

5476382

Beginning at a point which is 301.68 feet South and 2141.15 feet East from the Northwest corner of Section 14, Township 3 South, Range 1 East, Salt Lake Base and Meridian; and running thence South 1°35'00" East 30.01 feet; thence West 193.78 feet; thence South 11°12'50" West 307.96 feet; thence West 547.47 feet; thence North 1°40'00" West 83.10 feet; thence North 73°17'00" West 103.00 feet; thence North 10°25'00" East 223.06 feet; thence East 861.04 feet to the point of beginning.

Together with 10 shares Bell Canyon Irrigation Water Company.

MAIL

800

5476382  
13 APRIL 93 11:07 AM  
KATIE L. DIXON  
RECORDER, SALT LAKE COUNTY, UTAH  
JENSEN & LEWIS  
320 S 3RD E SLC, 84111  
REC BY: REBECCA GRAY , DEPUTY

BK6638PG1395

**SALT LAKE CITY - COUNTY HEALTH DEPARTMENT  
DIVISION OF VITAL STATISTICS**

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

Access to information on this form is limited unless you have Business Air and Plans

LOCAL FILE NUMBER **18-3302**

STATE FILE NUMBER

DECEDENT	1. NAME OF DECEDENT FIRST MIDDLE LAST <b>Victor Lynn OLSEN</b>			2. SEX <b>Male</b>	3a. DATE OF DEATH (Mo. Day, Yr.) <b>Sep 4, 1992</b>	3b. TIME OF DEATH (24 hr clock) <b>17:04</b>
	4. DATE OF BIRTH (Mo. Day, Yr.) <b>May 18, 1927</b>		5. AGE (at death) (Months, Days, Hours, Minutes) <b>65</b>	6. BIRTHPLACE (City & State or Foreign Country) <b>Salt Lake City, Utah</b>		7. SOCIAL SECURITY NUMBER <b>529-24-7038</b>
	8a. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> ER/Outpatient OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other <b>ER/Outpatient</b>			8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility give street address of location) <b>Altaview E.R.</b>		
	9a. CITY, TOWN OR LOCATION OF DEATH <b>Sandy, Utah</b>		9b. COUNTY OF DEATH <b>Salt Lake</b>		9. SURVIVING SPOUSE (If wife give maiden name) <b>Bonnie Jean West</b>	
	10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11. MARITAL STATUS <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	12a. DECEDENT'S USUAL OCCUPATION (One kind of work done during most of working life. Do NOT use retired) <b>Comptroller and Business Owner</b>		12b. KIND OF BUSINESS OR INDUSTRY <b>Copper Mining &amp; Nursery &amp; Floral</b>	
13a. RESIDENCE - STREET AND NUMBER <b>10250 Dimple Dell Road</b>		13b. CITY, TOWN, OR COMMUNITY <b>Sandy</b>		13c. COUNTY <b>Salt Lake</b>	13d. STATE <b>Utah</b>	
14a. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	14b. ZIP CODE <b>84092</b>	14. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, specify) <input type="checkbox"/> Mexican <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other (Specify)		15. RACE - Black, White, Am Indian (Tribe may be entered), Japanese, etc. (Specify) <b>White</b>	16. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12); College (13-16 or 17+) <b>17+</b>	
17. FATHER'S NAME (First, Middle, Last) <b>Adolph Ole Christian Olsen</b>			18. MAIDEN NAME OF MOTHER (First, Middle, Last) <b>Lois May Owen</b>			
INFORMANT 19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT <b>WIFE - Bonnie Jean W. Olsen / 10250 Dimple Dell Road / Sandy, Utah 84092</b>						
DISPOSITION	20. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input type="checkbox"/> Donation <input type="checkbox"/> Other <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal		21a. DATE OF DISPOSITION <b>SEP. 10, 1992</b>	21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Larkin Sunset Gardens</b>	21c. LOCATION - City or Town, State <b>Salt Lake County - Sandy, Utah</b>	
	22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>		23. LICENSE NUMBER <b>494</b>	24. FUNERAL HOME (Name, address and license number) <b># 88 LARKIN SUNSET GARDENS MORTUARY 10600 South 1700 East Sandy, Utah 84092</b>		
CERTIFIER	25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN <b>1920903</b>		26. If not certified by medical examiner, was death reported to M.E.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter the date and hour reported: M.E. Case No.			
	27a. CERTIFIER <input type="checkbox"/> 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 checked="" type="checkbox"/> 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>8507</b>	27d. DATE SIGNED (Mo., Day, Yr.) <b>9/5/92</b>		
REGISTRAR	28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (If per part) <b>Todd C. Grey, M.D., Med. Exam., 48 N. Medical Dr., Salt Lake City, Utah 84113</b>				29. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
					30. DATE FILED (Month, Day, Year) <b>Sept. 9, 1992</b>	
CAUSE OF DEATH	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. <b>SUDDEN DEATH</b> DUE TO OR AS A CONSEQUENCE OF: <b>PROBABLE ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE</b> DUE TO OR AS A CONSEQUENCE OF: Approximate interval Between Onset And Death.					
	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 DECEDENT <input type="checkbox"/> Probably contributed to the cause of death <input type="checkbox"/> Was the underlying cause of death <input type="checkbox"/> Did not contribute to the cause of death <input type="checkbox"/> Is unknown in relation to the cause of death		
	33a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33c. NON USER	
	34. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined if Injured Purposefully or Accidentally <input type="checkbox"/> Pending Investigation		35a. DATE OF INJURY (Month, Day, Year)	35b. TIME OF INJURY (24 Hour Clock)	35c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	35d. PLACE OF INJURY (At home, farm, street, factory, office, building, etc. (Specify))
35e. LOCATION (Street or rural route number, city or town, county and state)						
35f. DESCRIBE HOW INJURY OCCURRED (Order sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE SPECIFIED)						

BR 6638PG1396

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.

*[Signature]*  
Harry L. Glibbons, M.D., M.P.H.  
Director of Health

Date issued **SEP 11 1992**  
**45401**

*[Signature]*  
DEPUTY REGISTRAR

