

868152 5218938
JK
1/27/92
92-7148

Recorded at Request of _____

at _____ M. Fee Paid \$ _____

by _____ Dep. Book _____ Page _____ Ref.: _____

2102 East La Cresta Dr.

Mail tax notice to Grantees _____ Address Salt Lake City, UT 84121

WARRANTY DEED

David W. Lindsey

of Salt Lake City, County of Salt Lake, State of Utah, hereby
CONVEY and WARRANT to

John W. Bertoch and Marilyn Bertoch, husband and wife, as joint tenants

of Salt Lake City, County of Salt Lake, State of Utah, grantee
for the sum of Other Good and Valuable Considerations and Ten and no/100ths----- DOLLARS,

the following described tract of land in Salt Lake County,
State of Utah:

Lot 11, LA CRESTA PARK SUBDIVISION, according to the official plat thereof,
recorded in the office of the County Recorder, County of Salt Lake, State of
Utah.

Sidwell No. 22-22-306-005.

Subject to easements, restrictions, reservations, and rights of way of record.
Subject to annual general property taxes for 1992 and subsequent years
thereafter.

WITNESS, the hand of said grantor, this 18th day of
March, A. D. 19 92

Signed in the Presence of

David W. Lindsey
David W. Lindsey

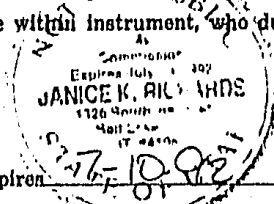
STATE OF UTAH,

County of Salt Lake

} ss.

On the 18th day of March, A. D. 19 92
personally appeared before me David W. Lindsey

the signer of the within instrument, who duly acknowledged to me that he executed the
same.



Janice K. Richards
Notary Public.

My commission expires 1-27-1992 Residing in Salt Lake, UT

BK6427PG1712

700


5218938
19 MARCH 92 03:28 PM
KATIE L. DIXON
RECORDER, SALT LAKE COUNTY, UTAH
PARAMOUNT TITLE
REC BY: DOROTHY SINFIELD, DEPUTY

BK6427Pg1713

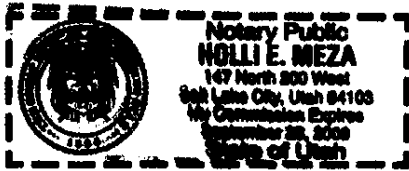
STATE OF Utah)
) ss.
COUNTY OF Salt Lake)

On, personally appeared before me MARILYN BERTOCH, the signer(s) of the above instrument, who duly acknowledged to me that such person(s), executed the same.

My commission expires 29 Sept 2009. Witness my hand and official seal.



Notary Public:



STATE OF UTAH — DEPARTMENT OF HEALTH

MAY 26 2005

2005 004950

LOCAL FILE NUMBER 18-1561		STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH		STATE FILE NUMBER	
ID 2	1. DECEDENT'S LEGAL NAME (Include AKA's, if any) (First, Middle, Last) John Wayne BERTOCH		2. SEX Male		3. DATE OF DEATH (Mo, Day, Yr.) April 4, 2005
	4. DATE OF BIRTH (Mo, Day, Yr.) June 14, 1952	5. AGE - Last Birthday (Years) 52	6. BIRTHPLACE (City & State or Foreign Country) Pocatello, Idaho		7. SOCIAL SECURITY NUMBER 518-64-7534
	8a. PLACE OF DEATH (Check only one) <input type="checkbox"/> 1. Inpatient <input checked="" type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA <input type="checkbox"/> 4. Nursing Home/Long term care facility <input type="checkbox"/> 5. Decedent's Home <input type="checkbox"/> 7. Other (specify)		8b. PLACE OF DEATH (Check only one) <input type="checkbox"/> 1. Inpatient <input checked="" type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA <input type="checkbox"/> 4. Nursing Home/Long term care facility <input type="checkbox"/> 5. Decedent's Home <input type="checkbox"/> 7. Other (specify)		
119 DECEDENT	9. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) Cottonwood Hospital		10. COUNTY OF DEATH Salt Lake		11. CITY, TOWN OR LOCATION OF DEATH Murray
	12a. MARITAL STATUS (The U.S. Armed Forces) <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No <input type="checkbox"/> 3. Unknown <input type="checkbox"/> 4. Never Married <input type="checkbox"/> 5. Married, but separated <input type="checkbox"/> 6. Divorced <input type="checkbox"/> 7. Widowed <input type="checkbox"/> 8. Unknown		13. SURVIVING SPOUSE'S NAME (if wife, give name prior to first marriage) Marilyn Smith		
UT-035 00000 2	12b. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired.) Sales Manager		12c. KIND OF BUSINESS OR INDUSTRY Communications		13a. RESIDENCE - STREET AND NUMBER 2102 La Cresta Drive
	13b. STATE Utah	13c. COUNTY Salt Lake	13d. CITY, TOWN, COMMUNITY OR RURAL Salt Lake City	13e. ZIP CODE 84121	13f. INSIDE CITY LIMITS? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No
PARENTS	14. FATHER'S NAME (First, Middle, Last) Jack W. Bertoch		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Colleen Price		
INFORMANT	16. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT (Street & Number, City, State, Zip) Marilyn Bertoch (Wife) 2102 La Cresta Drive, Salt Lake City, Utah 84121				
4 UT DISPOSITION	17. METHOD OF DISPOSITION <input type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Other <input checked="" type="checkbox"/> 3. Burial <input type="checkbox"/> 4. Cremation <input type="checkbox"/> 5. Autopsy <input type="checkbox"/> 6. Reinterment		18a. DATE OF DISPOSITION April 8, 2005		18b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Wasatch Lawn Memorial Park
	19. LOCATION OF DISPOSITION - City or Town, State Salt Lake City, Utah		19. LICENSEE NUMBER 345063		20. FUNERAL HOME (Name and complete address) Wasatch Lawn Mortuary 3401 So. Highland Drive Salt Lake City, Utah 84106
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>				
1 4818900 CERTIFY	22. CERTIFIER (Check only one) <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		22a. Was Medical Examiner Contacted? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		
	22. MEDICAL EXAMINER: 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 M.E. Case No. _____				
	SIGNATURE & TITLE OF CERTIFIER <i>[Signature]</i>		LIC. NO. UT481890012005		DATE SIGNED 4/8/05
	23a. NAME, ADDRESS AND ZIP CODE FOR PERSON WHO CERTIFIED THE CAUSE OF DEATH (Type/Print) Alison Schlisman, M.D., 1160 East 3900 South, Suite G200, Salt Lake City, UT 84124				23b. DATE DECEASED WAS LAST ATTENDED BY PHYSICIAN March 12, 2005
	24. PART I. Enter the chain of events, disease, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Approximate interval between Onset and Death: _____ years				
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. coronary artery disease b. diabetes c. obesity				
6-00 CAUSE OF DEATH 51+	PART II. Other significant conditions contributing to death, but not resulting in the underlying cause given in Part I				
	25. 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 type="checkbox"/> 3. Did not contribute to the cause of death <input type="checkbox"/> 4. Is unknown in relation to the cause of death <input checked="" type="checkbox"/> 5. NON USER		27. MANNER OF DEATH <input type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Could not be Determined <input type="checkbox"/> 6. Pending Investigation		28. IF FEMALE <input type="checkbox"/> 1. Not pregnant within past year <input type="checkbox"/> 2. Pregnant at time of death <input type="checkbox"/> 3. Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> 4. Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> 5. Unknown if pregnant within the past year
	29a. DATE OF INJURY (Mo, Day, Yr.)	29b. TYPE OF INJURY (If User)	29c. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	29d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)	
	29. LOCATION (Street or rural route number, city or town, county and state)				
	29. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY should be entered in item 24)				
2+ 01+ 4 RACE AND EDUCATION	30. WAS DECEDENT OF HISPANIC ORIGIN? (Check the "Yes" box if decedent is of Spanish/Hispanic/Latino descent) <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No <input type="checkbox"/> 3. Unknown <input type="checkbox"/> 1. Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> 2. Yes, Cuban <input type="checkbox"/> 3. Yes, Puerto Rican <input type="checkbox"/> 4. Yes, other Spanish/Hispanic/Latino (Specify)		31. DECEDENT'S RACE (Check one or more boxes to indicate what the decedent represented himself or herself to be) <input checked="" type="checkbox"/> 01. White <input type="checkbox"/> 02. Black or African American <input type="checkbox"/> 03. American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> 04. Chinese <input type="checkbox"/> 05. Japanese <input type="checkbox"/> 06. Native Hawaiian <input type="checkbox"/> 07. Filipino <input type="checkbox"/> 08. Other Asian (Specify) <input type="checkbox"/> 09. Korean <input type="checkbox"/> 10. Asian Indian <input type="checkbox"/> 11. Vietnamese <input type="checkbox"/> 12. Samoan <input type="checkbox"/> 13. Other Pacific Islander (Specify) <input type="checkbox"/> 14. Unknown or Chicanos <input type="checkbox"/> 15. Other Pacific Islander (Specify) <input type="checkbox"/> 16. Unknown		32. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 0. None <input type="checkbox"/> 1. 8th grade or less <input type="checkbox"/> 2. 9th - 12th grade; no diploma <input type="checkbox"/> 3. High School graduate or GED completed <input checked="" type="checkbox"/> 4. Some college credits, but no degree <input type="checkbox"/> 5. Associate degree (e.g., AA, AS) <input type="checkbox"/> 6. Bachelor's degree (e.g., BA, BS) <input type="checkbox"/> 7. Master's degree (e.g., MA, MS, MEd, MEd with licensure) <input type="checkbox"/> 8. Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LL.M., JD) <input type="checkbox"/> 9. Unknown
UDOH-OVRS Form 12 Rev 11/2004	33. REGISTRAR'S SIGNATURE <i>[Signature]</i> M.P.A.		34. DATE FILED (Mo, Day, Yr.) April 11, 2005		

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:

MAY 26 2005

Barry E Nangle

Barry E. Nangle
DIRECTOR OF VITAL RECORDS



* 5 0 1 2 9 7 0 1 *

SL50129701

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

