9229155

WHEN RECORDED, MAIL TO:

Action Title Company, Inc. 63 North 300 East Provo, Utah 84606

ATC File No. 11100 Tax Serial No. 27-02-153-020

9229155 11/22/2004 02:27 PM \$16-00 Book - 9063 Pa - 4089-4092 GARY W. OTT RECORDER, SALT LAKE COUNTY, UTAH ACTION TITLE CO. PO BOX 1411 PR0V0 UT 84603 BY: SBM, DEPUTY - WI 4 P.

WARRANTY DEED

THE TRULS AND LILLIAN ANZJON TRUST, DATED THE 7TH DAY OF APRIL, 1998, TRULS ANZJON (DECEASED), RUTH LILLIAN ANZJON (DECEASED) AND JUNE ROCK, TRUSTEES, grantor of WEST VALLEY, County of SALT LAKE, State of Utah, hereby CONVEY and WARRANT to NATHAN CLAY LYON AND ANGELA MARIE LYON, HUSBAND AND WIFE AS JOINT TENANTS grantee of 96945 BUTTONWOOD DRIVE, SANDY, UTAH, for the sum of TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION, the following described tract of land in SALT LAKE County, State of Utah:

ALL OF LOT 4, MIDVALLEY TERRACE, ACCORDING TO THE OFFICIAL PLAT THEREOF. RECORDED IN THE OFFICE OF THE COUNTY RECORDER OF SALT LAKE COUNTY, UTAH.

Together with and subject to easements, restrictions, and rights of way of record.

WITNESS, the hand of said grantor, this ______day of NOVEMBER, 2004.

STATE OF Ursets) :ss.

On the 192 day of NOVEMBER, 2004, personally appeared before me JUNE ROCK, TRUSTEE OF THE TRULS AND LILLIAN ANZJON TRUST, DATED THE 7TH DAY OF APRIL, 1998, the signer of the within instrument, who duly acknowledged to me that she executed the same.

My Commission Expires: 12/2/2007

Residing at:

NOTARY PUBLIC - STATE OF UTAH 63 NORTH 300 EAST PROVO, UTAH 84606 COMM. EXPIRES 12-2-2007

Notary Public

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			that this is a true copy of the certificate on file in this office. This certified copy is issued of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.	
under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.		sued:	May 06, 2004 Barrel & Mangle	_
under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.		/ SALT	LAKE Barry F Nanola	(0)
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under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended. Date Issued: May 06, 2004 Barry E Mangle County SALT LAKE Barry E. Nangle DIRECTOR OF VITAL RECORDS	ਨ Regist	rar Ga	eai Cavey By Ellen Freeman (1995)	Ŋ' j
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	Actions to switch a line form is limited a the Visia Statistica and Rules.	ATE OF UTAH — DEPARTMENT OF HEALTH COCAL FILE NUMBER 18-2151 CERTIFICATE OF DEATH STATE FILE NUMBER	
		LOCAL TERNOMBER 10-2171 I NAME OF DECEDENT FIRST MIDDLE LAST 2.5 EX 3a DATE OF DEATH (Mo, Day, Vr.) 3b TIME OF DEATH (Mo, Day	
		4 DATE OF BIRTH (Mo. Dey, Yr.) S. AGE- Lest Buthday # LINGER I YEAR FUNDER X LINES B. BIRTHPLACE (CRy & State or Foreign Country) 7. SOCIAL SECURITY NUMBER November 23, 1911 92 Namsos, Norway 528-38-3746	
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	DECEDENT	8C COUNTY OF DEATH 8. COUNTY OF DEATH 9. SURVIVING SPOUSE (If wild; give meiden name) Sandy Salt Lake	
	DEGEDEN	10. MAS DECEDENT 11. MARITAL STATUS 12a. DECEDENTS USUAL DOCUMENTON (Give bind of work done 12b. KIND OF BUSINESS OR INDUSTRY during most of working \$6. Do NOT enter retired) 12b. KIND OF BUSINESS OR INDUSTRY during most of working \$6. Do NOT enter retired) 12b. KIND OF BUSINESS OR INDUSTRY during most of working \$6. Do NOT enter retired) 12b. KIND OF BUSINESS OR INDUSTRY during most of working \$6. Do NOT enter retired) 12b. KIND OF BUSINESS OR INDUSTRY during most of working \$6. Do NOT enter retired) 12b. KIND OF BUSINESS OR INDUSTRY during most of working \$6. Do NOT enter retired) 12b. KIND OF BUSINESS OR INDUSTRY during most of working \$6. Do NOT enter retired) 12b. KIND OF BUSINESS OR INDUSTRY during most of working \$6. Do NOT enter retired) 12b. KIND OF BUSINESS OR INDUSTRY during most of working \$6. Do NOT enter retired) 12b. KIND OF BUSINESS OR INDUSTRY during most of working \$6. Do NOT enter retired) 12b. KIND OF BUSINESS OR INDUSTRY during most of working \$6. Do NOT enter retired) 12b. KIND OF BUSINESS OR INDUSTRY during most of working \$6. Do NOT enter retired) 12b. KIND OF BUSINESS OR INDUSTRY during most of working \$6. Do NOT enter retired) 12b. KIND OF BUSINESS OR INDUSTRY during most of working \$6. Do NOT enter retired) 12b. KIND OF BUSINESS OR INDUSTRY during most of working \$6. Do NOT enter retired) 12b. KIND OF BUSINESS OR INDUSTRY during most of working \$6. Do NOT enter retired) 12b. KIND OF BUSINESS OR INDUSTRY during most of working \$6. Do NOT enter retired) 12b. KIND OF BUSINESS OR INDUSTRY during most of working \$6. Do NOT enter retired) 12b. KIND OF BUSINESS OR INDUSTRY during most of working \$6. Do NOT enter retired) 12b. KIND OF BUSINESS OR INDUSTRY during most of working \$6. Do NOT enter retired) 12b. KIND OF BUSINESS OR INDUSTRY during most of working \$6. Do NOT enter retired) 12b. KIND OF BUSINESS OR INDUSTRY during most of working \$6. Do NOT enter retired) 12b. KIND OF BUSINESS OR INDUSTRY during most of working \$6. Do NOT enter re	
	,	Electronic Engineer University of Utah 13a. RESIDENCE - STREET AND NUMBER 13a. CRY, TOWN OR COMMUNITY 13d. COUNTY 13d. COUNTY 6140 West 3725 South West Valley City Salt Lake Utah	
Ø ×	13	13e. INSIDE CITY 13f. ZIP CODE 14. WAS DECEDENT OF HISPANIC ORIGIN? 1. Yes 2 No 15. RACE - Black, While, Am. Indian (titbe may be artismed). Immunity or Jacob (Jacob) 1. Yes (Specify) (1.2) College (15:41). Separate (Specify) (1.2) College (15:41).	
PERMANENT BLACK INK		2. No 34128 3. Puerlo Rican 4. Other (Specify) White: 14	·
BLAC	PARENTS	Morten P. Anzjon Berthe Sofie Aune 19 NAME REATIONSHIP AND MALING ADDRESS OF INFORMANT	
ENT	INFORMANI	June Rock, daughter - 6140 West 3725 South, West Valley City, Utah 84128 20 METHOD OF DISPOSITION 21th DATE OF DISPOSITION 2	
MAN	DISPOSITION	. Entomboment 2. Donesión 2. Other X 4. Burial	
PER	!	22 SIGNATURE OF FUNERAL SERVICE LICENSEE 23. LICENSEE NUMBER 24. FUNERAL HOME (Name and address) 107019 McDougal Funeral Home	
-tjSE	-	22-CATE ECELASED WAS LAST ATTENDED BY CONTROL OF THE CASE OF THE C	
		27s_CERTIFIER CERTIFYING PHYSICIAN. To the best of my knowledge, death occurred at the time, data, and place, and due to the cause(s) and manner as stated.	
	CERTIFIER	21. SIGNATURE AND TITLE OF CERTIFIER 276. SIGNATURE AND TITLE OF CERTIFIER 276. SIGNATURE AND TITLE OF CERTIFIER 276. DATE SIGNED, (MA) 70.9. Year)	
J1874		28. NUME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (1900 31) (7) POPULATION OF STANDARD S	
	REGISTRAR	28. DATE PRODUCTIONS OF STE 11000 5 SAVILY UT 8900 0 28. DATE REGISTRAR NOTIFIED OF DEATH 306. DATE FILED (MG., Day, Vr.) WAY 06. 2004	
	1.10	31, PART I. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC Approximate interval OR RESPIRATORY MARKEST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Approximate interval of the Complete of the Com	
がい 関ロルル	n da	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF)	
		Sequentially list conditions if DUE TO (OR AS A CONSEQUENCE OF) any, leading to immediate cause. Enter INDJERTLYTING CAUSE (disease or injury that initiated events resulting in DUE TO (OR AS A CONSEQUENCE OF):	
		deam) UAS1	
	CAUSE OF DEATH	PART II. Other Significant Conditions contributing to death 32. IN YOUR OPINION, TOBACCOUSE BY THE DECEDENT: 1. Probably combuded to the cause of death. 2. What the underlying cause of death. 2. What the underlying cause of death.	
		3. DN not contribute to the cause of death. 4. Is unknown in relation to the cause of death. 7. Yes 7. No 7. Yes 2. No	
	۰, ا	34. MANNER OF DEATH 35e, DATE OF INJURY (Mo., Day, Yr.) 35b, TIME OF INJURY AT WORK? 35d, PLACE OF INJURY -At home, farm, street, factory, officer, building, etc. (specify) 1. Yes 2. No	12
		35. Suicide 4. Homicide 35. LOCATION (Street or rural route number, city or fown, county and state) 1, 35. If motor vehicle excident specify if decederal was striver, passenger or presentation. 35. Nucled 4. Homicide 35. Production (Street or rural route number, city or fown, county and state) 1, 35. If motor vehicle excident specify if decederal was striver, passenger or presentation (Street or rural route number of route and state) 1, 35. If motor vehicle excident specify if decederal was striver, passenger or presents in the control of the route of the results of the results of the route of t	
	UDH-8VR Form 12, Rev. 12/98	Purposery or Accidently Description Accidently	
		y that this is a true copy of the certificate on file in this office. This certified copy is issued	à
■6 没 3 5		of section 26-2-22 of the Utah Code Annotated, 1953 As Amended. May 06, 2004	
्र १८ ३५ (SALT	LAKE BARRY & Nangle	OF THE
+BV	strar 🕢	Barry E. Nangle DIRECTOR OF VITAL RECORDS Ellen Freeman	
O .			
MILL (リエスク	6335 * 0 1 3 5 6 3 3 5 *	8 9 8
		WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES. ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION	
•		BK 9063 PG 4091	

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•	Access to informatic this form is fimiled u the Villas Statistics A and Rules.	LOCAL FILE NUMBER 18-587	7 CERTIF MIDDLE LAS Edvartzen		2. SEX Female	3a. DATE OF DEATH December		36 TIME OF DE	
		4. DATE OF BIRTH (Mo. Oby, Yr.) DGC. 7, 1919 8a. PLACE HOSPITAL (ramus codes for OF DEATH (check only	5. AGE- Last Birthday Miles Miles	UNDER I YEAR I IF UNDER I TOURS: ATIONS: Iome 6. Res	DER 24 HRS. 8. BIRTHPL METURE METURE OSIO OSIO OSIO OSIO OSIO Sand	ACE (Cay & State or F Norway F HOSPITAL, NURSI Is lacity, give street Y Regional RVIVING SPOUSE (II	oreign Country) NG HOME OR C address of localit . Health	7. SOCIAL SECU 528-38-4 THER FACILITY 201) Center	4268
	DECEDENT	Sandy 10 WAS DECEDENT EVER IN THEU S. ARMED FORCES? 1. Never 1. Yes [X] 2. No [X] 2. Marrix 130 RESIDENCE - STREET AND NUMBER 170 RESIDENCE - STREET AN	r Married 3. Widowed ed 4. Divorced	1	SUAL OCCUPATION (G oxiong life. Do NOT enter Celler CITY, TOWN OR COMMU		12b. KIND OF B	Bank	STRY
		8947 South 1240 W 136 INSIDE CITY 131, ZIP CODE LIMITS? [X] 1. Yes 2. No 84088	est 14. WAS DECEDENT OF HIS (if yes, Specify)	PANIC ORIGIN?	Vest Jordan ☐ 1. Yes X 2. No	15. RACE - Black, V Indian (tribe may Japanese, etc. (5	Salt La hite, Am. t be entered), ipecify)	. 1	Utah ecify only highest Elementary or College (13-16
	PARENTS	17. FATHERS NAME (First, Associa, Lass Paulus Edvartzen			18 MAIDEN NAME I	F MOTHER (First, M			
	INFORMANT	19 NAME RELATIONSHIP AND MAILIN Truls Anzjon, hus	band - 8947 Sc	uth 1240 V	West, West Jo	ordan, Uta	h 84088		
LACK INK	DISPOSITION	20. METHOD OF DISPOSITION 1. Entombrent 2. Donation	3. Other	DISPOSITION 216	PLACE OF DISPOSITION cremetory, or other place Vasatch Lawn femorial Pari	(name of cemetery,	Salt I	ake City	
USE PERMANENT BLACK INK	CERTIFIER	28, NAME AND ADDRESS OF PERSON	M.E. CASE NO	and hour reported. HR. eth occurred at the finite basis of examination E OF DEATH (Item 3)	on and/or investigation, in 27c. LICENSE NI 17904	YEAR	4330 SLC,		od Road 23
	REGISTRAR	Michael Jensen, M 29. REGISTRAR'S SIGNATURE	nek		30s. DATE REGISTRA (Mo., Day, Yr.)	R NOTIFIED OF DEA	juanua	Ly Co, ac	JUL
	CAUSE OF DEATH UDH-8V/R Form 12	31, PART I. ENTER THE DISEASOFM RESPIRATORY (SRE) IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate CAUSE (Fishes or injury that initiated events resulting in death) LAST FART II. Other Significant Conditions could not resulting in the underlying cause HEAVE (Section 1). 34. MANNER OF DEATH 31. Natural 2. Accident 35. Suicide 4. Homizide 15. Suicide 16. Pending Investigation hypertypely or	AUBJESC, ON COMPLICATION DUE TO (OR AS A	A CONSEQUENCE OF A CONS	OF LEAD OF LEA	33a 35d 1 35d 1	WAS AN AUTOPERFORMED? 1. Yes [X] 2 PLACE OF INJUINATION OF THE PROPERTY OF T	Death Color of the	s
This is	to certify t	that this is a true copy of section 26-2-22 of the U	the certificate on	file in this offi	ce. This certified	copy is issu	ed		
Date is:		NUARY 03, 2002	Barry						discourage OF TE
Date Is: County Registra	SA	ALT LAKE	Barry	E. Nangle	VITAL RECOR	RDS			
Registra	Gara	Buey			Ву	200	Free		