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11/30/2005 11:09 AM \$14.00  
Book - 9223 Pg - 9711-9713  
GARY W. OTT  
RECORDER, SALT LAKE COUNTY, UTAH  
BACKMAN TITLE SERVICES  
BY: SEM, DEPUTY - WI 3 P.

3

When Recorded, Return to:  
Marilyn Shaw Bell  
2655 South Twain Drive  
Magna Ut 84044

Escrow No. 5-015827

STATE OF Utah )  
County of Salt Lake ) SS.

**AFFIDAVIT TO TERMINATE JOINT TENANCY**

I, Marilyn Shaw Bell, being first duly sworn on oath and in accordance with Utah Code Ann. §57-1-5.1, do hereby depose and say:

- 1. I am a citizen of the United States of America, over the age of 21 years, and a resident of Magna, County of Salt Lake, State of Utah and have personal knowledge of the facts contained in the Affidavit.
- 2. I was well and personally acquainted with Darrell Bell one of the grantees in that certain Warranty Deed recorded as Entry No. 6247450 in Book 7301, at Page 1139, records of the Recorder of Salt Lake County, Utah.
- 3. I know of my own knowledge that Darrell Bell in the said deed is the same person as Darrell Bell mentioned in the attached Certified copy of Certificate of Death.
- 4. This Affidavit is intended to terminate the fee simple interest held in joint tenancy of said Darrell Bell and Marilyn Shaw Bell, in the following described property located in Salt Lake, Utah:

SEE ATTACHED LEGAL DESCRIPTION.

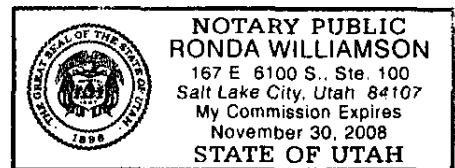
Parcel No.: 14-20-477-036

*Marilyn Shaw Bell*  
Marilyn Shaw Bell

The foregoing instrument was acknowledged before me this 25<sup>th</sup> day of November 20 05  
By Marilyn Shaw Bell

*Ronda Williamson*  
NOTARY PUBLIC

Commission Expires: \_\_\_\_\_  
Residing at \_\_\_\_\_



# 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 Vital Statistics Act and Rules.

LOCAL FILE NUMBER **18-2133**

STATE FILE NUMBER

|  |  |                               |  |   |  |   |   |   |  |   |   |  |  |
|--|--|-------------------------------|--|---|--|---|---|---|--|---|---|--|--|
| 1. NAME OF DECEDENT<br><b>DARRELL BELL</b>   |  |                               |  | 2. SEX<br><b>Male</b>   |  | 3a. DATE OF DEATH (Mo., Day, Yr.)<br><b>May 7, 2002</b>   |   | 3b. TIME OF DEATH (24 hr. clock)<br><b>18:00</b>  |  |   |   |  |  |
| 4. DATE OF BIRTH (Mo., Day, Yr.)<br><b>Nov. 26, 1943</b>   |  |                               | 5. AGE - Last Birthday<br><b>58</b>  |   | IF UNDER 1 YEAR<br>MONTHS _____ DAYS _____ |   | IF UNDER 24 HRS.<br>HOURS _____ MINUTES _____ |   | 6. BIRTHPLACE (City & State or Foreign Country)<br><b>Salt Lake City, Utah</b> |   | 7. SOCIAL SECURITY NUMBER<br><b>529-54-8919</b> |  |  |
| 8a. PLACE OF DEATH (check only)<br><input type="checkbox"/> 1. Inpatient<br><input type="checkbox"/> 2. ER/Outpatient<br><input type="checkbox"/> 3. DOA   |  |                               |  | 8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location)<br><b>2655 So. Twain Dr.</b>  |  |   |   | ALL OTHER LOCATIONS:<br><input type="checkbox"/> 4. Nursing Home<br><input checked="" type="checkbox"/> 5. Residence (any)<br><input type="checkbox"/> 6. Other (specify) _____ |  |   |   |  |  |
| 8c. CITY, TOWN, OR LOCATION OF DEATH<br><b>Magna</b>   |  |                               |  | 8d. COUNTY OF DEATH<br><b>Salt Lake</b>   |  |   |   | 9. SURVIVING SPOUSE (if wife, give maiden name)<br><b>Marilyn Shaw</b>  |  |   |   |  |  |
| 10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES?<br><input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No   |  |                               | 11. MARITAL STATUS<br><input type="checkbox"/> 1. Never Married <input type="checkbox"/> 3. Widowed<br><input checked="" type="checkbox"/> 2. Married <input type="checkbox"/> 4. Divorced |   |  | 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired)<br><b>Carpenter</b> |   |   | 12b. KIND OF BUSINESS OR INDUSTRY<br><b>Kennecott Copper</b>                   |   |   |  |  |
| 13a. RESIDENCE - STREET AND NUMBER<br><b>2655 So. Twain Dr.</b>  |  |                               |  | 13b. CITY, TOWN OR COMMUNITY<br><b>Magna</b>  |  |   |   | 13c. COUNTY<br><b>Salt Lake</b>   |  | 13d. STATE<br><b>Utah</b>   |   |  |  |
| 13e. INSIDE CITY LIMITS?<br><input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No  |  | 13f. ZIP CODE<br><b>84044</b> |  | 14. WAS DECEDENT OF HISPANIC ORIGIN? (if yes, Specify)<br><input type="checkbox"/> 1. Mexican <input type="checkbox"/> 2. Cuban<br><input type="checkbox"/> 3. Puerto Rican <input type="checkbox"/> 4. Other (Specify) _____   |  |   |   | 15. RACE - Black, White, Am. Indian (tribe may be entered), Japanese, etc. (Specify)<br><b>White</b>  |  | 16. EDUCATION (specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17+)<br><b>12</b>                       |   |  |  |
| 17. FATHER'S NAME (First, Middle, Last)<br><b>Clarence Foy Bell</b>  |  |                               |  |   |  | 18. MAIDEN NAME OF MOTHER (First, Middle, Last)<br><b>Ivy Ilene Shaw</b>  |   |   |  |   |   |  |  |
| 19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT<br><b>Marilyn Bell - spouse 2655 So. Twain Dr. Magna, Utah 84044</b>   |  |                               |  |   |  |   |   |   |  |   |   |  |  |
| 20. METHOD OF DISPOSITION<br><input type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other<br><input type="checkbox"/> 4. Burial <input checked="" type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal  |  |                               |  | 21a. DATE OF DISPOSITION<br><b>May 8, 2002</b>  |  | 21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place)<br><b>Independent Professional Service</b>              |   |   | 21c. LOCATION - City or Town, State<br><b>Taylorville, Utah</b>                |   |   |  |  |
| 22. SIGNATURE OF FUNERAL SERVICE LICENSEE<br><i>[Signature]</i>  |  |                               |  | 23. LICENSE NUMBER<br><b>115406</b>   |  | 24. FUNERAL HOME (Name and address)<br><b>PEEL FUNERAL HOME<br/>8525 W. 2700 So. Magna, Utah 84044</b>                          |   |   |  |   |   |  |  |
| 25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN<br><b>4-10-02</b>  |  |                               |  | 26. If not certified by medical examiner, was death reported to M.E.? (if yes, enter the date and hour reported)<br>M.E. CASE NO. _____ HR. _____ MO. _____ DAY _____ YEAR _____  |  |   |   | 27. DATE SIGNED (Month, Day, Year)<br><b>5/9/02</b>   |  |   |   |  |  |
| 27a. CERTIFIER<br><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.<br><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.  |  |                               |  |   |  |   |   |   |  |   |   |  |  |
| 27b. SIGNATURE AND TITLE OF CERTIFIER<br><i>[Signature]</i>  |  |                               |  | 27c. LICENSE NUMBER<br><b>265175</b>  |  |   |   | 27d. DATE SIGNED (Month, Day, Year)<br><b>5/9/02</b>  |  |   |   |  |  |
| 28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print)<br><b>Ray Morris M.D. 3465 So. 4155 W. West Valley City, Utah 84120</b>   |  |                               |  |   |  |   |   |   |  |   |   |  |  |
| 29. REGISTRAR'S SIGNATURE<br><i>[Signature]</i>  |  |                               |  |   |  | 30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)<br><b>May 8, 2002</b>   |   | 30b. DATE FILED (Mo., Day, Yr.)<br><b>May 9, 2002</b>   |  |   |   |  |  |
| 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.<br><br>IMMEDIATE CAUSE (Final disease or condition resulting in death)<br><b>a. CVA</b> <span style="float: right;">Approximate Interval Between Onset and Death: <b>3 weeks</b></span><br>DUE TO (OR AS A CONSEQUENCE OF):<br><br>Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST<br><b>b. _____</b><br>DUE TO (OR AS A CONSEQUENCE OF):<br><br><b>c. _____</b><br>DUE TO (OR AS A CONSEQUENCE OF):<br><br><b>d. _____</b> |  |                               |  |   |  |   |   |   |  |   |   |  |  |
| 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 DECEDENT:<br><input type="checkbox"/> 1. Probably contributed to the cause of death. <input type="checkbox"/> 5. NON USER<br><input type="checkbox"/> 2. Was the underlying cause of death. <input type="checkbox"/> 6. UNKNOWN IF USER<br><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?<br><input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No   |  | 33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?<br><input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No |   |  |  |
| 34. MANNER OF DEATH<br><input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident<br><input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide<br><input type="checkbox"/> 5. Undetermined if injured Purposely or Accidentally <input type="checkbox"/> 6. Pending Investigation  |  |                               |  | 35a. DATE OF INJURY (Mo., Day, Yr.)   |  | 35b. TIME OF INJURY (24 Hour Clock)   |   | 35c. INJURY AT WORK?<br><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)   |  |                               |  |   |  |   |   |   |  |   |   |  |  |

USE PERM. NT BLACK INK

SDH-BVRHS 95 (9/96)

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: **MAY 09, 2002**

County: **SALT LAKE**

Registrar: *[Signature]*

*Barry E Nangle*

Barry E. Nangle  
DIRECTOR OF VITAL RECORDS

By *[Signature]*



LL 1008462



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

**SCHEDULE A**

Order Number: **5-015827**

LEGAL DESCRIPTION

**Lot 206, Green Meadow Estates No. 5, according to the official plat thereof on file and of record in the office of the Salt Lake County Recorder.**

Parcel No.: **14-20-477-036**