

11128247
2/3/2011 2:41:00 PM \$12.00
Book - 9903 Pg - 1455-1456
Gary W. Ott
Recorder, Salt Lake County, UT
COTTONWOOD TITLE
BY: eCASH, DEPUTY - EF 2 P.

Mail Recorded Deed and Tax Notice To:
Laurie Eliason
3221 S. Kenwood Street
Salt Lake City, UT 84106

PERSONAL REPRESENTATIVE'S DEED

This Deed made by **Laurie Gene Ellerman Eliason**, as Personal Representative of the Estate of **Ronald Reed Ellerman** (who acquired title as **Ronald R. Ellerman**, and is known on the attached Death Certificate as Ronald Reed Ellerman)
GRANTOR(S) of Salt Lake City, State of Utah,
And Mark D. Eliason and Laurie G. Eliason, husband and wife as joint tenants
GRANTEE(S) of Salt Lake City, State of Utah

Whereas, Grantor is the qualified personal representative of said estate as shown in the attached Letters of Administration or Letters Testamentary, filed as Probate Number 053900319 in Third Judicial District Court County, Utah:

Therefore, for valuable consideration received, Grantor sells and conveys to Grantee the following described real property in **Salt Lake** County, State of Utah:

Unit No. 2, contained within the JAMESTOWN VILLA CONDOMINIUMS, a Utah Condominium Project, as the same is identified in the Record of Survey Map recorded in the Salt Lake County Recorder's office as Entry No. 6781030 in Book 97-11 at Page 338, and in the Declaration of Covenants, Conditions and Restrictions and Bylaws of the JAMESTOWN VILLA COMDOMIINIUMS, RECORDED IN Salt Lake County, Utah on November 4, 1997 as Entry No. 6781031, in Book 7799 at Page 34.

TAX ID NUMBER 22-08-238-002 (for reference purposes only)

Together with all improvements and appurtenances restrictions and reservations of record and those enforceable in law and equity.

SUBJECT TO: Property taxes for the year 2011 and thereafter; covenants, conditions, restrictions and easements apparent or of record; all applicable zoning laws and ordinances.

Dated this 2nd day of February, 2011.

Laurie Gene Ellerman Eliason
Laurie Gene Ellerman Eliason

STATE OF Utah

COUNTY OF Salt Lake

The foregoing instrument was acknowledged before me this 2nd day of February, 2011 by Laurie Gene Ellerman Eliason.

[Signature]
Notary Public



**ACCOMMODATION RECORDING ONLY.
COTTONWOOD TITLE INSURANCE AGENCY,
INC. MAKES NO REPRESENTATION AS TO
CONDITION OF TITLE, NOR DOES IT ASSUME
ANY RESPONSIBILITY FOR VALIDITY,
SUFFICIENCY OR EFFECTS OF DOCUMENT.**

STATE OF UTAH — DEPARTMENT OF HEALTH

(This form is printed under the Vital Statistics Act and Rules)		CERTIFICATE OF DEATH	STATE FILE NUMBER
LOCAL FILE NUMBER 18-4702			
1. NAME OF DECEDENT FIRST MIDDLE LAST Ronald Reed ELLERMAN		2. SEX Male	3a. DATE OF DEATH (Mo., Day, Yr.) October 6, 2004
3b. TIME OF DEATH (24 hr. clock) 1400			
4. DATE OF BIRTH (Mo., Day, Yr.) September 5, 1935		5. AGE - Last Birthday 69	6. BIRTHPLACE (City & State or Foreign Country) Trenton, Utah
7. SOCIAL SECURITY NUMBER 529-44-0576			
8a. PLACE OF DEATH (check only one) <input 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) 4850 South 1300 East, No. 2			
8c. CITY, TOWN, OR LOCATION OF DEATH Salt Lake City		8d. COUNTY OF DEATH Salt Lake	8e. SURVIVING SPOUSE (if wife, give maiden name)
10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input checked="" type="checkbox"/> 1. Yes <input 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) Brick Mason
		12b. KIND OF BUSINESS OR INDUSTRY Construction	
13a. RESIDENCE - STREET AND NUMBER 4850 South 1300 East, No. 2		13b. CITY, TOWN OR COMMUNITY Salt Lake City	13c. COUNTY Salt Lake
13d. STATE Utah			
13e. INSIDE CITY / 13f. ZIP CODE <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No 84117		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) Henry A. Ellerman		18. MAIDEN NAME OF MOTHER (First, Middle, Last) Amelia Clark	
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Laurie Ellason, Daughter, 3221 S. Kenwood Street, Salt Lake City, Utah 84106			
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 October 11, 2004	21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Trenton City Cemetery
		21c. LOCATION - City or Town, State Trenton City, Utah	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE David Bartholomew		23. LICENSEE NUMBER 115485	24. FUNERAL HOME (Name and address) Wasatch Lawn Mortuary
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN SEPTEMBER 16, 2004		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 Edward J. Frech, MD	
		27c. LICENSE NUMBER 5181613-1205	27d. DATE SIGNED (Month, Day, Year) OCTOBER 15, 2004
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print) Edward J. Frech, MD, 500 Foothill Drive, Salt Lake City, Utah 84148			
29. REGISTRAR'S SIGNATURE Barry E. Nangle		30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)	30b. DATE FILED (Mo., Day, Yr.) October 15, 2004
31. PART I. ENTER THE DISEASE(S), 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. CONGESTIVE HEART FAILURE DUE TO (OR AS A CONSEQUENCE OF):	Approximate Interval Between Onset and Death 7 YEARS.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST		b. CORONARY HEART DISEASE DUE TO (OR AS A CONSEQUENCE OF):	7 YEARS.
		c. CHRONIC OBSTRUCTIVE LUNG DISEASE DUE TO (OR AS A CONSEQUENCE OF):	7 YEARS.
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.	
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) <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
		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

SDH-BVRHS 95 (9/96)

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: **OCTOBER 18, 2004**
County: **SALT LAKE**
Registrar: **Barry E. Nangle**

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

By *Ellen Freeman*



LL01496339



* 0 1 4 9 6 3 3 9 *

BK 9903 PG 1456

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