

ACCOMMODATION
RECORDING ONLY

N 1/2 13 - 3 N - 1 W

A F F I D A V I T

STATE OF UTAH)
) ss.
COUNTY OF DAVIS)

E 1149016 B 1314 P 763
CAROL DEAN PAGE, DAVIS CNTY RECORDER
1994 OCT 25 9:36 AM FEE 14.00 DEP DJM
REC'D FOR SECURITY TITLE COMPANY

GORDON GURR JR., being first duly sworn deposes and says:

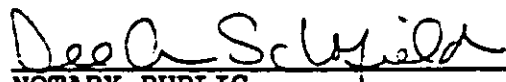
That he knows of his own knowledge that FLORENCE B. HESS, a Trustee shown as grantee in a certain Warranty Deed, dated May 1, 1985 and recorded May 2, 1985, as Entry No. 700991, in Book 1033, Page 242 of Official Records, is one and the same person as FLORENCE AMELIA HESS, named in the Certificate of Death attached hereto and by reference made a part hereof, on the following described property:

Beginning at the center of Section 13, Township 3 North, Range 1 West, Salt Lake Meridian, and running thence West 626.6 feet, more or less, along the Quarter Section line to the Easterly line of a frontage road, 25.0 feet perpendicularly distant Easterly from the center line thereof; thence North 21°08'30" West 330 feet, more or less, along said Easterly line to a point 4.67 chains North and 820 feet West, more or less, to the Easterly line of a Highway and South 89° East 80.0 feet, more or less, to the Easterly line of said frontage road from the center of said Section; thence South 89° East 2163 feet, more or less, to the West line of a Highway; thence Southeasterly along the West line of said Highway to a point 3.3 feet South and South 88°30' East 1600 feet, more or less, from the center of said Section; thence North 88°30' West 1600 feet, more or less, to the West line of the Southeast Quarter of said Section; thence North 3.3 feet to the point of beginning.

08-052-0059,0060
08-051-0094,0095


GORDON GURR JR.

Acknowledged, subscribed and sworn to before me this 24th day of October, 1994.


NOTARY PUBLIC



MONTANA
CERTIFICATE OF DEATH

7831
E 1149016 B 1814 P 764
State File Number

51
Local File Number

DECEDENT'S NAME (First)		(Middle)	(Last)	SEX	DATE OF DEATH (Month, Day, Year)
1. Florence		Amelia	Hess	2. Female	Aug 2, 1993
RACE—American Indian, Black, White, etc. (Specify)		AGE—Last Birthday (Years)	UNDER 1 YEAR Months	UNDER 1 DAY Hours	DATE OF BIRTH (Month, Day, Year)
4. white		5a. 87	5b.	5c.	6. March 3, 1906
7a. BEAVERHEAD					
7b. PLACE OF DEATH (Check only one)					
HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)					
FACILITY NAME (If not institution, give street and number)				CITY, TOWN, OR LOCATION OF DEATH	
7c. Parkview Acres Convalescent Home				7d. Dillon, Montana	
BIRTHPLACE (City and State or Foreign Country)			MARITAL STATUS		SURVIVING SPOUSE (If wife, give maiden surname)
8. Farmington, Utah			9. <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced		10. none
SOCIAL SECURITY NUMBER		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)		KIND OF BUSINESS/INDUSTRY	
11. 528-18-7334		12a. Assessor		12b. Davis County	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET NUMBER
14a. Montana		1. Beaverhead	14c. Lima, Montana		14d. P.O. Box 112
INSIDE CITY LIMITS? (Yes or no)		ZIP CODE	ANCESTRY—Mexican, Puerto Rican, Cuban, African, English, Irish-German, Hmong, etc. (Specify)		18. DECEDENT'S EDUCATION (Specify only highest grade completed)
14a. yes		14f. 59739	15. American		Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+1) <input type="checkbox"/>
FATHER'S NAME (First, Middle, Last)			MOTHER'S NAME (First, Middle, Maiden Surname)		
17. George A. Bourne			18. Annie Lovsey		
INFORMANT'S NAME (Type or Print)				MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
19a. Steve Hess				19b. P.O. Box 112, Lima, MT 59739	
METHOD OF DISPOSITION				PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	
20a. <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State				20b. Farmington City	
SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON IN CHARGE OF DISPOSITION				MONTANA LICENSE NUMBER (of Licensee)	
21a. <i>[Signature]</i>				21b. 381	
NAME AND ADDRESS OF FACILITY				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
21c. Brundage Funeral Home 300 South Atlantic Dillon, MT 59725				21d. 10 days	
2. 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. (See instructions on other side)					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. pneumonia			10 days
Due to (or as a consequence of):		b. aspiration			10 days
Due to (or as a consequence of):		c. Alzheimer's dementia			2 years
Due to (or as a consequence of):					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
				24a. no	
				25. no	
26. MANNER OF DEATH		DATE OF INJURY (Month, Day, Year)	TIME OF INJURY	INJURY AT WORK? (Yes or no)	DESCRIBE HOW INJURY OCCURRED
26a. <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation		27a.	27b.	27c.	27d.
<input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION (Street and Number or Rural Route Number, City or Town, State)	
<input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		27e.		27f.	
28a. TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated				29a. TO BE COMPLETED BY CORONER ONLY On the basis of examination and/or investigation in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated	
(Signature and Title) <i>[Signature]</i>				(Signature and Title)	
DATE SIGNED (Month, Day, Year)		HOUR OF DEATH		DATE SIGNED (Month, Day, Year)	
28b. 8/19/93		28c. 7:15 AM		29b.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				DATE PRONOUNCED DEAD (Month Day Year)	
28d.				29c.	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print)				PRONOUNCED DEAD (Hour)	
30.				29d.	
LOCAL REGISTRAR'S SIGNATURE				DATE FILED (Month Day Year)	
31a. <i>[Signature]</i>				31b. 8-17-93	

DECEDENT

PARENTS

INFORMANT

DISPOSITION

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

CAUSE OF DEATH

CERTIFIER

REGISTRAR

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

CLEAR & RECORDED

E 1149016 B 1814 P 765

STATE OF MONTANA |
County of Beaverhead | 35-

I hereby certify that the instrument to which this certificate is annexed, is a true, complete and correct copy of the original on file in my office.

Witness my hand and seal of office Aug 20 1993

Lawrence J. Johnson
County Clerk and Recorder

By Walter J. Johnson
Deputy