

Mail Recorded Deed and Tax Notice To:
CC Sheep Ranch LLC, a Maryland limited liability
company
12 W. Montgomery Street
Baltimore, MD 21230

13826799
11/17/2021 2:46:00 PM \$40.00
Book - 11270 Pg - 5012-5015
RASHELLE HOBBS
Recorder, Salt Lake County, UT
COTTONWOOD TITLE
BY: eCASH, DEPUTY - EF 4 P.



File No.: 145847-WHP

PERSONAL ADMINISTRATOR'S DEED

This Deed made by **Nancy Olsen**, as Personal Administrator of the Estate of **KEN PARKER** also known as **KEN B. PARKER** (who acquired title as **Kenneth B. Parker** and is known on the attached Death Certificate as **KEN BLAIR PARKER**)

GRANTOR of Salt Lake County, State of Utah,

to **CC Sheep Ranch LLC, a Maryland limited liability company**

GRANTEE of Baltimore, State of Maryland

Whereas, Grantor is the qualified personal administrator of said estate as shown in the Letters of Administration or Letters Testamentary, filed as Probate Number 203902027 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:

Commencing 50 rods and 10 feet South and 19 rods East of the Northwest corner of the Northeast quarter of Section 11, Township 3 South, Range 1 East, Salt Lake Base and Meridian, and running thence East 19 rods; thence South 47 5/8 rods; thence West 19 rods; thence North 47 5/8 rods to the place of beginning.

LESS AND EXCEPTING any portion lying within the bounds of Little Cottonwood Road.

TAX ID NO.: 28-11-251-002 (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 2022 and thereafter; covenants, conditions, restrictions and easements apparent or of record, all applicable zoning laws and ordinances.

Dated this 15th day of November, 2021.

The Estate of Ken Parker also known as Ken
B. Parker

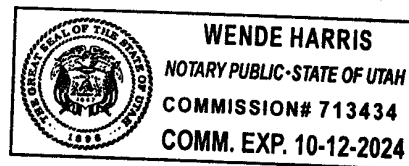
BY: Nancy Olsen
Nancy Olsen, Personal Administrator

State of Utah

County of Salt Lake

On the 15th day of November, 2021, personally appeared before me Nancy Olsen, the signer of the within instrument, who duly acknowledged to me that she executed the same as Personal Administrator of the Estate of Ken Parker also known as Ken B. Parker.

Wende Harris
Notary Public



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2020012302

Ken Blair Parker

DECEDENT INFORMATION

Date of Death:	August 1, 2020	Time of Death:	22:55
City of Death:	Riverton	County of Death:	Salt Lake
Age:	75	Date of Birth:	April 17, 1945
Place of Birth:	Murray, Utah	Sex:	Male
Armed Services:	Yes	Marital Status:	Widowed
Spouse's Name:		Usual Occupation:	Contractor
Industry/Business:	Excavation	Education:	9th Through 12th Grade
Residence:	Riverton, Utah	Parent or Father:	Sheldon F Parker
Parent or Mother:	Mary Elizabeth Blair	Facility Type:	Home
Facility or Address:	2662 West 12165 South		

INFORMANT INFORMATION

Name:	Nancy Parker Olsen	Relationship:	Sister
Mailing Address:	12958 South Redwood Road, Riverton, Utah 84065		

DISPOSITION INFORMATION

Method of Disposition: Burial
Place of Disposition: Larkin Sunset Gardens, Sandy, Utah
Date of Disposition: August 7, 2020

FUNERAL HOME INFORMATION

Funeral Home: Broomhead Funeral Home
Address: 12590 South 2200 West, Riverton, Utah 84065
Funeral Director: Jeffrey S Stratton

MEDICAL CERTIFICATION

Medical Professional: Stephen B Smith MD, Intermountain Hospice, 2250 South 1300 West, West Valley City, Utah 84119

CAUSE OF DEATH


Late Effect Cerebro Vascular Accident [Onset: 5 Months]
Other significant conditions: Diabetes, Chronic Kidney Disease
Tobacco Use: Non-user
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: August 4, 2020

Date Issued: August 5, 2020

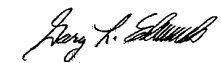
BK 11270 PG 5014

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.


Linda S. Winger LCSW
State Registrar
Rev. 4/19



066365401


Gary L. Edwards
Director/Health Officer
County/District Health
Department



STATE OF UTAH - DEPARTMENT OF HEALTH - OFFICE OF VITAL RECORDS AND STATISTICS

AFFIDAVIT TO AMEND A RECORD

Corrections to a vital record may be made by affidavit but an item on a birth record may be corrected by affidavit only once. A court order is required for gender or subsequent changes. This form is not used with a court order. A court order is necessary to make any corrections to a Delayed Birth Certificate or Death Certificate. This affidavit cannot be used to correct medical information. Many changes, including marital status, require more information; please visit our website or contact our office. Please return any copies of the certificate with this completed affidavit and all supporting documentation. If corrected certificates are reissued within 90 days of issuance, the new certificate fee will be waived but affidavit fees may still apply. This affidavit may be mailed with the correct fees and proof of ID.

Mailing Address: Office of Vital Records and Statistics PO Box 141012 Salt Lake City, UT 84114-1012

Physical Address: Office of Vital Records and Statistics 288 North 1460 West Salt Lake City, UT 84116

Contact Info: <https://VitalRecords.utah.gov> 801-538-6105 vrequest@utah.gov



Affidavit Instructions: Please print or type. Items 1-6: Enter the facts as reported on the current vital record. Item 7: Enter the item number from items 1-6 that will be changed, if applicable. Item 8a: Enter the information as stated on the original record. Item 8b: Enter the correct information as it should be stated. Item 9: Enter the reason the change is necessary. Item 10: Enter the proofs used to support the change. The proofs must match the asserted fact(s) exactly. Proofs must be submitted with the affidavit. Items 11-22: Enter witness information.

Witnesses for Birth Certificate: If the person listed on the record is under 18 years of age, both parents of record MUST sign the affidavit. If only one parent is listed, the second witness MUST be an immediate family member of the listed parent. If the person listed on the record is 18 years of age or older, he/she MUST sign as one of the witnesses. The second witness MUST be their immediate family member.

Witnesses for Death Certificate: The informant must sign as a witness along with an immediate member of the decedent's family. If adding spouse, the spouse must sign as a witness. If no immediate family, a person who is knowledgeable of the facts may sign.

BIRTH
 DEATH
 STILLBIRTH
 STATE FILE NUMBER: _____

INFORMATION AS REPORTED ON RECORD	1a. FIRST NAME		1b. MIDDLE NAME		1c. LAST NAME	
	2. SEX	3. DATE OF EVENT		4. PLACE OF OCCURRENCE (City and County)		
	5. NAME OF PARENT 1 (Maiden name if applicable)			6. NAME OF PARENT 2 (Maiden name if applicable)		
STATEMENT OF AMENDMENTS	7. ITEM NO.	8a. FACTS EXACTLY AS ON ORIGINAL RECORD			8b. CORRECT INFORMATION	
WHY IS CHANGE NEEDED?	9. _____					
DOCUMENTS USED	10. _____					
OATH OF FIRST WITNESS (MUST BE 18 OR OLDER)	I hereby certify under penalty of perjury, that I have personal knowledge of the above facts and that the information given is true and correct.					Subscribed to and Sworn to before me this ____ day of ____ 20____.
	11a. SIGNATURE OF WITNESS (Must sign in front of Notary)		11b. PRINTED NAME OF WITNESS			STATE _____ COUNTY _____
	12. DATE SIGNED	13. AGE OF WITNESS	14. DAYTIME TELEPHONE		15. RELATIONSHIP TO 1a	NOTARY SIGNATURE _____
	16. ADDRESS OF WITNESS					S E A L
OATH OF SECOND WITNESS (MUST BE 18 OR OLDER)	I hereby certify under penalty of perjury, that I have personal knowledge of the above facts and that the information given is true and correct.					Subscribed to and Sworn to before me this ____ day of ____ 20____.
	17a. SIGNATURE OF WITNESS (Must sign in front of Notary)		17b. PRINTED NAME OF WITNESS			STATE _____ COUNTY _____
	18. DATE SIGNED	19. AGE OF WITNESS	20. DAYTIME TELEPHONE		21. RELATIONSHIP TO 1a	NOTARY SIGNATURE _____
	22. ADDRESS OF WITNESS					S E A L

BK 11270 PG 5015