

**Application for Assessment and  
Taxation of Agricultural Land**

**Summit County Utah Recorder Assessor**

Farmland Assessment Act  
UCA 59-2-501 to 515  
Form TC-582

Owner  
BECK DOUGLAS  
PO BOX 2883  
MC KINNON, WY 82938-2883

Date of Application  
04/11/2016

**ENTRY NO. 01047821**

06/17/2016 10:20:41 AM B: 2358 P: 0292

Farmland Assessment Application PAGE 1/4

MARY ANN TRUSSELL, SUMMIT COUNTY RECORDER

FEE 0.00 BY DOUGLAS BECK



**Property identification numbers and complete legal description (additional pages if necessary)**

Account Number: 0159248

Parcel Number: SS:2254

S1/2 SEC 33 T3NR17E SLBM CONT 320 AC.M97-7 M86-824 YMI128 M86-824 XWD471

(ALTON DUANE AND PATRICIA R BECK, TRUSTEES FOR THE ALTON DUANE BECK TRUST

UND 1/2 INT) (PATRICIA R AND ALTON DUANE BECK,

TRUSTEES FOR THE PATRICIA REY BECK TRUST UND 1/2 INT) 335-883


**Certification**

Read the following and sign below.

I certify: (1) THE FACTS SET FORTH IN THIS APPLICATION ARE TRUE. (2) The agricultural land covered by this application constitutes no less than five contiguous acres exclusive of homesite and other non-agricultural acreage (see Utah Code 58-2-503 for waiver). (3) The land is currently devoted to agricultural use and has been so devoted for two successive years immediately preceding the tax year for which valuation under this act is requested. (4) The land produces in excess of 50 percent of the average agricultural production per acre for the given type of land and the given county or area. (5) I am fully aware of the five-year rollback tax provision which becomes effective upon a change in use or other withdrawal of all or part of the eligible land. I understand that the rollback tax is a lien on the property until paid and that the application constitutes consent to audit and review. I understand that I must notify the county assessor of a change in land use to any non-qualifying use, and that a penalty of the greater of \$10 or 2 percent of the computed rollback tax due for the last year will be imposed on failure to notify the assessor within 120 days after change in use.

Corporate Name

*BECK RANCH*

Owner Signature (BECK DOUGLAS) X <i>Douglas L. Beck</i>	Date 4/25/16	Owner Signature (BECK ALTON DUANE TRUSTEE) X <b>DECEASED</b>	Date
Notary Signature <i>Kristina Sizemore</i>	Date Subscribed and Sworn Before Me 4-25-16	Notary Signature	Date Subscribed and Sworn Before Me
Notary Stamp 		Notary Stamp	

Owner Signature (BECK PATRICIA REY TRUSTEE) X <b>DECEASED</b>	Date
Notary Signature	Date Subscribed and Sworn Before Me
Notary Stamp	

County Assessor Signature (Subject to review) <i>Carla Sue Beckins, Chief Deputy</i>	Date 6-17-16
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# STATE OF UTAH

## CERTIFICATE OF VITAL RECORD

**FEB - 9 1994**

STATE OF UTAH - DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**

143 94 000399

LOCAL FILE NUMBER <b>05-001</b>		STATE FILE NUMBER	
1. NAME OF DECEDENT FIRST MIDDLE LAST <b>Alton Duane BECK</b>		2. SEX <b>Male</b>	3a. DATE OF DEATH (Mo. Day, Yr) <b>Fd: Jan 8, 1994</b>
4. DATE OF BIRTH (Mo., Day, Yr.) <b>5/14/1931</b>		5. AGE - (Last Birthday) IF UNDER 1 YEAR <b>62</b> Months Days Hours Minutes	6. BIRTHPLACE (City & State or Foreign Country) <b>Vernal, Utah</b>
8a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other		8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility give street address of location) <b>Beck Ranch, Birch Creek Lane, Daggett County</b>	
8c. CITY, TOWN OR LOCATION OF DEATH <b>Birch Creek Lane</b>		8d. COUNTY OF DEATH <b>Daggett</b>	
10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11. MARITAL STATUS <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) <b>Operator</b>		12b. KIND OF BUSINESS OR INDUSTRY <b>Pipeline</b>	
13a. RESIDENCE - STREET AND NUMBER <b>Birch Creek Lane</b>		13b. CITY, TOWN OR COMMUNITY <b>Beck Ranch</b>	
13c. COUNTY <b>Daggett</b>		13d. STATE <b>Utah</b>	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE <b>82938</b>	
14. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, specify) <input type="checkbox"/> Mexican <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other (Specify)		15. RACE - Black, White, Am. Indian (Tribe may be entered), Japanese, etc. (Specify) <b>White</b>	
16. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) - College (13-16 or 17 +) <b>12</b>		17. FATHER'S NAME (First, Middle, Last) <b>Stephen A. Beck</b>	
18. MAIDEN NAME OF MOTHER (First, Middle, Last) <b>Myrtle Edwards</b>		19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT <b>Mrs. Patricia Beck, P. O. Box 10, McKinnon, Wyoming 82938</b>	
20. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input type="checkbox"/> Donation <input type="checkbox"/> Other <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal		21a. DATE OF DISPOSITION <b>Jan. 11, 1994</b>	
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>McKinnon Cemetery</b>		21c. LOCATION - City or Town, State <b>McKinnon, Wyoming</b>	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Kim Chase Weir</i>		23. LICENSEE NUMBER <b>380</b>	
24. FUNERAL HOME (Name, address and license number) <b>Yase Flaming Gorge Chapel License 101 263 East Flaming Gorge Way Green River, Wyoming 82935</b>		25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN <b>94-0069</b>	
26. If not certified by medical examiner, was death reported to M.E.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter the date and hour reported: M.E. Case No.		27a. CERTIFIER <input type="checkbox"/> 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 checked="" type="checkbox"/> 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>Edward A. Leis</i>		27c. LICENSE NUMBER <b>9167</b>	
27d. DATE SIGNED (Mo., Day, Yr.) <b>Jan 27, 1994</b>		28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Type/print) <b>Edward A. Leis, M.D., Office of the Medical Examiner, 48 North Medical Drive, SLC, UT</b>	
29. REGISTRAR'S SIGNATURE <i>Joseph B. Shaffer</i>		30. DATE FILED (Month, Day, Year) <b>Feb. 03, 1994</b>	
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. <b>436X RECURRENT CEREBROVASCULAR EPISODES &amp; COMPLICATIONS</b> 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>++ CAUSE OF DEATH</b>		Approximate Interval Between Onset And Death	
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 DECEDENT: <input type="checkbox"/> Probably contributed to the cause of death <input type="checkbox"/> Was the underlying cause of death <input type="checkbox"/> Did not contribute to the cause of death <input type="checkbox"/> Is unknown in relation to the cause of death <input checked="" type="checkbox"/> NON-USER	
34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined If Injured Purposefully or Accidentally <input type="checkbox"/> Pending Investigation		35a. DATE OF INJURY (Month, Day, Year) <b>35b. TIME OF INJURY (24 Hour Clock)</b> <b>35c. INJURY AT WORK?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
35d. LOCATION (Street or rural route number, city or town, county and state)		35e. PLACE OF INJURY-At home, farm, street, factory, office, building, etc. (Specify) <b>35g. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian</b>	
35f. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)			

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UDH-BVRHS-Form 12, Rev. 1-1-89

DATE ISSUED

JUN 02 2016

This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics. Security features of this official document include: High Resolution Border, V & R images in top cycloids, and microtext. This document displays the date, seal, and signature of the Utah State Registrar of Vital Records and Statistics.



*Richard J. Oborn*  
Richard J. Oborn, MPA  
State Registrar  
Rev. 1/16



065012215

UTAH DEPARTMENT OF HEALTH  
Office of Vital Records & Statistics  
Salt Lake City, Utah



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

# STATE OF UTAH — DEPARTMENT OF HEALTH

Access to information on this form is provided under the Utah State Records Act, Utah Code 39A-2-201.

## STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

LOCAL FILE NUMBER <b>05-004</b>		STATE FILE NUMBER	
1. NAME OF DECEDENT FIRST MIDDLE LAST <b>Patricia Ray BECK</b>			2. SEX <b>Female</b>
3a. DATE OF DEATH (Mo. Day Yr) <b>NOV 10, 2004</b>			3b. TIME OF DEATH (24 hr Clock) <b>Fd 18:30</b>
4. DATE OF BIRTH (Mo. Day Yr) <b>Feb. 18, 1933</b>		5. AGE - Last Birthday <b>71</b>	6. BIRTHPLACE (City & State or Foreign Country) <b>Vernal, Utah</b>
7. SOCIAL SECURITY NUMBER <b>529-40-1083</b>		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DDA <input type="checkbox"/> 4. Nursing Home <input type="checkbox"/> 5. Residence <input type="checkbox"/> 6. Other Residence	
9a. CITY, TOWN, OR LOCATION OF DEATH <b>Manila</b>		9b. COUNTY OF DEATH <b>Daggett</b>	
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. DECEDECENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter: retired)		12b. KIND OF BUSINESS OR INDUSTRY	
<b>Homemaker</b>		<b>Own Home</b>	
13a. RESIDENCE - STREET AND NUMBER <b>HCR 65 Box 765</b>		13b. CITY, TOWN, OR COMMUNITY <b>McKinnon</b>	13c. COUNTY <b>Sweetwater</b>
13d. STATE <b>Wyoming</b>		14. INSIDE CITY LIMITS? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	
15. ZIP CODE <b>82938</b>		16. WAR DECEDECENT 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)	
17. FATHER'S NAME (First, Middle, Last) <b>Fredrick Moroni Reynolds</b>		18. MAIDEN NAME OF MOTHER (First, Middle, Last) <b>Zelda Violet Foy</b>	
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT <b>Douglas Beck, son - PO Box 2883, McKinnon, Wyoming 82938</b>			
20. METHOD OF DISPOSITION <input type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other <input type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Cremation <input checked="" type="checkbox"/> 6. Removal		21a. DATE OF DISPOSITION <b>Nov 13, 2004</b>	21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) <b>McKinnon Cemetery</b>
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Sprik L. McDougal</i>		23. LICENSEE NUMBER <b>107019</b>	24. FUNERAL HOME (Name and address) <b>McDougal Funeral Home 4330 S Redwood Road SLC, Utah 84123</b>
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN		26. If certified by Medical Examiner, was death reported to M.E.? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No M.E. Case No. <b>200401807</b> HR. MO. DAY YEAR	
27a. CERTIFIER <input 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 checked="" type="checkbox"/> 2. MEDICAL EXAMINER/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>Edward A. Leis</i>		27c. LICENSEE NUMBER <b>88-178121-1205</b>	27d. DATE SIGNED (Month, Day, Year) <b>DEC 6, 2004</b>
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31, Type 31) <b>Edward A. Leis, M.D., Asst. Med. Examiner 48 N Medical Dr., Salt Lake City, UT 84113</b>		29. REGISTRAR'S SIGNATURE <i>Barry E Nangle</i>	
30. DATE REGISTRAR NOTIFIED OF DEATH (Mo. Day Yr)		31. DATE SIGNED (Mo. Day Year) <b>DEC 08 2004</b>	
32. PART I. ENTER THE DISEASE, INJURIES, OR COMPLICATION 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. (Approximate Interval Between Onset and Death)			
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>NATURAL DISEASE, NOT OTHERWISE SPECIFIED</b> 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			
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			
33. 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 purposefully or accidentally <input type="checkbox"/> 6. Pending investigation		34. 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 checked="" type="checkbox"/> 4. Is unknown in relation to the cause of death. <input type="checkbox"/> 5. NON USER <input type="checkbox"/> 6. UNKNOWN IF USER	
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
36. PLACE OF INJURY. At home (am, street, factory, office, building, etc. specify)		37. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian.	
38. DESCRIBE HOW INJURY OCCURRED (prior sequence of events which resulted in injury). NATURE OF INJURY should be entered in item 31			

UDCH-OVRS Form 12 Rev. 09/01

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

SDH-BVR 94 (9/96)

DEC 08 2004

SL50111741



\* 5 0 1 1 1 7 4 1 \* 01047821 Page 4 of 4 Summit County

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

