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8229259

After Recording Return to:  
Richman & Richman, L.L.C.  
60 South 600 East, #100  
Salt Lake City, UT 84102

8229259  
05/10/2002 01:05 PM 13.00  
Book - 8596 Pg - 6951-6952  
GARY W. OTT  
RECORDER, SALT LAKE COUNTY, UTAH  
RICHMAN & RICHMAN  
60 S 600 E #100  
SLC UT 84102  
BY: ZJM, DEPUTY - MA 2 P.

VTDI 08-09-476-012-0000

Property Description for Taxation Purposes only:  
BEG N 122.19 FT & W 90.6 FT FR NE COR SEC 16, T 1N, R 1W,  
SLM, W 211.21 FT; N 351.6 FT; S 351.6 FT TO  
BEG. 1.705 AC 6604-530 6594-2698

VTDI 08-09-476-013-0000

Property Description for Taxation Purposes only:  
BEG S 229.42 FT & W 338.38 FT FR NE COR SEC 16, T 1N, R 1W  
SLM; W 61.95 FT; N 391.61 FT; E 98.52 FT; S 40 FT; W 36.57  
FT; S 0-01'29" E 351.61 FT TO BEG. 0.59 AC. 6604-530  
6594-2698

BK 8596 PG 6951

# STATE OF UTAH — DEPARTMENT OF HEALTH

**JUL 12 1995**

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

STATE FILE NUMBER  
**143 95 005394**

	LOCAL FILE NUMBER <b>18-2450</b>	MIDDLE LAST <b>JARVIS</b>	2 SEX <b>Male</b>	3a. DATE OF DEATH (Mo., Day, Yr.) <b>Found Jun 21, 1995</b>	3b. TIME OF DEATH (Mo., Day, Yr.) <b>Found 00:20</b>
	1. NAME OF DECEDENT FIRST <b>Lee Roger</b>	4. DATE OF BIRTH (Mo., Day, Yr.) <b>Jun 23, 1951</b>	5. AGE (Last Birthday) <b>43</b> Yrs	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"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other <b>2214 W. 2670 N.</b>		8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location) <b>2214 W. 2670 N.</b>		
	9c. CITY, TOWN OR LOCATION OF DEATH <b>Salt Lake City</b>		9d. COUNTY OF DEATH <b>Salt Lake</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>
	14a. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	14b. ZIP CODE <b>84116</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>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 <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal		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. LICENSE 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 DECEASED WAS LAST ATTESTED BY CERTIFYING PHYSICIAN		26. If not certified by medical examiner, was death reported to M.E.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter the date and hour reported: M.E. Case No. <b>1950647</b>		
	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. LICENSE NUMBER <b>88-178121-1205</b>		
	27c. DATE SIGNED (Mo., Day, Yr.) <b>6/21/95</b>		27d. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		
	28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (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 CIRCUMSTANCES 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>9550 IMMEDIATE CAUSE (Final disease or condition resulting in death) <u>GUNSHOT WOUND TO THE HEAD</u> 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  <b>3 CAUSE OF DEATH</b></b>				
	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 checked="" type="checkbox"/> Did NOT Contribute <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		33a. WAS AN AUTOPSY PERFORMED? <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 Injured Purposely or Accidently <input type="checkbox"/> Pending Investigation		35a. DATE OF INJURY (Month, Day, Year) <b>Unknown</b>		35b. TIME OF INJURY (24 Hour Clock) <b>Unknown</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. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31) <b>Shot self with .44 magnum handgun.</b>				

USE PERMANENT BLACK INK

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 95-182-952  
 DECEASED  
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 DISPOSITION  
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 REGISTRAR  
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 006

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

4739

BK8596PG6952

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 02 2002**

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



SL 138027



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

SDH-BVR 94 (9/96)