

WHEN RECORDED, MAIL TO:

ENT 39016 BK 2976 PG 537
NINA B REID UTAH CO RECORDER BY NA
1992 AUG 3 4:04 PM FEE 7.00
RECORDED FOR PROVO LAND TITLE COMPANY

Space Above for Recorder's Use

PROVO LAND TITLE COMPANY
255 E. 100 S. PROVO, UTAH
ORDER NO. 26657

Warranty Deed

Terrel H. Bell and Betty R. Bell, grantor,
of Salt Lake City, County of Salt Lake, State of Utah,
hereby CONVEY and WARRANT to

Kent W. Bishop and C. Don Bishop, grantee,
of Murray, County of Salt Lake, State of Utah,
for the sum of -----TEN and no/100----- DOLLARS,
and other good and valuable consideration

the following described tract of land in Cedar Valley, Utah County, State of Utah, to-wit:
20 acres of land as follows: The North half of the NE quarter
of the Northeast Quarter of Section 25, Township 7 South,
Range 2 West, SLBM, a total of 20 acres.
- No water rights and no mineral rights
- Land use is limited to restrictive covenants filed
with Utah County which runs with the land. Land
cannot be subdivided without Utah County approval.

WITNESS the hand of said grantor, this 27th day of May, 19 92.
Signed in the presence of

Terrel H. Bell
Terrel H. Bell
Betty R. Bell
Betty R. Bell

STATE OF UTAH }
COUNTY OF Salt Lake } ss.

On the 27 day of May, 19 92, personally appeared before me
Terrel H. Bell and Betty R. Bell, the signers of the above instrument,
who duly acknowledged to me that they executed the same.



My Commission Expires

Mark F. Bell
Notary Public

Residing at: Murray, Utah

When Recorded Mail To:
Kent Bishop
1062 Tithing Hill Place
Riverton, Ut 84065



ENT 124004:2019 PG 1 of 3
JEFFERY SMITH
UTAH COUNTY RECORDER
2019 Nov 25 11:38 am FEE 40.00 BY SS
RECORDED FOR BISHOP, KENT W

Affidavit Death of a Joint Tenant

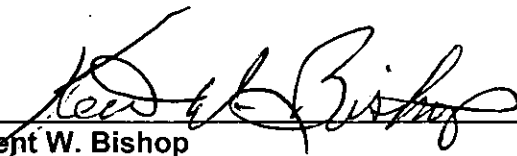
Kent W. Bishop, being of legal age, and being first duly sworn, deposes and says:

That **He** knows of **His** own personal knowledge that **Cleo Don Bishop** the decedent mentioned in the attached Certified Copy of Certificate of Death is one and the same person as **C Don Bishop**, who is named as one of the Grantees under that certain Warranty Deed dated **May 27, 1992** and recorded **August 3, 1992** as Entry No. **39016** in Book **2976** at Page **537** of Official Records which conveyed and hereby affects the following described real property situated in the County of **SALT LAKE**, State of **UT**, to wit:

See Attached Exhibit A

Tax I.D. 59:133:0006

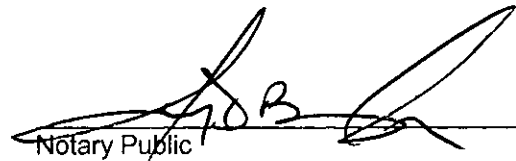
Dated this 19th day of August, 2019



Kent W. Bishop

State of Utah)
) ss.
County of SALT LAKE)

On the 19th day of August, 2019, personally appeared before me **Kent W. Bishop**, the signor of the within instrument, who duly acknowledged to me that He executed the same.



Notary Public

My Commission Expires: **8-15-23**
Residing at: **SALT LAKE**



STATE OF UTAH — DEPARTMENT OF HEALTH

Access to information on this form is limited under the Vital Records Act and Rules.

LOCAL FILE NUMBER 18-2170

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME OF DECEDENT FIRST MIDDLE LAST Cleo Don BISHOP			2. SEX Male		3a. DATE OF DEATH (Mo., Day, Yr.) May 13, 2001		3b. TIME OF DEATH (24 hr. clock) 0330			
4. DATE OF BIRTH (Mo., Day, Yr.) Dec. 27, 1910			5. AGE - Last Birthday 90		6. BIRTHPLACE (City & State or Foreign Country) Hinckley, Utah		7. SOCIAL SECURITY NUMBER 529-10-1259			
8a. PLACE OF DEATH (check only one) <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA <input checked="" type="checkbox"/> 4. Nursing Home <input type="checkbox"/> 5. Residence (any) <input type="checkbox"/> 6. Other (specify)			8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) St. Joseph Villa							
8c. CITY, TOWN, OR LOCATION OF DEATH Salt Lake City			8d. COUNTY OF DEATH Salt Lake			9. SURVIVING SPOUSE (if wife, give maiden name)				
10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input type="checkbox"/> 1. Yes <input checked="" 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. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired) Teacher		12b. KIND OF BUSINESS OR INDUSTRY Religion		
13a. RESIDENCE - STREET AND NUMBER 4985 S. Pinehill Dr.			13b. CITY, TOWN OR COMMUNITY Murray			13c. COUNTY Salt Lake		13d. STATE Utah		
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			13f. ZIP CODE 84107		14. 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+) 18	
17. FATHER'S NAME (First, Middle, Last) Don Alma Bishop					18. MAIDEN NAME OF MOTHER (First, Middle, Last) Nora Harriet Slaughter					
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Kent W. Bishop/son 4985 S. Pinehill Dr. Murray, Utah 84107										
20. METHOD OF DISPOSITION <input 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 May 17, 2001		21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Ogden City Cemetery		21c. LOCATION - City or Town, State Ogden, Utah			
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Barry E Nangle</i>			23. LICENSE NUMBER 101759		24. FUNERAL HOME (Name and address) Lindquist's Bountiful Mortuary #46 727 N. 400 E. Bountiful, Utah 84010					
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 5/12/01			26. If not certified by medical examiner, was death reported to M.E.? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No If yes, enter the date and hour reported. M.E. CASE NO. _____ HR. _____ MO. _____ DAY _____ YEAR _____							
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>MaryJane Norman M.D.</i>			27c. LICENSE NUMBER 591816571295		27d. DATE SIGNED (Month, Day, Year) 5/15/01					
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print) MaryJane Norman, MD 4285 S. Highland Dr. Holladay, Utah 84124										
29. REGISTRAR'S SIGNATURE <i>Kathy Alford</i>			30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)			30b. DATE FILED (Mo., Day, Yr.) May 16, 2001				
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. Failure to Thrive months DUE TO (OR AS A CONSEQUENCE OF): b. Periferal Neuropathy years DUE TO (OR AS A CONSEQUENCE OF): c. Congestive Heart Failure years DUE TO (OR AS A CONSEQUENCE OF): d. Dementia years Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST								PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I		
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 if injured Purposely or Accidentally <input type="checkbox"/> 6. Pending Investigation			35a. DATE OF INJURY (Mo., Day, Yr.)		35b. TIME OF INJURY (24 Hour Clock)		35c. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		35d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)	
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

ENT 124004:2019 PG 2 of 3

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: **MAY 16 2001**

County - Salt Lake

Registrar: *Kathy Alford*

Barry E Nangle

Barry E. Nangle
DIRECTOR OF VITAL RECORDS
By

Ellen Freeman



L065165

EXHIBIT A

The North half of the NE quarter of the Northeast Quarter of Section 25,
Township 7 South, Range 2 West, SLBM.

Parcel No.: 59:133:0006