

WHEN RECORDED, RETURN TO:
A. Craig Hale, Esq.
Stoel Rives LLP
201 South Main Street, Suite 1100
Salt Lake City, Utah 84111

9193183
10/07/2004 04:33 PM \$14.00
Book - 9046 Pg - 6928-6930
GARY W. OTT
RECORDER, SALT LAKE COUNTY, UTAH
STOEL RIVES
201 S MAIN STE. 1100
SLC UT 84111
BY: SBM, DEPUTY - WI 3 P.

AFFIDAVIT OF SURVIVORSHIP

Parcel No: 16-17-45-005

STATE OF UTAH)
:
COUNTY OF SALT LAKE)

JAMES L. DAVIS, being first duly sworn on oath deposes and says:

1. That he is a resident of Salt Lake City, Salt Lake County, State of Utah, and the surviving spouse of BERTHA DAVIS, who died on June 23, 2002, as shown on the attached Certificate of Death from the Department of Health, State of Utah;

2. That the said BERTHA DAVIS identified in said Certificate of Death is the same BERTHA DAVIS named as one of the Grantees in that certain Warranty Deed recorded in the Salt Lake County Recorder's Office on June 7, 1971, in Book 2966, Page 667, which conveyed and warranted the following described tract of real property in Salt Lake County, State of Utah, to JAMES L. DAVIS and BERTHA DAVIS, his wife, as joint tenants and not as tenants in common, with full rights of survivorship, to-wit:

See Attached Exhibit A

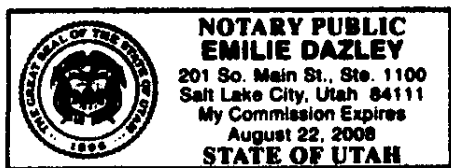
3. That the purpose of this Affidavit is to terminate the joint tenancy interest of BERTHA DAVIS as a result of her death in the above-described real property; and

4. That by virtue of her death and that termination, the undersigned is the sole owner of said property.

EXECUTED this 7 day of Oct, 2004.

James L. Davis
James L. Davis

SUBSCRIBED AND SWORN TO before me this 7th day of October, 2004.



Emilie Dazley
NOTARY PUBLIC

EXHIBIT "A"

Description of Real Property

COMMENCING at a point 74.15 feet North and 179.4 feet West of the Southeast corner of Lot 19, Block 1, Five Acre Plat "A" Big Field Survey (said point being identical with the Northeast corner of Lot 4, Block 4, Evergreen Park) thence West 8 feet; thence South 100 feet to the East line of said Lot 4, Block 4, Evergreen Park; thence South 5°4' West 25.48 feet to the Southeast corner of said Lot 4; thence East 30 feet; thence North 5°4' East 125.48 feet; thence West 30 feet to the place of beginning. Together with a right of way over a strip of ground 14.75 feet wide by 125.48 feet in length adjoining the above tract on the East.

Subject to any restrictions of record.

STATE OF UTAH — DEPARTMENT OF HEALTH

Access to information on this form is limited under the Utah Statistical Act and Rules.

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

LOCAL FILE NUMBER **18-2901**

STATE FILE NUMBER

1. NAME OF DECEDENT Bertha Elaine Trayer DAVIS		2. SEX Female		3a. DATE OF DEATH (Mo., Day, Yr.) June/23/2002		3b. TIME OF DEATH (24 hr. clock) 2200	
4. DATE OF BIRTH (Mo., Day, Yr.) August 4, 1938		5. AGE - Last Birthday 63		6. BIRTHPLACE (City & State or Foreign Country) Deer Park, Washington		7. SOCIAL SECURITY NUMBER 529-48-8277	
8a. PLACE OF DEATH (check only one) <input checked="" type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA <input type="checkbox"/> 4. Other (specify)				8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) University Hospital			
9a. CITY, TOWN, OR LOCATION OF DEATH Salt Lake City		9b. COUNTY OF DEATH Salt Lake		9. SURVIVING SPOUSE (if wife, give maiden name) James Leon Davis			
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 type="checkbox"/> 3. Widowed <input checked="" type="checkbox"/> 2. Married <input type="checkbox"/> 4. Divorced		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired) Payroll Clerk		12b. KIND OF BUSINESS OR INDUSTRY Newspaper Agency Corp.	
13a. RESIDENCE - STREET AND NUMBER 1066 Hollywood Avenue			13b. CITY, TOWN OR COMMUNITY Salt Lake City		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 84105		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+) 12							
17. FATHER'S NAME (First, Middle, Last) Arthur Leland Trayer				18. MAIDEN NAME OF MOTHER (First, Middle, Last) Ella Allen			
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT James L. Davis - Husband: 1066 Hollywood Avenue, S.L.C., UT 84105							
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 June 28, 2002		21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Valley View Memorial Park		21c. LOCATION - City or Town, State West Valley City, Utah	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Debra J. Parker</i>				23. LICENSEE NUMBER 274819		24. FUNERAL HOME (Name and address) McDougal Funeral Home 4330 S. Redwood Rd. S.L.C.: UT 84123	
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN June/23/2002		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. _____ HR. _____ MO. _____ DAY _____ YEAR _____		27. If yes, enter the date and hour reported. <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print) Richard H., Schmidt M.D. 50 North Medical Drive Salt Lake City Utah 84132	
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>R. Schmidt</i>			
27c. LICENSE NUMBER 265597-1205				27d. DATE SIGNED (Month, Day, Year) June 24, 2002			
29. REGISTRAR'S SIGNATURE <i>Patti Covey</i>				30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)		30b. DATE FILED (Mo., Day, Yr.) June 26, 2002	
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. cardiogenic shock				Approximate Interval Between Onset and Death 12 hours	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST		b. myocardial infarction				12 hours	
		c. subarachnoid hemorrhage				30 hours	
		d. ruptured cerebral aneurysm				30 hours	
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 checked="" type="checkbox"/> 1. Probably contributed to the cause of death. <input type="checkbox"/> 5. NON USER <input type="checkbox"/> 2. Was the underlying cause of death. <input type="checkbox"/> 6. UNKNOWN IF USER <input type="checkbox"/> 3. Did not contribute to the cause of death. <input type="checkbox"/> 4. Is unknown in relation to the cause of death.				33a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	
		33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No					
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 Accidently <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

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: **June 26, 2002**

County **SALT LAKE**

Registrar *Patti Covey*

Barry E Nangle

Barry E. Nangle
DIRECTOR OF VITAL RECORDS

By *Ellen Freeman*
BK 9046 PG 6930



* 0 1 0 1 5 4 9 7 *

LL 1015497

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