

66.00

Richard Hunter  
6709 Lookout Ln. N  
San Jose CA 95120

075263 Bk 0592 Pg 0326  
LuAnn Adams, Box Elder County Recorder  
03/22/1995 1:06pm FEE: 61.00 Dep:MM  
Rec'd For: RICHARD HUNTER

R2

AFFIDAVIT  
DEATH OF A JOINT TENANT

STATE OF UTAH )  
 ) ss  
COUNTY OF SALT LAKE )

I, RICHARD A. HUNTER, being first duly sworn on oath,  
deposes and says:

That he knows of his own personal knowledge that Clara May  
Jeffs Hunter, the decedent mentioned in the attached Certified  
Copy of Certificate of Death is one and the same person as Clara  
J. Hunter who is named as one of the Grantees under that certain  
Deed dated May 23, 1980, and recorded May 30, 1980, as Entry No.  
78521H in Book 332 at page 494 of Official Records, which  
conveyed and hereby affects the real property situated in the  
County of Box Elder, State of Utah described in Exhibit A  
attached hereto and incorporated herein by reference.

Dated: March 22, 1995.

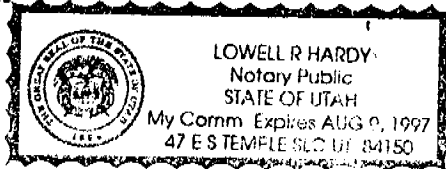
Richard A. Hunter  
Richard A. Hunter

On March 22, 1995, personally appeared before me Richard A.  
Hunter, the signer of the above instrument, who duly acknowledged  
to me that he executed the same.

Lowell R. Hardy  
Notary Public

My Commission Expires August 9, 1997  
Residing in Salt Lake City, Utah

03-008-0006 thru 0009 ✓  
0022 thru 0023 ✓  
0036 thru 0038 ✓  
03-009-0001 ✓  
03-009-0005 thru 0010 ✓  
04-007-0007 ✓  
0009 ✓  
0025 ✓  
0026 ✓  
04-007-0037 thru 0042 ✓  
04-008-0001 ✓  
04-008-0003 thru 0006 ✓  
0007 ✓ 0009 ✓ 0010 ✓  
04-008-0013 ✓ 0014 ✓  
04-008-0016 thru 0019 ✓  
0020 ✓ 0021 ✓ 0022 ✓



## EXHIBIT A

## REAL PROPERTY DESCRIPTION

All that real property situated in the State of Utah, County of Box Elder and is described as follows:

Parcel No. 1:	All of Section 5, T. 9 N., R. 7 W. SLM
Parcel No. 2:	All of Section 6, T. 9 N., R. 7 W. SLM
Parcel No. 3:	All of Section 7, T. 9 N., R. 7 W. SLM
Parcel No. 4:	All of Section 8, T. 9 N., R. 7 W. SLM
Parcel No. 5:	All of Section 16, T. 9 N., R. 7 W. SLM
Parcel No. 6:	All of Section 17, T. 9 N., R. 7 W. SLM
Parcel No. 7:	All of Section 18, T. 9 N., R. 7 W. SLM
Parcel No. 8:	All of Section 19, T. 9 N., R. 7 W. SLM
Parcel No. 9:	All of Section 21, T. 9 N., R. 7 W. SLM
Parcel No. 10:	All of Section 28, T. 9 N., R. 7 W. SLM
Parcel No. 11:	All of Section 29, T. 9 N., R. 7 W. SLM
Parcel No. 12:	All of Section 30, T. 9 N., R. 7 W. SLM
Parcel No. 13:	All of Section 1, T. 9 N., R. 8 W. SLM
Parcel No. 14:	All of Section 3, T. 9 N., R. 8 W. SLM
Parcel No. 15:	All of Section 5, T. 9 N., R. 8 W. SLM (Fractional)
Parcel No. 16:	All of Section 9, T. 9 N., R. 8 W. SLM (Fractional)
Parcel No. 17:	All of Section 11, T. 9 N., R. 8 W. SLM
Parcel No. 18:	All of Section 13, T. 9 N., R. 8 W. SLM
Parcel No. 19:	All of Section 15, T. 9 N., R. 8 W. SLM (Fractional)
Parcel No. 20:	All of Section 23, T. 9 N., R. 8 W. SLM (Fractional)
Parcel No. 21:	All of Section 25, T. 9 N., R. 8 W. SLM (Fractional)
Parcel No. 22:	N $\frac{1}{2}$ of Section 6, T. 10 N., R. 7 W. SLM
Parcel No. 23:	All of Section 7, T. 10 N., R. 7 W. SLM
Parcel No. 24:	All of Section 19, T. 10 N., R. 7 W. SLM
Parcel No. 25:	W $\frac{1}{2}$ W $\frac{1}{2}$ ; W $\frac{1}{2}$ E $\frac{1}{2}$ W $\frac{1}{2}$ of Section 20, T. 10 N., R. 7 W. SLM
Parcel No. 26:	W $\frac{1}{2}$ of Section 29, T. 10 N., R. 7 W. SLM
Parcel No. 27:	All of Section 30, T. 10 N., R. 7 W. SLM
Parcel No. 28:	All of Section 31, T. 10 N., R. 7 W. SLM
Parcel No. 29:	All of Section 32, T. 10 N., R. 7 W. SLM
Parcel No. 30:	All of Section 1, T. 10 N., R. 8 W. SLM less CPRR RoFW
Parcel No. 31:	All of Section 3, T. 10 N., R. 8 W. SLM (Fractional)
Parcel No. 32:	All of Section 10, T. 10 N., R. 8 W. SLM (Fractional)
Parcel No. 33:	All of Section 11, T. 10 N., R. 8 W. SLM
Parcel No. 34:	N $\frac{1}{2}$ of Section 12, T. 10 N., R. 8 W. SLM
Parcel No. 35:	All of Section 13, T. 10 N., R. 8 W. SLM
Parcel No. 36:	All of Section 14, T. 10 N., R. 8 W. SLM
Parcel No. 37:	All of Section 15, T. 10 N., R. 8 W. SLM (Fractional)
Parcel No. 38:	All of Section 21, T. 10 N., R. 8 W. SLM (Fractional)
Parcel No. 39:	All of Section 23, T. 10 N., R. 8 W. SLM
Parcel No. 40:	All of Section 25, T. 10 N., R. 8 W. SLM
Parcel No. 41:	All of Section 26, T. 10 N., R. 8 W. SLM
Parcel No. 42:	All of Section 27, T. 10 N., R. 8 W. SLM
Parcel No. 43:	All of Section 29, T. 10 N., R. 8 W. SLM (Fractional)
Parcel No. 44:	All of Section 33, T. 10 N., R. 8 W. SLM
Parcel No. 45:	All of Section 35, T. 10 N., R. 8 W. SLM

**STATE OF UTAH**  
**DEPARTMENT OF HEALTH**

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

LOCAL FILE NUMBER <b>18-3389</b>		STATE FILE NUMBER	
NAME OF DECEDENT FIRST MIDDLE LAST <b>CLARA MAY JEFFS HUNTER</b>		SEX <b>Female</b>	RACE (White, Black, Am. Indian, etc.) Specify <b>White</b>
DATE OF DEATH (Month, Day, Year) <b>October 9, 1983</b>		WAS DECEDENT OF SPANISH ORIGIN? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, indicate type: Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other <input type="checkbox"/> (If other, specify)	
DATE OF BIRTH (Month, Day, Year) <b>February 18, 1902</b>		AGE (Last Birthday) <b>81</b> Yrs.	IF UNDER 1 year Months Days IF UNDER 24 HOURS Hours Minutes
BIRTHPLACE (State or foreign country) <b>Utah</b>	CITIZEN of what country <b>U.S.A.</b>	Never Married <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	EDUCATION—(Specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17+) <b>14</b>
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) <b>Housewife</b>	KIND OF BUSINESS OR INDUSTRY <b>at Home</b>	NAME of surviving spouse (If, wife, enter maiden name.) <b>Howard William Hunter</b>	
NAME OF FATHER <b>Jacob Ellsworth Jeffs</b>		MAIDEN NAME OF MOTHER <b>Martha Emma Reckzeh</b>	
USUAL RESIDENCE—(Street address or location) <b>2833 Sherwood Drive</b>		INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT <b>Howard W. Hunter Husband</b> <b>2833 Sherwood Drive</b> <b>Salt Lake City, Utah 84108</b>
CITY OR TOWN <b>Salt Lake City</b>	COUNTY <b>Salt Lake</b>	STATE AND ZIP CODE <b>Utah 84108</b>	
NAME of hospital, nursing home or other institution where death occurred. (If outside an institution, give street address or location.) <b>Wasatch Villa</b>		Inpatient <input checked="" type="checkbox"/> E.D. patient <input type="checkbox"/> DOA <input type="checkbox"/>	CITY OR TOWN <b>Salt Lake City</b>
		COUNTY <b>Salt Lake</b>	
MEDICAL EXAMINER: I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the causes stated below based on examination of the body and/or investigation of the circumstances. 21a. Decedent was pronounced dead at: HOUR: DATE:		PHYSICIAN OR MEDICAL EXAMINER SIGNATURE <b>J. Poolson Hunter, M.D.</b> TIME of death (24 hr. clock) <b>16:00</b>	
PHYSICIAN: I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the causes stated below, that I attended the decedent, and I last saw the decedent alive on: 21d. month <b>October</b> day <b>8th</b> year <b>1983</b>		CERTIFIER'S name and title (Type or print) <b>J. POOLSON HUNTER, M.D.</b> DATE SIGNED (Month, Day, Year) <b>October 11, 1983</b>	
If not certified by medical examiner, was death reported to him? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, enter the date and hour reported: (24 hour clock)		CITY AND PHONE NUMBER <b>Salt Lake City, Utah - 84109</b>	
22. HOUR: MO. DAY YEAR		UTAH PHYSICIAN LICENSE NUMBER <b>2183</b>	
Burial <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Other <input type="checkbox"/>	DATE <b>12 Oct. 1983</b>	SIGNATURE of Funeral Director <b>Robert L. Russon</b>	FUNERAL HOME—Name, address and license number <b>RUSSON BROS. MORTUARY * SLC, UTAH</b>
NAME AND LOCATION OF CEMETERY OR CREMATORY <b>Salt Lake City Cemetery SLC, Utah</b>		LOCAL REGISTRAR—Signature <b>Mary Lee J. MacKay</b>	Date accepted for registration by local registrar <b>Oct. 12, 1983</b>
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE: (A) <b>PNEUMONIA</b> CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST. (B) <b>Organic Brain Disease (cerebral cortical atrophy)</b> (C) <b>Cerebral atherosclerosis</b>		Interval between onset and death <b>5 days</b> Interval between onset and death <b>10 years</b> Interval between onset and death <b>25 years</b>	
PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I. <b>Diabetes mellitus</b>		AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF YES, were findings considered in determining cause of death? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> DATE of Injury (Month, Day, Year) Suicide <input type="checkbox"/> Undetermined if Injured <input type="checkbox"/> TIME OF INJURY (24 Hour Clock) Homicide <input type="checkbox"/> Accidentally or Purposely <input type="checkbox"/>	INJURY AT WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>	PLACE OF INJURY (Specify home, farm, factory, freeway, street, office buildings, etc.)	
LOCATION OF INJURY—STREET AND NUMBER OR LOCATION AND CITY OR TOWN.		Were laboratory tests done for drugs or toxic chemicals? YES <input type="checkbox"/> NO <input type="checkbox"/>	Were laboratory tests done for alcohol? YES <input type="checkbox"/> NO <input type="checkbox"/>
DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)		If motor vehicle accident, specify if decedent was driver, passenger or pedestrian.	

SDH-BHS 90(6-83)

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: **OCT 24 1983**

County **SALT LAKE**

Registrar

*John E. Brockert*  
John E. Brockert  
DIRECTOR OF VITAL STATISTICS

By *Mary Lee J. MacKay*



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