

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
RECODER, SALT LAKE COUNTY, UTAH
BRIGHTON TITLE
BY: JCR, DEPUTY - WI 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:

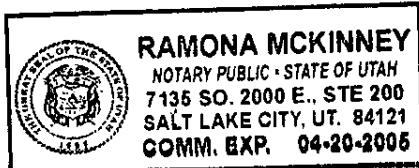
All of Lots 10 and 11, Block 4, BELMONT SUBDIVISION, according to the official plat thereof, recorded in the office of the County Recorder of Salt Lake County, Utah.

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

Access to information on this form is limited under the Vital Statistics Act and Rules

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

LOCAL FILE NUMBER 18-1614

STATE FILE NUMBER

1. NAME OF DECEASED		FIRST JEROME	MIDDLE HAROLD	LAST BARR	2. SEX Male	3a. DATE OF DEATH (Mo., Day, Yr) Apr 9, 2001	3b. TIME OF DEATH (24 hr clock) 5:46 p.m.	
4. DATE OF BIRTH (Mo., Day, Yr)		5. AGE - (Last Birthday)	6. IF UNDER 1 YEAR Months Nov 23, 1929	7. IF UNDER 24 HOURS Days 71	8. BIRTHPLACE (City & State or Foreign Country) St. Paul, Minnesota	9. SOCIAL SECURITY NUMBER 472-22-1327		
8a. PLACE OF DEATH (Check only one)								
HOSPITAL:		OTHER: <input checked="" type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA <input type="checkbox"/> 5. Nursing Home <input type="checkbox"/> 6. Residence <input type="checkbox"/> 7. Other						
8c. CITY, TOWN OR LOCATION OF DEATH Salt Lake City		8d. COUNTY OF DEATH Salt Lake		9. SURVIVING SPOUSE (if wife, give maiden name) Helen Davis				
DECEDENT	10. WAS DECEASED 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. DECEASED'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	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		13f. ZIP CODE 84105-		14. WAS DECEASED OF HISPANIC ORIGIN? (If yes, specify) <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No <input type="checkbox"/> 1. Mexican <input type="checkbox"/> 2. Cuban <input type="checkbox"/> 3. Puerto Rican <input type="checkbox"/> 4. Other (Specify) White		15. RACE - Black, White, Am. Indian (Tribe may be entered), Japanese, etc. (Specify) White		
PARENTS	17. FATHER'S NAME (First, Middle, Last) Samuel Barr				18. MAIDEN NAME OF MOTHER (First, Middle, Last) Frances Katz			
INFORMANT	19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Helen Barr (Wife) 937 Lincoln Street, S.L.C., Utah 84105							
DISPOSITION	20. METHOD OF DISPOSITION <input type="checkbox"/> 1. Embalming <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other		21a. DATE OF DISPOSITION April 11, 2001	21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Montefiore Cemetery		21c. LOCATION - City or Town, State Salt Lake City, Utah		
CERTIFIER	22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>John W. Markie MD</i>		23. LICENSE NUMBER 112077		24. FUNERAL HOME (Name, address and license number) Evans and Early Mortuary			
REGISTRAR	25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 4/9/01		26. 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. _____ HOUR MO. DAY YEAR					
CAUSE OF DEATH	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 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.		27b. SIGNATURE AND TITLE OF CERTIFIER <i>John W. Markie MD</i>					
	28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Type/Print) John W. Markie MD Suite 200, 3900 S 1100 E SLC, Utah 84124		27c. LICENSE NUMBER 159430-1205 4/1/01					
	29. REGISTRAR'S SIGNATURE <i>Kathy Nangle</i>		30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr) April 13, 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. <i>Acute Myocardial Infarction</i> Approximate Interval Between Onset And Death DUE TO (OR AS A CONSEQUENCE OF): <i>3 days</i>							
	b. <i>Coronary Artery Disease</i> 20 yrs DUE TO (OR AS A CONSEQUENCE OF): <i>70</i>							
	c. <i>Diabetes</i> DUE TO (OR AS A CONSEQUENCE OF):							
	d.							
	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 DECEASED <input type="checkbox"/> 1. Probably contributed to the cause of death. <input checked="" type="checkbox"/> 2. 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 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 checked="" 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 <input type="checkbox"/> 6. Pending investigation If injured Purposely or Accidentally							
	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)							

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 *Kathy Nangle*

L060337

Barry E. Nangle

Barry E. Nangle
DIRECTOR OF VITAL RECORDS

By

Ellen Freeman

SDH-BVR 95 (11/99)

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



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