

4512005

Recorded at Request of _____
at _____ M. Fee Paid \$ _____
by _____ Dep. Book _____ Page _____ Ref.: _____
Mail tax notice to _____ Address 1764 E. 16400 S.
SLC 84121

WARRANTY DEED

John Donald Jackman and Norma Jo Jackman, his wife ----- grantors
of Salt Lake County of Salt Lake State of Utah, hereby
CONVEY and WARRANT to John Donald Jackman and Norma Jo Jackman, trustees
or successor trustees of the John Donald and Norma Jo Jackman 1987 trust for the
benefit of John Donald Jackman and Norma Jo Jackman and their issue under instru-
ment dated August 15, 1987.

of Salt Lake County Salt Lake, State of Utah grantee
TEN AND NO/100 (\$10.00) ----- for the sum of
and other good and valuable consideration. Salt Lake DOLLARS,
the following described tract of land in County,
State of Utah:

Beginning at a point 1995 feet West and 493.68 feet North from the Southeast
corner of the Northeast Quarter of Section 21, Township 2 South, Range 1 East,
Salt Lake Meridian and running thence West 202 feet; thence North 152.5 feet;
thence East 202 feet; thence South 152.5 feet to the place of beginning.

Together with the following right of way: Commencing at a point 120.91 rods
West and 39.16 rods North from the Southeast corner of the Northeast Quarter
of Section 21, Township 2 South, Range 1 East, Salt Lake Meridian; thence
West 337.0 feet; thence North 15.0 feet; thence East 337.0 feet; thence South
15.0 feet to the point of beginning.

Together with a right of way over the following: Commencing at a point 120
rods West and 29.92 rods North from the Southeast corner of the Northeast
quarter of Section 21, Township 2 South, Range 1 East, Salt Lake Meridian,
and running thence North 44.88 rods to the South line of a four rod street
running East and West; thence West 15 feet; thence South along the West side of
a 15 foot road 44.88 rods; thence East 15 feet to the place of beginning.

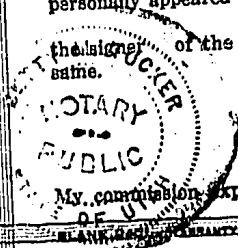
WITNESS, the hand of said grantor, this 24th day of
August, A. D. 19 87

Signed in the Presence of
John Donald Jackman
Norma Jo Jackman
Kelly M. Bragg

STATE OF UTAH, Salt Lake } ss.
County of

On the 24th day of August, A. D. 19 87
personally appeared before me John Donald Jackman and Norma Jo Jackman

of the within instrument, who duly acknowledged to me that he executed the
same.



Betty M. Tucker
Notary Public.
Residing in West Jordan, UT.

33-5954 REC 1905

4512005
24 AUGUST 87 04:24 PM
KATIE L. DIXON
RECORDER, SALT LAKE COUNTY, UTAH
JOHN DONALD JACKMAN
REC BY: EVELYN FROGGET , DEPUTY

900

BOOK 5954 PAGE 1906



SALT LAKE CITY - COUNTY HEALTH DEPARTMENT
DIVISION OF VITAL STATISTICS
 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 **18-2413**

STATE FILE NUMBER

6872942

DECEDENT	1 NAME OF DECEDENT (First Middle Last) John Donald JACKMAN		2 SEX Male	3a DATE OF DEATH (Mo Day, Yr) June 25, 1993	3b TIME OF DEATH (24 hr clock) 0400	
	4 DATE OF BIRTH (Mo Day, Yr) Oct. 5, 1923	5 AGE (at last birthday) 69	6 BIRTHPLACE (City & State or Foreign Country) Salt Lake City, Utah	7 SOCIAL SECURITY NUMBER 529-34-1090		
	8a PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other 8c CITY, TOWN OR LOCATION OF DEATH Salt Lake			8b NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility give street address of location) 1764 East 6400 South		
	10 WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11 MARITAL STATUS <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) Owner/Partner	12b KIND OF BUSINESS OR INDUSTRY ing Heating & Air Condition-	
13a RESIDENCE STREET AND NUMBER 1764 East 6400 South		13b CITY, TOWN, OR COMMUNITY Salt Lake	13c COUNTY Salt Lake	13d STATE Utah		
13e INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f ZIP CODE 84121	14 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify) <input type="checkbox"/> Mexican <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other (Specify)	15 RACE: Black, White, Am Indian (Tribe may be entered), Japanese, etc. (Specify) White	16 EDUCATION (Specify only highest grade completed): Elementary or Secondary (0-12) College (13-16 or 17+) 16	
PARENTS			MOTHER			
17 FATHER'S NAME (First, Middle, Last) Fredrick Charles Jackman			18 MAIDEN NAME OF MOTHER (First, Middle, Last) Jessie Maxfield			
INFORMANT						
19 NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Norma Jo Jackman, wife, 1764 East 6400 So., Salt Lake City, UT 84121						
DISPOSITION	20 METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Donation <input type="checkbox"/> Other		21a DATE OF DISPOSITION June 28, 1993	21b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Murray City Cemetery	21c LOCATION - City or Town, State Murray, Utah	
	22 SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>		23 LICENSEE NUMBER 112118	24 FUNERAL HOME (Name, address and license number) Jenkins-Soffe Mortuary #100356 4760 So. State St. Murray, UT 84107		
CERTIFIER	25 DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 6/1/93		26 If not certified by medical examiner, was death reported to M.E.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter the date and hour reported. M.E. Case No.			
	27a. CERTIFIER <input checked="" type="checkbox"/> 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"/> 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 <i>[Signature]</i>		27c LICENSE NUMBER 6423 UT	27d DATE SIGNED (Mo, Day, Yr) 6/25/93		
28 NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Type print) Jennifer Fischbach M.D. 8th Ave. C Street S.L.C., Ut. 84143						
REGISTRAR	29 REGISTRAR'S SIGNATURE <i>[Signature]</i>				30 DATE FILED (Month, Day, Year) June 25, 1993	
	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) Glioblastoma multiforme DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST PART II Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I					
CAUSE OF DEATH	34 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined if Injured Purposely or Accidentally <input type="checkbox"/> Pending Investigation		35a DATE OF INJURY (Month, Day, Year)	35b TIME OF INJURY (24 Hour Clock)	35c INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)			
	33a WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

BK 7889PG0854 pg 854

This is to certify that this is a true copy of the information on file in this office. This certified copy is issued under authority of Section 26-15-26 of the Utah Code Annotated, 1953 as amended.

[Signature]
 Harry L. Gibbons, M.D., M.P.H.
 Director of Health



Date Issued **JUN 25 1993**
76078

[Signature]
 DEPUTY REGISTRAR

EXHIBIT "A" LEGAL DESCRIPTION

COMMENCING 2175.82 FEET WEST AND NORTH 506.18 FEET FROM THE EAST ¼ CORNER OF SECTION 21, TOWNSHIP 2 SOUTH, RANGE 1 EAST, SALT LAKE BASE AND MERIDIAN, AND RUNNING THENCE NORTH 152.5 FEET; THENCE WEST 82.12 FEET; THENCE SOUTH 15 FEET; THENCE WEST 67.4; THENCE SOUTH 137.5 FEET; THENCE EAST 149.94 FEET TO THE POINT OF BEGINNING.

TOGETHER WITH THE FOLLOWING RIGHT OF WAY:

COMMENCING AT A POINT 120.91 RODS WEST AND 39.16 RODS NORTH FROM THE SOUTHEAST CORNER OF THE NORTHEAST ¼ OF SECTION 21, TOWNSHIP 2 SOUTH, RANGE 1 EAST, SALT LAKE MERIDIAN; THENCE WEST 269.6 FEET; THENCE NORTH 15.0 FEET; THENCE EAST 269.9 FEET; THENCE SOUTH 15.0 FEET TO THE POINT OF BEGINNING.

ALSO A RIGHT OF WAY OVER THE FOLLOWING:

COMMENCING AT A POINT 120 RODS WEST, 29.92 RODS NORTH FROM THE SOUTHEAST CORNER OF THE NORTHEAST ¼ OF SECTION 21, TOWNSHIP 2 SOUTH, RANGE 1 WEST, SALT LAKE MERIDIAN, AND RUNNING THENCE NORTH 44.88 RODS TO THE SOUTH LINE OF A 4 ROD STREET RUNNING EAST AND WEST; THENCE WEST 15 FEET; THENCE SOUTH ALONG THE WEST SIDE OF A 15 FOOT ROAD 44.88 RODS; THENCE EAST 15 FEET TO THE PLACE OF BEGINNING.

6872942
02/24/98 3:25 PM 14.00
NANCY WORKMAN
RECORDER, SALT LAKE COUNTY, UTAH
LEGACY LAND TITLE
REC BY: R JORDAN , DEPUTY - WI

BK7889PG0855

EXHIBIT "A" LEGAL DESCRIPTION

82-21-253-033
NE
044

COMMENCING 2175.82 FEET WEST AND NORTH (493.68 FEET DEEDED) (506.18 FEET ACTUAL) FROM THE EAST ¼ CORNER OF SECTION 21, TOWNSHIP 2 SOUTH, RANGE 1 EAST, SALT LAKE BASE AND MERIDIAN, AND RUNNING THENCE NORTH 152.5 FEET; THENCE WEST ~~88.6~~^{82.12} FEET; THENCE SOUTH 15 FEET; THENCE WEST 67.4 FEET; THENCE SOUTH 137.5 FEET; THENCE EAST ~~156.06~~^{149.44} FEET TO THE POINT OF BEGINNING.

TOGETHER WITH THE FOLLOWING RIGHT OF WAY:

COMMENCING AT A POINT 120.91 RODS WEST AND 39.16 RODS NORTH FROM THE SOUTHEAST CORNER OF THE NORTHEAST ¼ OF SECTION 21, TOWNSHIP 2 SOUTH, RANGE 1 EAST, SALT LAKE BASE AND MERIDIAN; THENCE WEST 269.6 FEET; THENCE NORTH 15.0 FEET; THENCE EAST 269.9 FEET; THENCE SOUTH 15.0 FEET TO THE POINT OF BEGINNING.

ALSO A RIGHT OF WAY OVER THE FOLLOWING:

COMMENCING AT A POINT 120 RODS WEST AND 29.92 RODS NORTH FROM THE SOUTHEAST CORNER OF THE NORTHEAST ¼ OF SECTION 21, TOWNSHIP 2 SOUTH, RANGE 1 EAST, SALT LAKE BASE AND MERIDIAN, AND RUNNING THENCE NORTH 44.88 RODS TO THE SOUTHLINE OF A 4 ROD STREET RUNNING EAST AND WEST; THENCE WEST 15 FEET; THENCE SOUTH ALONG THE WEST SIDE OF A 15 FOOT ROAD 44.88 RODS; THENCE EAST 15 FEET TO THE PLACE OF BEGINNING.

6872943
02/24/98 3:25 PM 14.00
NANCY WORKMAN
RECORDER, SALT LAKE COUNTY, UTAH
LEGACY LAND TITLE
REC BY: R JORDAN DEPUTY - #

SK 7877780222
BK 7889PG0857