

WHEN RECORDED, MAIL TO:

GRANTEE

663 EAST 1950 SOUTH

BOUNTIFUL, UTAH 84010

Space Above for Recorder's Use

Warranty Deed

DENNIS E. ANDERSON AND DIXIE P. ANDERSON, HIS WIFE, AS JOINT TENANTS WITH ^{grantor,} FULL RIGHTS OF SURVIVORSHIP, County of ^{DAVIS}, State of Utah, BOUNTIFUL hereby CONVEY and WARRANT to

CLARK A. PETERSON AND CAROL L. PETERSON, HUSBAND AND WIFE AS JOINT TENANTS WITH FULL RIGHTS OF SURVIVORSHIP AND NOT AS TENANTS IN COMMON, grantee, of BOUNTIFUL, County of DAVIS, State of Utah, for the sum of TEN AND OTHER GOOD AND VALUABLE CONSIDERATIONS----- DOLLARS,

the following described tract of land in County, State of Utah, to-wit:

DAVIS

ALL OF LOT 264, MILL CREEK HEIGHTS SUBDIVISION, PLAT "O", A SUBDIVISION OF PART OF SECTION 32, TOWNSHIP 2 NORTH, RANGE 1 EAST, SALT LAKE MERIDIAN, IN THE CITY OF BOUNTIFUL, ACCORDING TO THE OFFICIAL PLAT THEREOF.

05-047-0004

SUBJECT TO EASEMENTS, RIGHTS, RESERVATIONS, RESTRICTIONS AND RIGHTS OF WAY, COVENANTS, TAXES AND ASSESSMENTS APPEARING OF RECORD OR ENFORCEABLE IN LAW OR EQUITY.

E 1247163 B 1999 P 726
CAROL DEAN PAGE, DAVIS CNTY RECORDER
1996 MAY 8 4:00 PM FEE 10.00 DEP MEC
REC'D FOR BLACK'S TITLE, INC

WITNESS the hand of said grantor, this 8TH day of MAY, 1996

Signed in the presence of

DENNIS E. ANDERSON

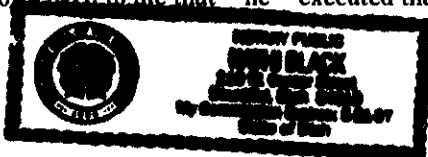
DIXIE P. ANDERSON

STATE OF UTAH }
COUNTY OF DAVIS } ss.

On the 8TH day of MAY
DENNIS E. ANDERSON AND DIXIE P. ANDERSON, HIS WIFE

, 19 96, personally appeared before me
, the signer of the above instrument,

who duly acknowledged to me that he executed the same.



Kashi Black

Notary Public

My Commission Expires:

Residing at:

RECORDER'S MEMO -
LEGIBILITY OF TYPING OR PRINTING
UNSATISFACTORY IN THE DOCUMENT
WHEN RECEIVED

19916F



STATE OF UTAH — DEPARTMENT OF HEALTH

DEC 1 0 1999 E 1809783 B 3179 P 531
 STATE OF UTAH - DEPARTMENT OF HEALTH
 CERTIFICATE OF DEATH

1 NAME OF DECEDENT FIRST MIDDLE LAST Clark Albert PETERSON		2 SEX Male	3a DATE OF DEATH (Mo., Day, Yr) December 1, 1999	3b TIME OF DEATH (24 hr clock) 0837 hr
4 DATE OF BIRTH (Mo., Day, Yr) May 30, 1934	5 AGE - Last Birthday 65	6 BIRTHPLACE (City & State or Foreign Country) Logan, Utah	7 SOCIAL SECURITY NUMBER 516-32-0475	
8a PLACE OF DEATH (check only) <input checked="" type="checkbox"/> 1 Inpatient <input type="checkbox"/> 2 ER/Outpatient <input type="checkbox"/> 3 DCA		8b NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility give street address of location) Lake View Hospital		
9a CITY, TOWN OR LOCATION OF DEATH Bountiful		9b COUNTY OF DEATH Davis	9c SURVIVING SPOUSE (if with, give maiden name) Carol Joanne Luce	
10 WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No		11 MARITAL STATUS <input checked="" type="checkbox"/> 1 Never Married <input type="checkbox"/> 2 Married <input type="checkbox"/> 3 Widowed <input type="checkbox"/> 4 Divorced	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired) Programmer	
12b DECEDENT'S BUSINESS OR INDUSTRY IBM		13a RESIDENCE - STREET AND NUMBER 663 East 1950 South		
13b CITY, TOWN OR COMMUNITY Bountiful		13c COUNTY Davis	13d STATE Utah	
14a INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	14b ZIP CODE 84010	14c WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify) <input type="checkbox"/> 1 Mexican <input type="checkbox"/> 2 Cuban <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) White	16 EDUCATION (specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17+) 12 + 2
17 FATHER'S NAME (First Middle Last) John Darrell Peterson		18 MOTHER'S NAME (First Middle Last) Marie Schmidt		
19 NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Carol L. Peterson (Wife) 663 East 1950 South Bountiful, Utah 84010				
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 December 4, 1999	21b PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Lake Hills Memorial Pk.	21c LOCATION - City or Town, State Sandy, Utah
22 SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>		23 LICENSEE NUMBER 373801	24 FUNERAL HOME (Name and address) Deseret Memorial Mortuary 36 East 700 South Salt Lake City, Utah 84111	
25 DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 3-8-99		26 If not certified by medical examiner, was death reported to M.E.? <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No If yes, enter date and hour reported. M.E. CASE NO. HL 1510 MO 12 DAY 09 YEAR 1999		
27a 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.				
27b SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> Henry Klein M.D. 425 Medical Drive Bountiful, Utah 84010		27c LICENSE NUMBER 94 2747431205	27d DATE SIGNED (Month Day Year) 12/9/99	
28 REGISTRAR'S SIGNATURE <i>[Signature]</i>		29a DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr) DEC 1 0 1999	29b DATE FILED (Mo., Day, Yr) DEC 1 0 1999	
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) a. Cardiopulmonary arrest b. Coronary Artery Disease c. Arterial Hypertension Due to (OR AS A CONSEQUENCE OF) Due to (OR AS A CONSEQUENCE OF) 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.				
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 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) DEC 1 0 1999	35b TIME OF INJURY (24 Hour Clock) 0837	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) At home		35e LOCATION (Street or rural route number, city or town, county and state) Bountiful, Davis County, Utah		
35f DESCRIBE HOW INJURY OCCURRED (order sequence of events which resulted in injury, NATURE OF INJURY should be entered in item 31) Motor vehicle accident				

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:

Barry E Nangle

Barry E. Nangle
 DIRECTOR OF VITAL RECORDS

DEC 1 0 1999
 SL 006884



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

