

Return to:

936786

DOUG LITTLE
WEBER COUNTY RECORDER
DEPUTY *Alvord, Richard*

MAY 7 1 58 PM '05

FILED AND RECORDED FOR

Wilma Little

ENTERED INDEXED

09-046-0017-3024
09-046-0022-ARS-ONLY

State of Utah ()
County of Weber ()

AFFIDAVIT

Wilma Little, being first duly sworn upon

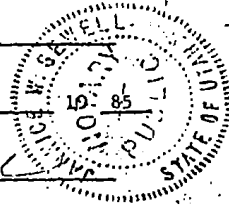
oath, deposes and says that he/she was well and personally acquainted with Frank E. Little, one of the Grantees in deed recorded in Book 415 at Page 302, records of Weber County, Utah; that he/she knows said Frank Little to be the same person as Frank E. Little whose death certificate is attached hereto. That by reason of said death the joint tenancy on the hereinafter described premises has terminated.

PROPERTY DESCRIPTION:

Part of the Southeast 1/4 of Sec. 14, Township 5 North, Range 2 West, Salt Lake Meridian U.S. Survey: Beg. at a point 30 rods North, 20 rods West and 76 1/2 feet North from the Southeast corner of said quarter sec. running thence West 20 rods, thence North 88-3/4 feet, thence East 20 rods, thence South 88-3/4 feet to beg. Subject to Town Road along West side of said property.

Wilma Little
Wilma Little

Subscribed and sworn to before me this 7th day of May



W. Swell
Notary Public

Residing at: Ogden Utah

Commission Exp.: 12/27/85

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STATE OF WYOMING
DIVISION OF HEALTH AND MEDICAL SERVICES
CERTIFICATE OF DEATH

LOCAL FILE NUMBER **53** STATE FILE NUMBER

1. DECEASED - NAME FIRST MIDDLE LAST Frank Edward Little		2. SEX Male	3. DATE OF DEATH (Mo., Day, Yr.) May 28, 1984
4. RACE White		5. AGE - Last birthday (Yrs.) 73	6. DATE OF BIRTH (Mo., Day, Yr.) August 1, 1910
7. PLACE OF DEATH - Hospital or other institution name (If not in hospital, give street and number) Vinson Hospital		8. CITY, TOWN OR LOCATION OF DEATH Laramie	9. COUNTY OF DEATH Albany
10. MARRIAGE STATUS Married		11. SPOUSE'S NAME (Last, first, middle) Wilma Betteridge	
12. RESIDENCE STATE Utah		13. RESIDENCE COUNTY Utah	
14. OCCUPATION Owner - Operator		15. BUSINESS OR PROFESSION Auto & Truck Parts Store	
16. FATHER - NAME FIRST MIDDLE LAST Malachi Lynch Little		17. MOTHER & MAIDEN NAME FIRST MIDDLE LAST Laura Goodwin	
18. INFORMANT - NAME (Type or Print) Wilma Little		19. MAIN ADDRESS STREET OR P.O. NO. CITY OR TOWN STATE ZIP 5480 S. 2000 W. Roy, Utah 84067	
20. FUNERAL SERVICE LICENSEE OR PERSONATING NUMBER NAME OF FACILITY E. Pate Attention 424 Stryker Funeral Service 3		21. ADDRESS OF FACILITY NUMBER ADDRESS OF FACILITY # P.O. Box-7 Laramie, Wyoming 82070	
22. On the day of his/her death occurred at the time, date and place and due to the (Signature and Title) R. Holland DATE SIGNED (Mo., Day, Yr.) 5/22/84 HOUR OF DEATH 0900 M		23. On the day of his/her death occurred at the time, date and place and due to the (Signature and Title) DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH 229. PHYSICIAN'S SIGNATURE (Type or Print) 229. AT M	
24. REGISTRAR Dr. Rod Holland 28 Garfield Laramie, Wyoming 82070		25. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 6-4-84	
26. IMMEDIATE CAUSE (ENTER ONLY IF CAUSE PER LINE FOR (A), (B), AND (C)) Cardiac shock		27. PART I (a) DUE TO, OR AS A CONSEQUENCE OF: ruled acute MI	
28. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not stated in cause of death (PART I) acute renal failure		29. PART II (a) DUE TO, OR AS A CONSEQUENCE OF: acute renal failure	
28a. ACC. SUICIDE, HOMICIDE, UNCL. OR PENDING INVEST (Type or Print)		28b. DATE OF INJURY (Mo., Day, Yr.)	
28c. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28d. LOCATION STREET OR P.O. NO. CITY OR TOWN STATE	

TYPE OF PART
PERMANENT
INSTRUMENTS
SEE HANDBOOK

IF DEATH OCCURRED IN HOSPITAL OR IN A NURSING HOME, PLEASE PRINT COMPLETELY ALL RESIDENCE ITEMS

IF DEATH OCCURRED IN HOME, PLEASE PRINT COMPLETELY ALL RESIDENCE ITEMS

CONDITIONS IF ANY WHICH MAY BE TO IMMEDIATE CAUSE STARTING WITH UNDERLYING CAUSE LAST

CAUSE OF DEATH

JUN 8 1984

Date Issued: **June 8, 1984**

THIS IS TO CERTIFY that this reproduction is a true copy of a record on file in Vital Records Services, Division of Health and Medical Services, Wyoming Department of Health and Social Services, Cheyenne, Wyoming.

If this copy does not bear a raised seal and the signature of the Deputy State Registrar is not in RED, this is not an official certified copy.

Lawrence J. Cohen
Lawrence J. Cohen, M. D.
State Registrar

Richard O. Hall
Richard O. Hall
Deputy State Registrar

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