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23 NOVEMBER 90 02:23 PM  
KATIE L. DIXON  
RECORDER, SALT LAKE COUNTY, UTAH  
PARAMOUNT TITLE  
REC BY: SHARON WEST , DEPUTY

I, Gayle L. Christensen, a citizen of the United States of America, of legal age, represent that Carl Lindstrom, who is named as the deceased in the Death Certificate attached hereto, is one and the same person as Carl Lindstrom, who is named as Grantee in that certain Warranty Deed dated April 16, 1936, recorded April 28, 1936, as Entry No. 784549, in Book 165, at page 253, Salt Lake County Recorder, which deed conveyed the following described real property located in Salt Lake County, State of Utah:

Commencing at a point 547.95 feet East and 10 feet South of the Northwest corner of Lot 10, Block 41, Ten Acre Plat "A", Big Field Survey and running thence South 140.2 feet; thence East 42 feet; thence North 140.2 feet; thence West 42 feet to the beginning.

Together with a right of way over the following:

Commencing 547.95 feet East and 10 feet South of the Northwest corner of Lot 10, Block 41, aforesaid, thence South 410.2 feet; thence West 50 feet; thence North 410.2 feet; thence East 50 feet to Beginning.

#16-19-131-001

Property Address: 264 East 2100 South  
Salt Lake City, Utah 84115

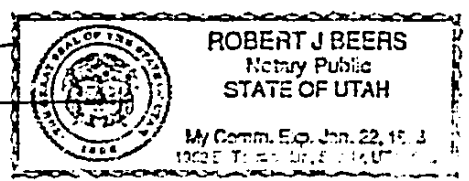
DATED, this 21 day of NOV, 1990.

Gayle L. Christensen  
Gayle L. Christensen

STATE OF )  
                  ) ss.  
COUNTY OF )

On the 21 day of NOV, 1990, personally appeared before me, , the signer of the foregoing instrument, who, after being duly sworn, acknowledged to me that Gayle L. Christensen executed the same.

[Signature]  
Notary Public  
Residing at:



My Commission Expires:

BK 6270PG0664

SALT LAKE CITY - COUNTY HEALTH DEPARTMENT  
DIVISION OF VITAL STATISTICS

-PROOF COPY-  
CO. RECORDED

THE STATE OF UTAH - DEPARTMENT OF HEALTH - DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1. Name of Deceased: **Salt Lake**  
2. City, Town or Location: **Utah**  
3. Length of Stay in U.S.: **61 Years**  
4. City, Town or Location: **Salt Lake City**  
5. Address: **18-9 East South Temple Street**  
6. Address: **201 East 21st South Street**

7. Sex: **Male**  
8. Race: **White**  
9. Date of Birth: **Aug 31st, 1891**  
10. Age (in years and months): **76**

11. Occupation: **Traffic Manager**  
12. Kind of Business or Industry: **Paris Company**  
13. Birthplace (State or foreign country): **Sundsvall, Sweden**  
14. Country of Birth: **U.S.A.**

15. Father's Name: **Carl Johan Lindstrom**  
16. Mother's Maiden Name: **Johanna Hellstrom**  
17. Name of Spouse: **Olive Keddington Lindstrom**

18. Social Security No: **Olive K. Lindstrom - June 26, 1924**

19. Cause of Death (Enter only one cause per type (a), (b), and (c))  
PART I. DEATH CAUSED BY:  
IMMEDIATE CAUSE (a) **Centeroverseer accident**  
CONDITIONS, IF ANY, PARTIALLY CAUSING DEATH (b) **None**  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (c) **None**

20a. Accidents, Suicide, Homicide:     
20b. Describe how injury occurred: **Centeroverseer accident**

21. I attended the deceased from **1-9-61** to **5-12-62** and last saw him alive on **5-12-62**  
Death occurred at **5:00 a.m.** on the date stated above, and to the best of my knowledge, from the cause stated.

22. Name of Physician: **Frank J. ...**  
23. Address: **Salt Lake City, Utah**

24. Name of Cemetery or Crematory: **Salt Lake City Cemetery**  
25. Location: **Salt Lake City, Utah**  
26. Date Recd by Registrar: **May 13, 1962**

This is to certify that this is a true copy of the information on file in this office. This certified copy is issued under authority of Section 26-15-26 of the Utah Code Annotated, 1953 as amended.

*the undersigned*  
Mary Lee J. Mackay  
Director of Health



Date Issued **NOV 20 1962**

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