUNERAL HOME (Name and address) <b>SPRINGER TURNER FUNERAL HOME</b>		25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN <b>June 1, 2004</b>			
26. DATE OF DEATH (Mo., Day, Yr.) <b>June 4, 2004</b>		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 <b>371521204</b>		27d. DATE SIGNED (Month, Day, Year) <b>6-8-04</b>	
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print) <b>Kerry Blackham D.O. 310 West Main Street Salina, Utah 84654</b>					
29. REGISTRAR SIGNATURE <i>[Signature]</i>		30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) <b>JUN 08 2004</b>		30b. DATE FILED (Mo., Day, Yr.) <b>JUN 08 2004</b>	
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. <u>Congestive heart failure</u> 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. <u>CAD</u> <u>DM2</u>					
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 if injured purposely or accidentally <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 checked="" type="checkbox"/> 2. No		35d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) <b>35f. If motor vehicle accident specify if decedent was driver, passenger or pedestrian.</b>			
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]*

**00336918** Bk0533 P#00732

SDH-BVFRHS 98 (9/98)

**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**


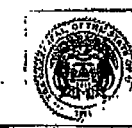
- 1. **DO NOT WRITE IN THE FIRST SECTION.** Items 1a through 8a, have been completed by our office according to the information on the original record, even if incorrect. Corrections and missing information are NOT to be entered in these spaces.
- 2. **LIST UNDER ITEM 8b,** opposite each of the incorrect 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 RONALD	1b. MIDDLE NAME KENNETH	1c. LAST NAME CRANE
	2. SEX Male	3. DATE OF EVENT June 4, 2004	4. PLACE OF OCCURRENCE - City and County 165 North 400 West Salina, Utah
	5. NAME OF FATHER Kenneth S. Crané		6. MAIDEN NAME OF MOTHER B. Eunice Bjerregaard
	<b>MAKE NO CORRECTIONS ABOVE THIS LINE</b>		
	7. ITEM NUMBER 7	8a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD 529-48-7223	8b. FACTS AS THEY SHOULD HAVE BEEN STATED ON THE ORIGINAL AT THE TIME OF OCCURRENCE 529-40-7223

STATEMENT OF AMENDMENTS	9. Correct Social Security Number
WHY IS CHANGE NECESSARY?	
PROOFS USED TO AMEND RECORD	10.

OATH OF FIRST WITNESS	11. SIGNATURE OF WITNESS <i>Lula Crane</i>	12. DATE SIGNED 7-1-04	Subscribed & Sworn to before me this <u>1st</u> day of <u>July</u> 2004 Notary Public <u>Mitzi Crane</u> My Commission expires <u>1-27-2007</u>  NOTARY PUBLIC MITZI CRANE 165 North 400 West Salina, Utah 84405
	13. AGE OF WITNESS 101	14. RELATIONSHIP OF WITNESS TO THE PERSON WHOSE RECORD IS BEING AMENDED Wife	
	15. ADDRESS OF WITNESS (Street, City, State, Zip) 165 N. 400 W Salina UT 844054		
OATH OF SECOND WITNESS	16. SIGNATURE OF WITNESS <i>Marianne Olsen</i>	17. DATE SIGNED 7-1-04	Subscribed & Sworn to before me this <u>1st</u> day of <u>July</u> 2004 Notary Public <u>Mitzi Crane</u> My Commission expires <u>1-27-2007</u>  NOTARY PUBLIC MITZI CRANE 165 North 400 West Salina, Utah 84405
	18. AGE OF WITNESS 33	19. RELATIONSHIP OF WITNESS TO THE PERSON WHOSE RECORD IS BEING AMENDED Daughter	
	20. ADDRESS OF WITNESS (Street, City, State, Zip) 315 W. Center Gunnison UT 844034		
UDOH-OVRS REV. 01/01	21. DATE RECEIVED JUL 20 2004	22. OFFICE OF THE STATE OR LOCAL REGISTRAR <i>Barry E. Nangle</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: **Health Dept**  
 Registrar: **Robert Remond, MHA**

*Barry E. Nangle*  
 Barry E. Nangle  
 DIRECTOR OF VITAL RECORDS

00336918 BK00533 P00733

LL01446975



By *D. Jensen*

