

116378

WHEN RECORDED MAIL DOCUMENT  
AND TAX NOTICE TO:  
YO KAWA  
337 SOUTH 300 EAST  
WILLARD, UT 84340

Ent 236422 Bk 983 Pg 423  
Date 13-Nov-2006 9:40AM Fee \$10.00  
LuAnn Adams - Filed Bu 41  
Box Elder Co., UT  
For AMERICAN SECURE TITLE

02-050-0154

**WARRANTY DEED**

**BRUCE E. MADDOX AND PAT L. MADDOX**

Grantor,

of WILLARD, County of BOX ELDER, State of UT  
hereby CONVEY and WARRANT to

**YO KAWA and MARCIA KAWA, HUSBAND AND WIFE AS JOINT TENANTS**

Grantee,

of WILLARD, County of BOX ELDER, State of UTAH, for the sum of TEN DOLLARS and other good and  
valuable consideration, the following tract of land in BOX ELDER county, State of UT, to-wit

All of Lot 3, KINGS SUBDIVISION, WILLARD CITY SURVEY, Box Elder County, Utah, according to the  
official plat thereof. Together with the following: Part of KING SUBDIVISION, Willard City, Box Elder County,  
Utah. Beginning at the Southeast corner of Lot 2, said KING SUBDIVISION and running thence South  
89°18'11" East 30.00 feet, South 0°31'48" West 100.00 feet. Thence North 89°18'11" West 30.00 feet, thence  
North 0°31'48" East 100.00 feet to the point of beginning.

Subject to a 10 foot public utility easement on the North 10 feet.

**AMERICAN SECURE TITLE**

02-050-0154

Subject to easements, restrictions and rights of way appearing of record and enforceable in law and subject to  
2006 taxes and thereafter.

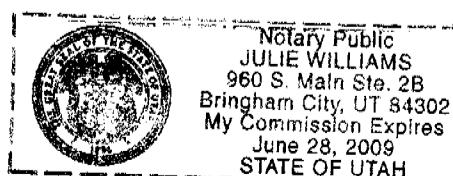
WITNESS the hand of said grantor, this 8th day of November, 2006

BRUCE E. MADDOX  
BRUCE E. MADDOX  
PAT L. MADDOX  
PAT L. MADDOX

STATE OF UTAH )  
COUNTY OF BOX ELDER )  
ss )

On the 8th day of November, 2006, personally appeared before me BRUCE E. MADDOX and PAT L.  
MADDOX, the signer(s) of the within instrument, who duly acknowledged to me that they executed the same.

JULIE WILLIAMS  
Notary Public  
Residing at: Brigham City  
My commission expires: 0-28-09





Affidavit of Heirship

I Marcia Kawa, residing at 337 S 300 E, Willard, Utah 84340, duly sworn, and states:

1. I am over the age of eighteen years and have personal knowledge of the following facts.
2. Yo Kawa, who died on July 31, 2010 left the following items of real property and did not leave a Last Will and Testament

337 S 300 E, Willard, Utah, 84340, located in Box Elder County and legally described as

3. At the time of death Yo Kawa, sole surviving heirs were as follows:

Marcia Kawa, 337 S 300 E, Willard, Utah 84340, a Wife, born July 07, 1957

I declare that, to the best of my knowledge and belief, the information herein is true, correct and complete as of December 2, 2013, the date I affixed my signature to this Affidavit.

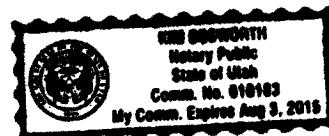
STATE OF UTAH, COUNTY OF BOX ELDER, ss:

This Affidavit was acknowledged before me on this 2<sup>nd</sup> day of December 2013, by Kim Pasnoff, who, being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated herein are true to the best of his/her information, knowledge and belief.

Notary Public

Title (and Rank)

My commission expires



STATE OF UTAH  
CERTIFICATION OF VITAL RECORD

331998 B: 1221 P: 1131 Page 2 of 4

**CERTIFICATE OF DEATH**

State File Number: 2010008843

**Yosaku Kawaguchi  
(AKA Yo Kawa)**

**DECEDENT INFORMATION**

Date of Death: July 31, 2010  
City of Death: Willard  
Age: 77  
Place of Birth: Hooper, Utah  
Armed Services: Yes  
Spouse's Name: Marcia Lynne Bastron  
Industry/Business: Kawaco, Inc. (Land Grading)  
Residence: Willard, Utah  
Mother's Name: Jun Matsudaira  
Facility or Address: 337 South 300 East

Time of Death: 14:00  
County of Death: Box Elder  
Date of Birth: May 8, 1933  
Sex: Male  
Marital Status: Married  
Usual Occupation: Owner/Operator  
Education: Some College but No Degree  
Father's Name: Ichitaro Kawaguchi  
Facility Type: Home

**INFORMANT INFORMATION**

Name: Marcia L Kawa  
Mailing Address: 337 South 300 East, Willard, Utah 84340  
Relationship: Wife

**DISPOSITION INFORMATION**

Method of Disposition: Cremation  
Place of Disposition: Lindquist's Crematory, Ogden, Utah  
Date of Disposition: August 7, 2010

**FUNERAL HOME INFORMATION**

Funeral Home: Lindquist Mortuary - Ogden  
Address: 3408 Washington Boulevard, Ogden, Utah 84401  
Funeral Director: Steven T Parker

**MEDICAL CERTIFICATION**

Medical Professional: Nameer T Qader MD, 5495 S. 500 E, Ste 100, Ogden, Utah 84405

**CAUSE OF DEATH**

Prostate Cancer [Onset: 5 Years]

Due to (or as a consequence of): Bone Metastasis [Onset: 8 Months]

Tobacco Use: Non-user

Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Issued: August 4, 2010

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,  
ultra 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 Registrar and the County/District Health Officer.

*Barry E. Nangle*

Barry E. Nangle, State Registrar  
Office of Vital Statistics



\* 0 6 2 6 1 5 7 2 5 \*

*Gary House, MPH*  
Gary House  
Director/Health Officer  
County/District Health Department

*Weber Morgan*  
WEBER MORGAN  
HEALTH DEPARTMENT



## AFFIDAVIT FOR CORRECTION

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 DEPT. OF HEALTH, OFFICE OF VITAL RECORDS AND STATISTICS, P O BOX 141012,  
SALT LAKE CITY, UT 84114-1012**

### **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 or other older relatives are preferred witnesses for the second signature. If no father is listed on the record, an older relative of the mother of legal age may sign. 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. If corrections to non medical information are not being made by the Funeral Home, the Informant **MUST** sign as a witness along with an older relative of the decedent, or another person who is knowledgeable of the facts.
2. The medical information (Cause of Death) may only be corrected by the certifying physician or the Medical Examiner.

LOCAL FILE NUMBER			<input type="checkbox"/> BIRTH <input type="checkbox"/> DEATH <input type="checkbox"/> STILLBIRTH	STATE FILE NUMBER		
<b>STATEMENT OF CORRECTIONS</b>	1a. FIRST NAME		1b. MIDDLE NAME	1c. LAST NAME		
	2a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD		2b. CORRECT INFORMATION			
<b>WHY IS CHANGE NECESSARY?</b>	3.					
	4.					
<b>OATH OF FIRST WITNESS (MUST BE 18 OR OLDER)</b>	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 of _____ 20____		
	5. SIGNATURE OF WITNESS			Notary Public _____		
				My Commission expires _____		
	6. DATE SIGNED		7. AGE OF WITNESS	8. DAYTIME TELEPHONE # OF WITNESS (       )		
	9. ADDRESS OF WITNESS (Street, City, State, Zip)					S
	10. RELATIONSHIP TO PERSON IN 1a:    Self    Parent/Guardian    Spouse Funeral Director    Informant    Other (Specify)					E
						A
						L
<b>OATH OF SECOND WITNESS (MUST BE 18 OR OLDER)</b>	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 of _____ 20____		
	11. SIGNATURE OF WITNESS			Notary Public _____		
				My Commission expires _____		
	12. DATE SIGNED		13. AGE OF WITNESS	14. DAYTIME TELEPHONE # OF WITNESS (       )		
	15. ADDRESS OF WITNESS (Street, City, State, Zip)					S
	16. RELATIONSHIP TO PERSON IN 1a:    Self    Parent/Guardian    Spouse Funeral Director    Informant    Other (Specify)					E
						A
						L



## Account Legal Description

Box Elder County

Account #	Parcel #	Owner	Mailing Address Situs Address	Tax Area Acres
R0036285	02-050-0154	KAWA YO ETUX, KAWA MARCIA	337 S 300 E WILLARD, UT 84340 337 S 300 E	132 Approx. 0.51
Legal	LOT 03 KING SUB WCS. 22090 SQ FT			
R0072259	02-050-0163	KAWA YO ETUX, KAWA MARCIA	337 S 300 E WILLARD, UT 84340	132 Approx. 0.07
Legal	SE PRT OF KING SUB WTS. BEG AT THE <del>NE</del> COR OF LT 02 SD KING SUB, S89°18'11"E 30.00 FT, S00°31'48"W 100.00 FT, N89°18'11"W 30.00 FT, N00°31'48"E 100.00 FT TO POB. SUBJ TO 10 FT PUB UTILITY EASEMENT ON S 10 FT. CONT .07 AC M/L.			