VTDI 16-34-433-027-0000 DIST 17 0.22 TOTAL ACRES TIDWELL, KENNETH L & PRINT UPDATE REAL ESTATE 73200 HOFMAN, MARIE L; JT BUILDINGS LEGAL 81500 TAX CLASS NE MOTOR VEHIC 0 _____ 7696 S CASA VERDE ST EDIT 1 FACTOR BYPASS TOTAL VALUE 154700 MIDVALE UT 84047283796 LOC: 3946 S 2700 E EDIT 1 BOOK 7013 PAGE 1568 DATE 09/08/1994 SUB: SUNNYSIDE HEIGHTS TYPE UNKN PLAT 03/22/2000 PROPERTY DESCRIPTION FOR TAXATION PURPOSES ONLY LOT 11 SUNNYSIDE HEIGHTS

his exiginal document, of which this is photocopy, appears to be genuine and naltered and to have been made at the mapurported. This photocopy consides fpages.
IGNATION

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7600792
03/22/2000 02:45 PM 12.00
NANCY WORKMAN
RECORDER, SALT LAKE COUNTY, UTAH
MARIE L HOFFMAN
7696 S CASA VERDE ST
MIDVALE UT 84047
BY: ADB, DEPUTY - WI 2 P.

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Access to information in this form is limited und the Vital Stalistics Act		STATE OF UTAH - DEPARTMENT		i din Tajin
and Rules	LOCAL FILE NUMBER		STATE FILE NUMBER	
	i. NAME OF DECEDENT FIRST Kenneth Lynn	MIDDLE LAST Tidwell	2. SEX 3a. DATE OF DEATH (Mo. Day, Yr.) Male Jan. 1, 2000	35. TIME OF DEATH (24hr.clo.
	4. DATE OF BIETH (Mo. Day, Yr.) 5. AGE BUSH BIRTH	Months Days Hours Minutes Mi	RTHPLACE (City & State or Forebon Country) C. Pleasant, Utah	SOCIAL SECURITY NUMBER 711-05-3803
	1	ATH (Check only one)	Bb. NAME OF HOSPITAL, NURSING HOME OR OTHI	ER FACILITY (II outside a facility
	HOSPITAL: XX C 1. Inpatient	OTHER. 5. Nursing Home	St Marke Bosnital	· · · · · · · · · · · · · · · · · · ·
		8d COUNTY OF DEATH	9. SURVIVING SPOUSE (If wife,give malden name)	
DECEDENT	Salt Lake City 10. WAS DECEDENT 11. MARITAL STATUS	Salt Lake	None	
Į	even hiturile "3-	2. Married during most of working life.		NESS OR INDUSTRY
	AXXYes □ 2. No AXXWidowed □	4. Divorced Postal Worker	US Gover	

- ,		A DATE OF BIDTH (No. Day No.	E ACE A-MAN	TELEVISION .	Marie III INDE	Deal Pouncie	DIOTU	D) 400 (0) A 0		: .	**************************************	IAL SECURITY NUMBER
- 1		4. DATE OF BIRTH (Mo_Day_m)	5. AGE - Land Birth	Monthia	Days Hours	Minutes	ME.	Pleasant	, Utah	n ry y)	7.	11-05-3803
- {												
- 1			88. PLACE OF DE	ATH (Check only one	6)			Bb. NAME OF HOS give street add	PITAL, NURSI bess of location	NG HOME,C	OR OTHER FA	CILITY (If outside a facility,
		HOSPITAL:		OTHER.		_		-	rks Hos	,		•
		XX 1. Inpatient 2. ER/Outpatie 8c, CITY, TOWN OR LOCATION OF	nt LIS. DOA	5. Nursing Ho	me 6. Resi	dence 27.				-		
			F DEATH	8d. COUNTY OF				9. SURVIVING SPO	DUSE (If wite,gi	ve melden nei	me)	
- 1	DECEDENT	Salt Lake City	******	Salt La				None				
ı		10. WAS DECEDENT 11. MAR	ITAL STATUS		12a. DECEDE	NTS USUAL	OCCUPA	TION (Give kind of NOT use retired)	work done	125. KIND 0	F BUSINESS	OR INDUSTRY
- (EVER IN THE U.S. 1. No	2. Married	Quality (SE	at or working	me. Do	MOT use reused)				Ŧ	
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- 1		13a, RESIDENCE - STREET AND 1 7696 Casa Verd	VUMBER		136, CITY, TQ	WN OR COM	MUNITY		3c COUNTY Salt I			13d. STATE. Utah
ŀ		7696 Casa Verd		Midva.	e			Salt I	lake		Utah	
1		13e. INSIDE CITY 13f, ZIP COD	E 14, WAS D	DECEDENT OF HIS	ŠPANIC ORIGI	N? IT	XX	15. RACE - Black	White, Am. Ir	dian 1	6. EDUCATIO	N (Specify only highest grad
		LIMITS?	į (<i>į</i> ,	Specify)		LLI1, Yes	I.J. 2. No		entered), Japa	nese,	completed)	Elementary or Secondary age (13-16 or 17.4)
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ŀ		17 FATHER'S NAME (First, Middle,						I DEN NAME OF M	OTHER (First	Middle La	etì	
ı	PARENTS	Jonathan Harve		L				omina Om				*****
ŀ		19. NAME, RELATIONSHIP AND M	AILING ADDRESS	OF INFORMANT								
١	INFORMANT	Marie L. Hofmanı	n (Daught	cer) 7696	Casa \	erde S	tre	et Midval	e, UT 8	4047		codercor
ŀ		20. METHOD OF DISPOSITION		a. DATE OF DISPO	OSITION 21	. PLACE OF	DISPOS	ITION (Name of			ty or Town, Ste	
ı		1 Entemperat 12 Denation				cometery, c	remator	or other place)		-		د میپات د سیسید کئی
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ž	DISPOSITION	22. SIGNATURE OF FUNERAL SER			3. LICENSEE N			mar riour al-				: 64
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Š.			Ja 3200		100289			100417			UNERAL th 230	CHAPEL Inc.
31		25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING P	HYSICIAN 26. II r	not certifled by medic				? 🗓 1. Yes 🔀	2. No			0 2005
		Mulum	51-00 H	yes, enter the date at OUFL	па вош геропеа МО.	M.E. Case No DA		YEAR	Sa]	t Lak	e City	, UTAH 84109
₽		27a. CERTIFIER	****									******
PEHMANERI		To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.										
Ŧ		TO MEDICAL EVALUATED (LAW ENFORCEMENT OFFICE)										
	CERTIFIER		EMEDIT PULLIFIE	T Outset	easis of ext	m:nati	on and/or inves	itigation, in	my opinia	n, death oc	ccurred at the time,	
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SEL	CERTIFIER	date, place, and du 275. SIGNATURE AND TITLE OF C	e to the cause	(s) and manner	ras stated.	esis of ext	amenati	27c. LICENSE	NUMBER		DATE SIGNED) (Mo., Day, Yr.)
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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.

JAN 0 5 2000 Date Issued: __

Barry E Hangle

Barry E. Nangle

DIRECTOR OF VITAL RECORDS

County - Salt Lake

SDH-BVR 95 (11/98)

131047

Ellen Freeman of

