

7837058

After Recording Mail to:

Joan Ishimatsu
3950 S. 3750 W.
West Valley City, Utah
84120

7837058
03/06/2001 11:40 AM 14.00
Book - 8431 Pg - 5090-5092
GARY W. OTT
RECORDER, SALT LAKE COUNTY, UTAH
ASSOCIATED TITLE
BY: ZJM, DEPUTY - WI 3 P.

AFFIDAVIT

State of Utah)
County of Salt Lake) ss.

1. I am a resident of Salt Lake County, State of Utah, over the age of twenty one years, and in all respects competent to testify to the matters contained in this Affidavit.

2. I am the surviving joint tenant, of Frank Ishimatsu aka Frank Y. Ishimatsu, who is named in that certain Certificate of Death, a certified copy of which is attached hereto, who is one and the same person as that Frank Y. Ishimatsu who is named as Grantee in that Deed dated July 14, 1972 and recorded July 17, 1972, as Entry No. 2470392, in Book 3108, at Page 383, Salt Lake County Recorder's Office, which Deed covers the following described real property, situated in Salt Lake County, State of Utah:


SEE ATTACHED EXHIBIT A

WITNESS the hand of said Affiant this 6th day of March, 2001.

P. Joan Ishimatsu
P. JOAN ISHIMATSU

STATE OF UTAH)
COUNTY OF SALT LAKE) ss.

On this 6th day of March, 2001, personally appeared before me, P. JOAN ISHIMATSU, the signer of the within instrument, who duly acknowledged to me that he executed the same.

My Commission Expires:  **NOTARY PUBLIC**
SHAUNA MAYEDA
840 South 800 East
Salt Lake City, Utah 84111
My Commission Expires
September 13, 2001
STATE OF UTAH

Shauna Mayeda
Notary Public - Residing in _____

ATC # 108696

3K843 | PG5090

STATE OF UTAH — DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Access to information on this form is limited under the Utah State Act and Rules.

LOCAL FILE NUMBER **18-0303**

STATE FILE NUMBER

1 NAME OF DECEDENT FRANK ISHIMATSU				2. SEX Male		3a. DATE OF DEATH (Mo., Day, Yr.) January 19, 2001		3b. TIME OF DEATH (24 hr clock) 1910					
4 DATE OF BIRTH (Mo., Day, Yr.) Sept. 7, 1925			5 AGE - Last Birthday 75		6 BIRTHPLACE (City & State or Foreign Country) Hiawatha, Utah		7. SOCIAL SECURITY NUMBER 528-26-0708						
8a. PLACE OF DEATH (check only one) <input checked="" type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA <input type="checkbox"/> 4. Other (specify)				8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) University Hospital									
8c. CITY, TOWN, OR LOCATION OF DEATH Salt Lake City				8d. COUNTY OF DEATH Salt Lake				9. SURVIVING SPOUSE (if wife, give maiden name) JoAn Glenn					
10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			11. MARITAL STATUS <input type="checkbox"/> 1. Never Married <input type="checkbox"/> 3. Widowed <input checked="" type="checkbox"/> 2. Married <input type="checkbox"/> 4. Divorced			12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired) Mechanic			12b. KIND OF BUSINESS OR INDUSTRY Automobile				
13a. RESIDENCE - STREET AND NUMBER 3950 South 3750 West					13b. CITY, TOWN OR COMMUNITY West Valley City			13c. COUNTY Salt Lake		13d. STATE Utah			
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		13f. ZIP CODE 84120		14. WAS DECEDENT OF HISPANIC ORIGIN? (if yes, specify) <input type="checkbox"/> 1. Mexican <input type="checkbox"/> 2. Cuban <input type="checkbox"/> 3. Puerto Rican <input type="checkbox"/> 4. Other (Specify)			15. RACE - Black, White, Am. Indian (tribe may be entered), Japanese, etc. (Specify) Japanese		16. EDUCATION (specify only highest grade completed) Elementary or Secondary (9-12) College (13-16 or 17+) 15				
17. FATHER'S NAME (First, Middle, Last) Otoichiro Ishimatsu						18. MAIDEN NAME OF MOTHER (First, Middle, Last) Fujie Sakata							
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT JoAn Ishimatsu (Wife) 3950 South 3750 West West Valley City, Utah 84120													
20. METHOD OF DISPOSITION <input type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other <input checked="" type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal				21a. DATE OF DISPOSITION January 24, 2001		21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Valley View Mem. Park			21c. LOCATION - City or Town, State West Valley City, Utah				
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Reg. V. Echer</i>				23. LICENSEE NUMBER 115981		24. FUNERAL HOME (Name and address) Valley View Mem. Park & Funeral Home							
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN January 19, 2001				26. If not certified by medical examiner, was death reported to M.E.? (if yes, enter the date and hour reported) <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No M.E. CASE NO. _____ HR. _____ MO. _____ DAY _____ YEAR _____				4335 W. 4100 South West Valley City, Ut. 84120					
27a. CERTIFIER <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. <input type="checkbox"/> 2. 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>Daniel W. Fults MD</i>				27c. LICENSE NUMBER 87-175971-1205		27d. DATE SIGNED (Month, Day, Year) 1/23/01							
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print) Daniel W. Fults, M. D. 50 N Medical Drive, Salt Lake City, Utah 84132													
29. REGISTRAR'S SIGNATURE <i>Kathy M. ...</i>				30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) Jan. 23, 2001		30b. DATE FILED (Mo., Day, Yr.) January 24, 2001							
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. IMMEDIATE CAUSE (Final - disease or condition resulting in death) a. MASSIVE CEREBRAL HEMORRHAGE (Approximate Interval Between Onset and Death: 24 hours) b. HYPERTENSION (Years) c. _____ d. _____ Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST.													
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"/> 1. Probably contributed to the cause of death. <input type="checkbox"/> 5. NON USER <input type="checkbox"/> 2. Was the underlying cause of death. <input type="checkbox"/> 3. Did not contribute to the cause of death. <input checked="" type="checkbox"/> 6. UNKNOWN IF USER <input type="checkbox"/> 4. Is unknown in relation to the cause of death.				33a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			
34. MANNER OF DEATH <input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Undetermined if injured Purposely or Accidently <input type="checkbox"/> 6. Pending Investigation			35a. DATE OF INJURY (Mo., Day, Yr.)		35b. TIME OF INJURY (24 Hour Clock)		35c. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. 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. If motor vehicle accident specify if decedent was driver, passenger or pedestrian.													
35g. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY should be entered in item 31)													

USE PERMANENT BLACK INK

9K843165091

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: **JAN 25 2001**

Barry E Nangle

County - Salt Lake

Barry E. Nangle
DIRECTOR OF VITAL RECORDS

Registrar *Kathy M. ...*

By

Ellen Freeman



L048694

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

SDH-BVR 95 (11/99)

E X H I B I T A

LEGAL DESCRIPTION

The land referred to is situated in Salt Lake, and is described as follows:

LOT 18, WESTWOOD ACRES SUBDIVISION, ACCORDING TO THE OFFICIAL PLAT
THEREOF ON FILE AND OF RECORD IN THE SALT LAKE COUNTY RECORDER'S OFFICE.

Tax Parcel(s): 15-32-376-006

ORDER NO. 109414

3K8431PG5092