

After Recording, mail to:

Brighton Title Company
7135 South 2000 East - Suite 200
Salt Lake City, Utah 84121

8492721
01/14/2003 04:20 PM 13.00
Book - 8720 Pg - 6716-6717
GARY W. OTT
RECORDER, SALT LAKE COUNTY, UTAH
BRIGHTON TITLE
BY: JCR, DEPUTY - MI 2 P.

File No. 24646

Space above for County Recorder's use

AFFIDAVIT

STATE OF UTAH)
 : SS.
County of Salt Lake)

HELEN RUTH BARR personally appeared before me, a Notary Public, in and for the State of Utah, who after being first duly sworn, deposes and says:

1. That she is the Widow of JEROME HAROLD BARR.
2. That said JEROME HAROLD BARR died on the 9th day of April, 2001, at Salt Lake City, Utah.
3. That JEROME BARR named in the Warranty Deed, recorded in the Salt Lake County Recorder's Office on August 31, 1973, as Entry No. 2566086 in Book 3400, at Page 396, was the same person as JEROME HAROLD BARR the person whose death certificate is attached hereto. That he and Helen Ruth Barr held title as joint tenants and not as tenants in common and to the survivor of them on a parcel of property in Salt Lake County being more particularly described as follows:

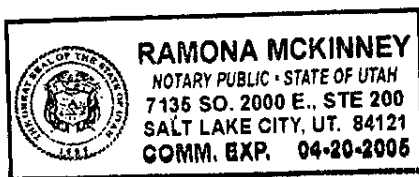
All of Lots 10 and 11, Block 4, BELMONT SUBDIVISION, according to the official plat thereof, recorded in the office of the County Recorder of Salt Lake County, Utah.

Parcel No. 16-08-183-005

Dated this 9th day of January, 2003.

Helen Ruth Barr
HELEN RUTH BARR

Subscribed and sworn to before me this 9th, day of January, 2003.



Ramona McKinney
Notary Public

BK8720PG6716

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 Information Access Act and Rules

LOCAL FILE NUMBER 18-1614		STATE FILE NUMBER	
1. NAME OF DECEDENT FIRST MIDDLE LAST JEROME HAROLD BARR		2. SEX Male	3a. DATE OF DEATH (Mo., Day, Yr.) Apr 9, 2001
4. DATE OF BIRTH (Mo., Day, Yr.) Nov 23, 1929		5. AGE - (Last Birthday) 71	6. BIRTHPLACE (City & State or Foreign Country) St. Paul, Minnesota
7. SOCIAL SECURITY NUMBER 472-22-1327		3b. TIME OF DEATH (Mo., Day, Yr.) 5:46 p.m.	
8a. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA <input type="checkbox"/> 4. Other: <input type="checkbox"/> 5. Nursing Home <input type="checkbox"/> 6. Residence <input type="checkbox"/> 7. Other LDS Hospital		8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location) LDS Hospital	
9a. CITY, TOWN OR LOCATION OF DEATH Salt Lake City		9b. COUNTY OF DEATH Salt Lake	
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 checked="" type="checkbox"/> 2. Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced	
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) Salesman		12b. KIND OF BUSINESS OR INDUSTRY Retail	
13a. RESIDENCE - STREET AND NUMBER 937 Lincoln Street		13b. CITY, TOWN, OR COMMUNITY Salt Lake City	
13c. COUNTY Salt Lake		13d. STATE UT	
14. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		15. ZIP CODE 84105-	
16. 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)		17. RACE - Black, White, Am. Indian (Tribe may be entered), Japanese, etc. (Specify) White	
18. EDUCATION (Specify only highest grade completed: Elementary or Secondary (D-12)-College (13-16 or 17+) 14			
19. FATHER'S NAME (First, Middle, Last) Samuel Barr		20. MAIDEN NAME OF MOTHER (First, Middle, Last) Frances Katz	
21. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Helen Barr (Wife) 937 Lincoln Street, S.L.C., Utah 84105			
22. 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 checked="" type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal		23. DATE OF DISPOSITION April 11, 2001	
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Montefiore Cemetery		25. LOCATION - City or Town, State Salt Lake City, Utah	
26. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>		27. LICENSE NUMBER 112077	
28. FUNERAL HOME (Name, address and license number) Evans and Early Mortuary		29. ADDRESS 574 E 100 So Salt Lake, UT 84102-289227	
30. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 4/9/01		31. If not certified by medical examiner, was death reported to M.E.? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No If yes, enter the date and hour reported: M.E. Case No. _____	
32. 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 OF 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.			
33. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		34. LICENSE NUMBER 159430-1205	
35. DATE SIGNED (Mo., Day, Yr.) 4/13/01			
36. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Type/Print) Rw Markie MD Suite 2000, 39001 1100 E 5100 SLC, Utah 84124			
37. REGISTRAR'S SIGNATURE <i>[Signature]</i>		38. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) April 13, 2001	
39. DATE FILED (Mo., Day, Yr.) April 13, 2001			
40. PART I. ENTER THE DISEASE, 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. Acute Myocardial Infarction b. Coronary Artery Disease c. Diabetes Sequitely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST d. _____			
41. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I _____			
42. 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.		43. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	
44. 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 Accidentally <input type="checkbox"/> 6. Pending investigation		45. DATE OF INJURY (Mo., Day, Yr.) 35a. DATE OF INJURY (Mo., Day, Yr.)	
46. TIME OF INJURY (24 Hour Clock) 35b. TIME OF INJURY (24 Hour Clock)		47. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
48. LOCATION (Street or rural route number, city or town, county and state.) 35c. LOCATION (Street or rural route number, city or town, county and state.)		49. PLACE OF INJURY-At home, farm, street, factory, office, building, etc. (Specify) 35d. PLACE OF INJURY-At home, farm, street, factory, office, building, etc. (Specify)	
50. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31) 35e. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)			

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: **APR 13 2001**

County — Salt Lake

Registrar

[Signature]

L060337

Barry E Nangle

Barry E. Nangle
DIRECTOR OF VITAL RECORDS

By

Ellen Freeman



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

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