

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 , State of Utah,
BOUNTIFUL DAVIS
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

day of **MAY**, 1996

MAY

DENNIS E. ANDERSON

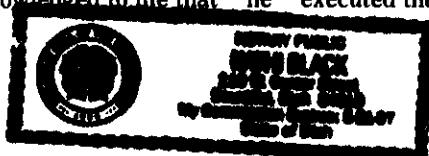
DIXIE P. ANDERSON

STATE OF UTAH }
COUNTY OF DAVIS } ss.

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

who duly acknowledged to me that he executed the same.

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



Kazhi Black
Notary Public

Notary Public

My Commission Expires:

Residing at:

REURNED
DEC 4 - 2002

WHEN RECORDED MAIL TO:

663 EAST 1950 SOUTH
BOUNTIFUL, UT 84010

E 1809783 B 3179 P 530
SHERYL L. WHITE, DAVIS CNTY RECORDER
2002 DEC 4 2:11 PM FEE 12.00 DEP MEC
REC'D FOR PETERSON, CAROL L.

AFFIDAVIT OF IDENTITY

The undersigned hereby states that the CLARK ALBERT PETERSON who is the subject of the attached Death Certificate is the same person as the CLARK A. PETERSON who is listed as an owner in joint tenancy with the undersigned on that certain Warranty Deed dated MAY 8, 1996 and recorded MAY 8, 1996 as Entry No. 1247163 in Book 1999 at Page 726 in the office of the DAVIS County Recorder, which Warranty Deed covers real property located at, , Utah, more particularly described as follows:

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.

PARCEL #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.

All interest of the decedent in said property under the joint tenancy indicated above is hereby terminated.

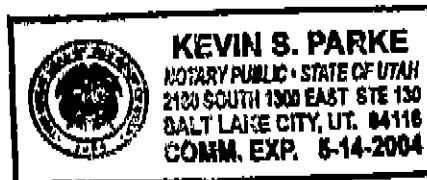
In witness whereof, the undersigned has executed this Affidavit of Identity the 4th day of December, 2002.

Carol L. Peterson
CAROL L. PETERSON

State of Utah)
ss.
County of DAVIS)

The foregoing instrument was acknowledged before me this 4th day of December, 2002,
by CAROL L. PETERSON _____.

Notary Public
Residing at: *SALT LAKE CITY*
My commission expires: *5/1/04*



STATE OF UTAH — DEPARTMENT OF HEALTH

E 1809783 B 3179 P 531

DEC 10 1999

STATE OF UTAH - DEPARTMENT OF HEALTH

LOCAL FILE NUMBER

OA-865

CERTIFICATE OF DEATH

STATE FILE NUMBER

Agency to file this certificate
and the Vital Statistics Act
and Rules.

1 NAME OF DECEASED		FIRST Clark	MIDDLE Albert	LAST 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 IF UNDER 1 YEAR MONTHS DAYS		7a BIRTHPLACE (City & State or Foreign Country) Logan, Utah		7b SOCIAL SECURITY NUMBER 516-32-0475
8a PLACE OF DEATH (check only one) <input checked="" type="checkbox"/> 1 Hospital <input checked="" type="checkbox"/> 2 ER/Outpatient <input type="checkbox"/> 3 DOA		8b ALL OTHER LOCATIONS 5 Nursing Home 6 Residence (any) 7 Other (specify)		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 wife, give maiden name) Carol Joanne Luce			
10a WAS DECEASED EVER IN THE U.S. ARMED FORCES? <input checked="" type="checkbox"/> 1, Yes <input type="checkbox"/> 2 No		11. MARITAL STATUS <input type="checkbox"/> 1 Never Married <input checked="" type="checkbox"/> 2 Married <input type="checkbox"/> 3 Widowed <input type="checkbox"/> 4 Divorced		12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired) Programmer		12b KIND OF 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	
13e INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No		13f ZIP CODE 84010		14 WAS DECEASED OF HISPANIC ORIGIN? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No <input type="checkbox"/> 3 Mexican <input type="checkbox"/> 4 Puerto Rican <input type="checkbox"/> 5 Cuban <input type="checkbox"/> 6 Other (Specify)		15 RACE - Black, White, Ant. Indian (tribe may be entered) Japanese, etc. (Specify) White	
16 EDUCATION (specify only highest grade completed) Elementary or Secondary (0-12) College (13-18 or 17+)						16 EDUCATION (specify only highest grade completed) Elementary or Secondary (0-12) College (13-18 or 17+)	
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 J. Peterson (Wife) 663 East 1950 South Bountiful, Utah 84010							
20 METHOD OF DISPOSITION <input type="checkbox"/> 1 Embalming <input checked="" type="checkbox"/> 2 Burial <input type="checkbox"/> 3 Cremation <input type="checkbox"/> 4 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>John Darrell Peterson</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.? If yes, enter the date and hour reported M.E. CASE NO. HR 1510 MO 12 DAY 09 YEAR 1999		27a LOCATION - City or Town State Sandy, Utah			
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>Henry Klein, M.D.</i>		27c LICENSE NUMBER 94-2747431205		27d DATE SIGNED (Month Day Year) 12/9/99	
28 NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print) Henry Klein M.D. 425 Medical Drive Bountiful, Utah 84010 (299-9119)							
29 REGISTRAR'S SIGNATURE <i>Barry E. Nangle</i>		30a DATE (Mo. Day, Yr) (Mo. Day, Yr)		30b DATE FILED (Mo. Day, Yr) DEC 10 1999		30c APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH seconds years	
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 <i>Cardio Pulmonary arrest</i> 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		b <i>Coronary Artery Disease</i> DUE TO (OR AS A CONSEQUENCE OF)				years	
		c <i>Artificial Hypertension</i> DUE TO (OR AS A CONSEQUENCE OF)				years	
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 DECEASED?		33a WAS AN AUTOPSY PERFORMED?		33b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
		<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		<input type="checkbox"/> 5 NON USER <input checked="" type="checkbox"/> 6 UNKNOWN IF USER <input type="checkbox"/> 7 UNKNOWN IF USER <input type="checkbox"/> 8 UNKNOWN IF USER		<input type="checkbox"/> 1 Yes <input checked="" 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 Injured Purposely or Accidentally		35a DATE OF INJURY (Mo. Day, Yr)		35b TIME OF INJURY (24 Hour Clock)		35c INJURY AT WORK? 1 Yes 2 No	
		35d LOCATION (Street or rural route number, city or town, county and state)		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 PERMANENT BLACK INK

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

Data Issued:

*Barry E. Nangle*Barry E. Nangle
DIRECTOR OF VITAL RECORDS

SDH-BVR 94 (9/96)

DEC 10 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.