

WHEN RECORDED MAIL TO:
MARY OGAN
374 6TH AVENUE
SALT LAKE CITY, UT 84103

AFFIDAVIT OF IDENTITY

The undersigned hereby states that the SHIRLEY MARGELAINE SPACKMAN PARKE who is the subject of the attached Death Certificate is the same person as the SHIRLEY PARKE who is listed as an owner in joint tenancy with the undersigned on that certain Warranty Deed dated AUGUST 3, 1990 and recorded AUGUST 6, 1990 as Entry No. 4949087 in Book 6242 at Page 0611 in the office of the SALT LAKE County Recorder, which Warranty Deed covers real property located at 374 E 6TH AVE, SALT LAKE CITY, Utah, more particularly described as follows:

SEE EXHIBIT A
~~COMMENCING AT A POINT 130 1/2 FEET WEST OF THE NORTHEAST CORNER OF BLOCK 75, PLAT "D", SALT LAKE CITY SURVEY, AND RUNNING THENCE SOUTH 80 FEET; THENCE WEST 34 1/2 FEET; THENCE NORTH 80 FEET; THENCE EAST 34 1/2 FEET TO THE PLACE OF BEGINNING~~

PARCEL #09-31-406-005

THIS DOCUMENT IS BEING RECORDED TO CORRECT AN ERROR IN THE LEGAL DESCRIPTION ON THAT CERTAIN AFFIDAVIT RECORDED JUNE 16, 2005 AS ENTRY #9406335 IN BOOK #9145 AND AT PAGE 9753-9754

In witness whereof, the undersigned has executed this Affidavit of Identity the *27* day of *October*, *2004-2005*

ACCOMODATION RECORDING ONLY. EQUITY TITLE INSURANCE AGENCY, INC. MAKES NO REPRESENTATION AS TO CONDITION OF TITLE, NOR DOES IT ASSUME ANY RESPONSIBILITY FOR VALIDITY, SUFFICIENCE OR EFFECTS OF DOCUMENT_{ss.} *Mary Jane Ogan*
MARY JANE OGAN

State of Utah

County of DAVIS)

The foregoing instrument was acknowledged before me this 27th day of October, 2005, by MARY JANE OGAN

[Signature]

Notary Public
Residing at: *DAVIS COUNTY, UT*
My commission expires: *8/20/08*



(Seal)

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 Statistics Act and Rules. LOCAL FILE NUMBER **18-2809** STATE FILE NUMBER

USE PERMANENT BLACK INK

1. NAME OF DECEDENT Shirley Margelaine Spackman PARKE		2. SEX Female		3a. DATE OF DEATH (Mo., Day, Yr.) June 11, 2004		3b. TIME OF DEATH (24 hr. clock) 2340	
4. DATE OF BIRTH (Mo., Day, Yr.) July 22, 1922		5. AGE - Last Birthday 81		6. BIRTHPLACE (City & State or Foreign Country) North Ogden, Utah		7. SOCIAL SECURITY NUMBER 528-20-9721	
8a. PLACE OF DEATH (check only one) <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA		8b. COUNTY OF DEATH Salt Lake		8c. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) 374 6th Avenue		9. SURVIVING SPOUSE (if wife, give maiden name)	
10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		11. MARITAL STATUS <input type="checkbox"/> 1. Never Married <input type="checkbox"/> 2. Married <input checked="" type="checkbox"/> 3. Widowed <input checked="" type="checkbox"/> 4. Divorced		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired) Homemaker		12b. KIND OF BUSINESS OR INDUSTRY Own Home	
13a. RESIDENCE - STREET AND NUMBER 374 6th Avenue		13b. CITY, TOWN OR COMMUNITY Salt Lake City		13c. COUNTY Salt Lake		13d. STATE Utah	
14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify) <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		15. RACE - Black, White, Am. Indian (if race may be entered), Japanese, etc. (Specify) White		16. EDUCATION (Specify only Highest grade completed) Elementary or Secondary (9-12) College (13-16 or 17+) -14-			
17. FATHER'S NAME (First, Middle, Last) Jacob Spackman				18. MAIDEN NAME OF MOTHER (First, Middle, Last) Alta Parry			
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Mary Ogan/daughter 374 6th Ave Salt Lake City, Utah 84103							
20. METHOD OF DISPOSITION <input checked="" 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 June 15, 2004		21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Ogden City Cemetery		21c. LOCATION - City or Town, State Ogden, Utah	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE Roland G. Hoag		23. LICENSEE NUMBER 334266		24. FUNERAL HOME (Name and address) Lindquist's Ogden Mortuary #43 3408 Washington Blvd. Ogden, Utah 84401			
25. DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 6/11/2004		26. If not certified by medical examiner, was death reported to M.E.? (If yes, enter the date and hour reported) 6/11/2004		27. 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.		28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print) Brett Newman, MD 2250 S. 1300 W. Salt Lake City, Utah 84119	
29. REGISTRAR'S SIGNATURE Patricia Covey		30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)		30b. DATE FILED (Mo., Day, Yr.) June 18, 2004			
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. Metastatic Breast Cancer Approximate Interval Between Onset and Death: years.							
32. 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 checked="" 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 <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 checked="" 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: **JUNE 18, 2004**
County: **SALT LAKE**
Registrar: **Patricia Covey**

Barry E Nangle
Barry E. Nangle
DIRECTOR OF VITAL RECORDS

By *Ellen Freeman*



UDH-BVR Form 12, Rev. 12/98
* 0 1 3 6 2 5 1 4 *



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

VTDI 09-31-406-005-0000 DIST 13 TOTAL ACRES 0.06
PARKE, SHIRLEY & TAX CLASS UPDATE REAL ESTATE 59200
OGAN, MARY J; JT LEGAL BUILDINGS 131400
PRINT P TOTAL VALUE 190600

374 E SIXTH AVE
SALT LAKE CITY UT 84103273074 EDIT 1 FACTOR BYPASS
LOC: 374 E SIXTH AVE EDIT 1 BOOK 6242 PAGE 0611 DATE 08/09/1990
SUB: TYPE UNKN PLAT

10/28/2005 PROPERTY DESCRIPTION FOR TAXATION PURPOSES ONLY
COM AT NW COR OF LOT 4 BLK 75 PLAT D SLC SUR E 34 1/2 FT S
80 FT W 34 1/2 FT N 80 FT TO BEG 5646-1689 THRU 1697
5646-1701

PFKEYS: 1=VTNH 2=VTOP 4=VTAU 6=NEXT 7=RTRN VTAS 8=RXMU 10=RXBK 11=RXPN 12=PREV