Recording Requested by: Associated Title Insurance Agency, LLC 5434 South Freeway Park Drive Riverdale, UT 84405 (801) 825-6100

-6491661W+ 1004 (170 0H00) (1816 9H00) (1816 1816) (1816 1816)

AFTER RECORDING RETURN TO: Darrell L. Burton and Renee H. Burton

SPACE ABOVE THIS LINE (3 1/2" X 5") FOR RECORDER'S USE

WARRANTY DEED

Escrow No. 013-4186646 (jow) A.P.N.: 08-037-0058
Elwood Woodrow and Norma Harris Wilson Family Trust, Norma Harris Wilson, Trustees, Grantor of West Haven, Weber County, State of Utah, hereby CONVEY AND WARRANT to
Darrell L. Burton and Renee H. Burton, ———————————————————————————————————
A PART OF THE NORTH HALF OF THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 5, TOWNSHIP 5 NORTH, RANGE 2 WEST, SALT LAKE MERIDIAN, U.S. SURVEY: BEGINNING AT A POINT 597.5 FEET EAST OF THE NORTHWEST CORNER OF SAID QUARTER SECTION; RUNNING THENCE EAST 150 FEET; THENCE SOUTH 660 FEET TO THE SOUTH LINE OF THE NORTH HALF OF THE NORTHWEST QUARTER SECTION; THENCE WEST 150 FEET; THENCE NORTH 660 FEET TO THE PLACE OF BEGINNING.
SUBJECT TO THE RIGHT OF THE PUBLIC TO USE THE NORTH APPROXIMATELY 33 FEET THEREOF AS
A ROADWAY. DESC IN ERROR &
Subject to easements, restrictions and rights of way appearing of record or enforceable in law and equity and general property taxes for the year 2003 and thereafter.
Witness, the hand(s) of said Grantor(s), this November 13, 2003 .
Elwood Woodrow Wilson and Norma Harris Wilson Family Trust, Elwood Woodrow Wilson and Norma Harris Wilson, Trustees
Norma Harris Wilson, Trustee
STATE OF Utah))Ss.
COUNTY OF Weber)
On
My Commission expires:

DOUG CROFTS, WEBER COUNTY RECORDER 17-NOV-03 1009 ANT FEE \$10.00 DEP 8GG REC FOR: FIRST AMERICAN.TITLE

When Recorded Mail To: Darrell L-Burton 5013 W 3300 S West Haven, UT 84401

U.S. Title File #WB58687SG



E# 2682748 PG 1 OF 3
ERNEST D ROWLEY, WEBER COUNTY RECORDER
16-Apr-14 1143 AM FEE \$14.00 DEP SY
REC FOR: US TITLE INSURANCE AGENCY
ELECTRONICALLY RECORDED

Affidavit Death of a Joint Tenant

Darrell L. Burton, being of legal age, and being first duly sworn, deposes and says:

That he knows of his own personal knowledge that Renee Hadley Burton the decedent mentioned in the attached Certified Copy of Certificate of Death is one and the same person as Renee H. Burton, who is named as one of the Grantees under that certain Warranty Deed dated November 13, 2003 and recorded November 13, 2003 as Entry No. 1991679 in Book n/a at Page n/a of Official Records which conveyed and hereby affects the following described real property situated in the County of WEBER, State of UT, to wit:

Part of the North 1/2 of the Northwest Quarter of the Northwest Quarter of Section 5, Township 5 North, Range 2 West, Salt Lake Meridian, U.S. Survey: Beginning at a point 597.5 feet East of the Northwest corner of said Quarter Section and running thence East 150 feet; thence South 660 feet to the South line of the North 1/2 of the Northwest Quarter of said Northwest Quarter Section; thence West 150 feet; thence North 660 feet to the place of beginning.

Tax I.D. #08-037-0058

Dated this 11th day of April, 2014

Darrell J. Burton

State of Utah

SS.

County of WEBER

My Commission Expires: October 2, 2017

Residing at: Syracuse, Utah

SU

Notary Public
SUSAN M. GALLEGOS
Commission #670656
My Commission Expires
Onlyter 2 2017

October 2, 2017 State of Utah



CERTIFICATE OF DEATH

State File Number: 2012012571

Renee Hadley Burton

Time of Death:

Sex. Marital Status

Education:

County of Death: Date of Birth:

Usual Occupation:

Father's Name:

16:00

.≟-Weber

April 23,

Female

🐠 Married 🚁

Home:

Administrative Secretary

Carl Alvord Hadley

Some College but No Degree

DECEDENT INFORMATION

Date of Death: October 14, 2012 West Haven-

City_of Death:--

Place of Birth Boise, Idaho

Armed Services: No 🐳

Spouse's Name: Darrell Leland Burton Industry/Business: Hill Air Force Base

Residence: West Haven, Utah

Mother's Name: May Anderson_ 5013 West 3300 Facility of Address:

NFORMANT INFORMATION

Darrell LaBurton *** Name: Mailing Address:

😘 🥦 🦸 Relationship: Darrell Liburion 5013 West Haven, Utah 84401

DISPOSITION INFORMATION

Method of Disposition Burial
Place of Disposition: West Weber Cemetery, West Weber Utah
Date of Disposition: October 48, 2012

FUNERAL HOME INFORMATION:

Funeral Home: Lindquist Mortuary Roy

Address: 3333 West 5600 South Roy, Utah 84067

Christopher J Battrick Funeral Director

MEDICAL CERTIFICATION

Medical Professional Van Christiansen MD 1100 West 2700 Nort

CAUSE OF DEATH

Natural causes not otherwise specified

Due to (or as a consequence of): Hypertension
Tobacco Use Did not Contribute
Medical Examiner Contacted Yes Autopsy Performed No

Date Registered: October 19, 2012 Date Issued: October 19, 2012

> This is an exact reproduction of the document registered in the State Office of Vital Statistics. Security features of this official document include: Intaglio Border, V.& R images in top cycloids, uffra violet fibers and hologram image of the Utah State Seal over the words "State of Utah". This document displays the date, seal and signature of the State Registrat and the County/District Health Officer.

Janice L. Houston, State Registrar +Office of Vital Statistics



E# 2682748



\FFIDAVIT FOR CORRECTIO'

E# 2682748 PG 3 OF 3

This is a legal document. Complete in black ink and do not alter.

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE. A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

All vital records are registered as received. Corrections must be made by affidavit. An item on the birth or death certificate may be corrected by affidavit only once; a court order will be required for subsequent corrections.

There is no processing fee for affidavits registered within one year of the date of the event. After one year from the date of the event, there is a fee for filing the affidavit which includes one replacement copy. Affidavits completed within 90 days of issuance may be given credit for monies previously paid. (Multiple copies may require an additional fee.)

PLEASE RETURN ALL COPIES WITH ONE COMPLETED AFFIDAVIT WITHIN 90 DAYS FOR REPLACEMENT TO: UTAH DEPARTMENT OF HEALTH, OFFICE OF VITAL RECORDS AND STATISTICS, PO BOX 141012, SALT LAKE CITY, UTAH 84114-1012. FOR SAME DAY SERVICE, PLEASE BRING COPIES AND COMPLETED AFFIDAVIT TO OUR OFFICE AT 288 NORTH 1460 WEST, SALT LAKE CITY, UTAH.

BIRTH CERTIFICATES

- 1. List the facts exactly as stated on the reverse side. Opposite each item, correct the information as it should have been stated at the time of the birth.
- 2. Who may sign the affidavit for corrections: If the person listed on the record is under 18, both parents listed on the record. If the person listed on the record is 18 he/she must sign as one of the witnesses, unless mentally incompetent or physically incapacitated. Parents are the preferred witnesses for the second signature. If no father is listed on the record, a relative of the mother may sign if s/he is of legal age. The signatures must be notarized.
- 3. The parent(s) may add or correct the surname from that listed on the record until the child's first birthday without proofs. The first, and/or middle name can be corrected or added without proofs until the child's sixth birthday.
- 4. If the child is under the age of six and there is no father listed on the record, the child's surname may be corrected to match the mother's maiden name without documentation.
- 5. Minor corrections in spelling or parents' information may be corrected anytime. Some corrections may require documentary proof.
- 6. This affidavit cannot be used to add a father to or correct medical information on a birth certificate.

DEATH CERTIFICATES

- 1. Corrections to non-medical information may be made by the Funeral Home, or the informant MUST sign as a witness along with an immediate member of the decedent's family, or a person who is knowledgeable of the facts. Corrections to marital status must be approved and processed by the State Office of Vital Records and Statistics. Contact our office for assistance. Replacements within 90 days may be charged a replacement fee.
- The medical information (Cause of Death) may only be corrected WITH A MEDICAL AFFIDAVIT COMPLETED by the certifying health care provider or the

Utah Office of th	Medical Examiner.	
(OCA) EUE	BIRTH DEATH S	TILLBIRTH
LOCAL FILE		STATE FILE NUMBER
NAME AS REPORTED ON REVERSE	1a. FIRST NAME 1b. MIDDLE NAME	1c. LAST NAME
	2a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD 2b. CO	RRECT INFORMATION
÷		/!
STATEMENT OF		
CORRECTIONS		,
		·
W	3.	
WHY IS CHANGE NECESSARY?		
PROOFS USED TO	4.	
AMEND RECORD		
	I hereby certify, under penalty of perjury, that I have personal knowledge of the above facts and that the information given is true and correct.	Subscribed & Sworn to before me this day of20
	5. SIGNATURE OF WITNESS	My Commission expires
	6. DATE SIGNED 7. AGE OF WITNESS 8. DAYTIME TELEPHONE # OF WITNE	
OATH OF FIRST WITNESS	6. DATE SIGNED 7. AGE OF WITNESS 8. DAYTIME TELEPHONE # OF WITNE ()	∤S
(MUST BE 18 OR OLDER)	9. ADDRESS OF WITNESS (Street, City, State, Zip)	E
	.	
	10, RELATIONSHIP TO PERSON IN 1a: Self Parent/Guardian Spouse Funeral Director Informant Other(Specify)	
OATH OF SECOND WITNESS (<u>MUST</u> BE 18 OR OLDERI	I hereby certify, under penalty of perjury, that I have personal knowledge of the	
	above facts and that the information given is true and correct. 11. SIGNATURE OF WITNESS	Notary Public My Commission expires
	12. DATE SIGNED 13. AGE OF WITNESS 14. DAYTIME TELEPHONE # OF WITN.	ESS
	15. ADDRESS OF WITNESS (Street, City, State, Zip)	——[E
	•	A
UDOH-OVRS REV. 03/11	16. RELATIONSHIP TO PERSON IN 1a: Self Parent/Guardian Spouse Funeral Director Informant Other(Specify)	
TAL V. UOJ 11	r cherot on other (opening)	