

**AFFIDAVIT RE: TERMINATION OF JOINT TENANCY BY REASON OF DEATH**

**DECEDENT'S NAME:** LEE ROGER JARVIS

**DATE OF DEATH:** JUNE 21, 1995

06/04/96 3:11 PM 6374161 16.00  
NANCY WORKMAN  
RECORDER, SALT LAKE COUNTY, UTAH  
ACADEMY TITLE COMPANY INC  
4925 S 900 E STE. 150 SLC, 84117  
REC BY: D KILPACK DEPUTY - WI

STATE OF UTAH

COUNTY OF SALT LAKE

The undersigned affiant, being first duly sworn, deposes and says that the decedent above named, with whom affiant was personally acquainted, is the same person as the decedent named in the Certificate of Death attached hereto; and that said decedent's interest as a joint tenant in the following described real property located in Salt Lake County, State of Utah, has terminated by reason of decedent's death:

SEE EXHIBIT "A"

Instrument creating joint tenancy interest:

DATE OF INSTRUMENT: Warranty Deed  
DATE RECORDED: April 5, 1979  
ENTRY NUMBER: 3260827  
BOOK: 4840  
PAGE: 1057

*Lee R. Jarvis*  
\_\_\_\_\_  
Affiant

Subscribed and sworn before me this 28th day of May, 1996.

\_\_\_\_\_  
Notary Public

My Commission Expires:

Residing at:

BK 7414PG2273

6374161

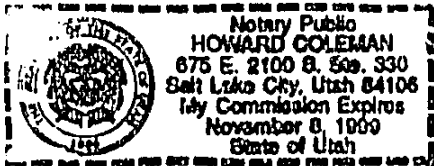
96-2351

STANDARD ACKNOWLEDGEMENT

STATE OF UTAH

COUNTY OF SALT LAKE

On the 28th day of May, 1996 . personally appeared before  
me Dalene L. Jarvis, the signer(s) of the foregoing instrument,  
who duly acknowledged to me that she executed the same.



  
NOTARY PUBLIC

COMMISSION EXPIRES: 11/08/1999

RESIDING AT: Murray, Utah

BK 7414 PG 2274

94-2351

SALT LAKE CITY - COUNTY HEALTH DEPARTMENT  
DIVISION OF VITAL STATISTICS

STATE OF UTAH - DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Access to information on this form is limited under the Utah State's All and Public

LOCAL FILE NUMBER 18-2450

STATE FILE NUMBER

1. NAME OF DECEDENT FIRST MIDDLE LAST <b>Lee Roger JARVIS</b>			2. SEX <b>Male</b>	3a. DATE OF DEATH (Mo., Day, Yr) <b>Found Jun 21, 1995</b>	3b. TIME OF DEATH (Mm, Sec) <b>Found 00:20</b>
4. DATE OF BIRTH (Mo., Day, Yr) <b>Jun 23, 1951</b>		5. AGE (Last Birthday) <b>43 Yrs</b>	6. BIRTHPLACE (City & State or Foreign Country) <b>White Bear Lake, Minnesota</b>	7. SOCIAL SECURITY NUMBER <b>469-66-2908</b>	
8a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA 7c. CITY, TOWN OR LOCATION OF DEATH <b>Salt Lake City</b>			8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility give street address of location) <b>Residence 2214 W. 2670 N.</b>		
9. SURVIVING SPOUSE (if wife, give maiden name) <b>Dalene Bowen</b>			10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" 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>Carpentry</b>		12b. KIND OF BUSINESS OR INDUSTRY <b>Door Hanger</b>	
13a. RESIDENCE - STREET AND NUMBER <b>2214 West 2670 North</b>		13b. CITY, TOWN, OR COMMUNITY <b>Salt Lake City</b>		13c. COUNTY <b>Salt Lake</b>	
13d. STATE <b>Utah</b>		14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		15. RACE - Black, White, Am. Indian (If race may be entered), Japanese, etc. (Specify) <b>White</b>	
16. EDUCATION (Specify only highest grade completed) Elementary or Secondary (9-12) College (13-16 or 17+) <b>13</b>		17. FATHER'S NAME (First, Middle, Last) <b>Earl Jarvis</b>			
18. MOTHER'S NAME (First, Middle, Last) <b>Ruby Cooper</b>				19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT <b>Dalene Jarvis [wife] 2214 West 2670 North, Salt Lake City, Utah 84116</b>	
20. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input type="checkbox"/> Donation <input type="checkbox"/> Other		21a. DATE OF DISPOSITION <b>June 25, 1995</b>		21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Union Cemetery</b>	
21c. LOCATION - City or Town, State <b>White Bear Lake, Minnesota</b>		22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>		23. LICENSEE NUMBER <b>112962</b>	
24. FUNERAL HOME (Name, address and license number) <b>Memorial Estates Mortuary #181 5850 So. 900 E. SLC, Ut. 84121</b>		25. DATE DECEDENT WAS LAST EXAMINED BY CERTIFYING PHYSICIAN			
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. <b>1250647</b>		27a. CERTIFIER <input type="checkbox"/> MEDICAL PHYSICIAN <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, and place, and was due to the cause(s) and manner as stated.			
27b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		27c. LICENSE NUMBER <b>88-17-1121-1205</b>		27d. DATE SIGNED (Mo., Day, Yr) <b>6/21/95</b>	
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (If M.D.) (Type print) <b>Edward A. Leis, M.D., Asst. Med. Exam., 48 N. Medical Dr., Salt Lake City, Utah 84113</b>					
29. REGISTRAR'S SIGNATURE <i>[Signature]</i>					30. DATE FILED (Month, Day, Year) <b>June 23, 1995</b>
31. PART I - ENTER THE DISEASES, INJURIES, AND OTHER CONDITIONS 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) <b>GUNSHOT WOUND TO THE HEAD</b> DUE TO (OR AS A CONSEQUENCE OF)					
Sequitally 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					
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 It is unknown in relation to the cause of death		33a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined If traced Pursuance of Autopsy or Investigation		35a. DATE OF INJURY (Month, Day, Year) <b>Unknown</b>		35b. PLACE OF INJURY (Home, farm, street, factory, office, building, etc. (Specify) <b>Residence</b>	
35c. LOCATION (Street or rural route number, city or town, county and state) <b>2214 W. 2670 N., Salt Lake City, UT</b>		35d. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		35e. IF MOTOR VEHICLE ACCIDENT, specify if decedent was driver, passenger or pedestrian	
36. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED HERE) <b>Shot self with .44 magnum handgun.</b>					

BR 7414 PG 2275

This is to certify that this is a true copy of the information on file in this office. This certified copy is issued under authority of Section 20-15-20 of the Utah Code Annotated, 1953 as amended.

Thomas L. Schlaifker, MD  
Director of Health

*[Signature]*  
Mary Sue J. Mackay, REGISTRAR



Date Issued JUN 23 1995

164040

File Number: 96-2351

**EXHIBIT "A"**

Beginning at a point 229.42 feet South and 90.6 feet West of the Northeast corner of the Northeast Quarter of the Northeast Quarter, Section 16, Township 1 North, Range 1 West, Salt Lake Base and Meridian and running thence North 351.889 feet to a point, thence West 123.899 feet, thence South 351.605 feet; thence East 123.889 feet to the point of beginning. Together with an Easement for ingress and egress 20 feet in width, the Southerly line described as follows: Beginning at a point 229.42 feet South and 214.485 feet West of the Northeast corner of the Northeast Quarter of Section 16, Township 1 North, Range 1 West, Salt Lake Base and Meridian, thence to the point of beginning 1115.041 feet.

BK 74:14 PG 2276