

FILED DISTRICT COURT
Third Judicial District

SEP 21 2001

SALT LAKE COUNTY

By _____ ^{BR}
Deputy Clerk

E. Jay Sheen (No. 3749), of
ROBINSON & SHEEN, L.L.C.
1366 East Murray-Holladay Road
Salt Lake City, Utah 84117
Telephone: (801) 273-0855

Attorneys for Debra L. P. Roberts, Applicant

IN THE THIRD JUDICIAL DISTRICT COURT OF SALT LAKE COUNTY

STATE OF UTAH

In The Matter of the Estate of	:	LETTERS TESTAMENTARY
	:	
	:	
GLADYS LOUISE MATHEWS POPP,	:	
	:	
Deceased.	:	Probate No. 013901278
	:	
	:	Judge Roger A. Livingston

1. Debra L. P. Roberts was duly appointed and qualified as General Personal Representative of the Estate of the above-named decedent on September 21, 2001, by the Court with all authority pertaining thereto.

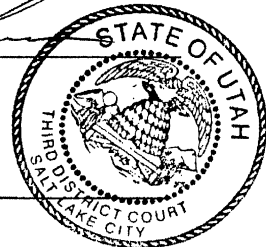
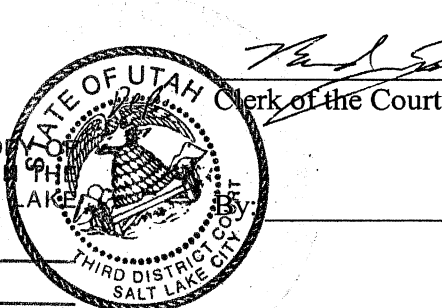
2. Administration of the Estate is unsupervised.

These letters are issued to evidence the appointment, qualification, and authority of the personal representative named above.

WITNESS, my signature and the Seal of the Court, this 21 day of September, 2001.

I CERTIFY THAT THIS IS A TRUE COPY OF AN ORIGINAL DOCUMENT ON FILE IN THE THIRD DISTRICT COURT, SALT LAKE COUNTY, STATE OF UTAH.
DATE: May 13 2023

[Signature]
DEPUTY COURT CLERK



WHEN RECORDED, MAIL TO:

Recorded December 4, 1973 Filing No. F14,093
At 10:10 AM/PM In Book J 2 Page 475
Fee \$2.00 Zera B. Jessop, Rich County Recorder
Z.B.J.

Space Above for Recorder's Use

Warranty Deed

(Corporate Form)

SWEETWATER PARK, a corporation organized and existing under the laws of the State of Utah, with its principal office at SALT LAKE CITY, of County of SALT LAKE, State of Utah, grantor, hereby conveys and warrants to

MAX WILLIAM POPP AND GLADYS LOUISE POPP, HIS WIFE, AS JOINT TENANTS WITH FULL RIGHTS OF OWNERSHIP AND NOT AS TENANTS IN COMMON

of TEN AND NO/100----- for the sum of and other good and valuable consideration DOLLARS, the following described tract of land in RICH County, State of Utah;

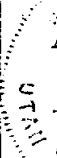
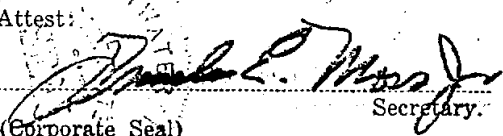
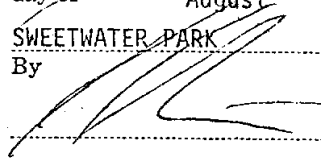
Lot No. 8, Sweetwater Park Subdivision No. 6, according to the official Plat filed in the office of the County Recorder of Rich County, State of Utah,

Subject to easements, encumbrances and restrictions of record, enforceable in law and equity.

One (1) share of common stock in the Sweetwater Park Homeowners' Association, Inc.

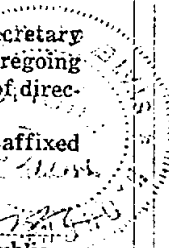
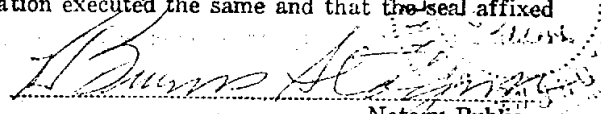
The officers who sign this deed hereby certify that this deed and the transfer represented thereby was duly authorized under a resolution duly adopted by the board of directors of the grantor at a lawful meeting duly held and attended by a quorum.

In witness whereof, the grantor has caused its corporate name and seal to be hereunto affixed by its duly authorized officers this 29th day of August A. D., 1973,

Attest:   Secretary.  SWEETWATER PARK Company By _____ President.

STATE OF UTAH, }
County of SALT LAKE } ss.

On the 29th day of August 1973, A. D. personally appeared before me BRIAN C. SWINTON and FRANK E. MOSS, JR. who being by me duly sworn did say, each for himself, that he, the said is the president, and he, the said FRANK E. MOSS, JR. is the secretary of SWEETWATER PARK Company, and that the within and foregoing instrument was signed in behalf of said corporation by authority of a resolution of its board of directors and said BRIAN C. SWINTON and FRANK E. MOSS, JR. each duly acknowledged to me that said corporation executed the same and that the seal affixed is the seal of said corporation.



Notary Public

My Commission expires 2 Oct 1974 My residence is Douglas, Utah

STATE OF UTAH

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE OF UTAH - DEPARTMENT OF HEALTH

LOCAL FILE NUMBER 18-598		STATE FILE NUMBER	
NAME OF DECEDENT Max William POPP		SEX Male	RACE (White, Black, Am. Indian, etc.) White
DATE OF DEATH (Month, Day, Year) February 21, 1983			
1. WAS DECEDENT OF SPANISH ORIGIN? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, indicate type: Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other <input type="checkbox"/> (If other, specify)		2. DATE OF BIRTH (Month, Day, Year) May 23, 1913	3. AGE (Last Birthday) 69 Yrs.
8. BIRTHPLACE (State or foreign country) Salt Lake City, Utah		9. CITIZEN of what country U.S.A.	10. <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) Welder & Repairman		12. KIND OF BUSINESS OR INDUSTRY for - Interstate Brick Co.	13. NAME OF surviving spouse (If, wife, enter maiden name.) Gladys Louise Mathews
15. NAME OF FATHER Max Carl Wilhelm Popp		16. MAIDEN NAME OF MOTHER Caroline Catherine Bretz	
17. USUAL RESIDENCE—(Street address or location) 2215 East 3380 South Street		18. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19. CITY OR TOWN Salt Lake City		20. STATE AND ZIP CODE Utah 84109	
21. NAME OF hospital, nursing home or other institution where death occurred. (If outside an institution, give street address or location.) St. Mark's Hospital		22. CITY OR TOWN Salt Lake City, Utah	
23. MEDICAL EXAMINER: I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the causes stated below based on examination of the body and/or investigation of the circumstances. 23a. Decedent was pronounced dead at: HOUR: _____ DATE: _____		24. PHYSICIAN OR MEDICAL EXAMINER SIGNATURE <i>Mark S. Shockey, MD</i>	
25. PHYSICIAN: I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the causes stated below, that I attended the decedent, and I last saw the decedent alive on: _____ month _____ day _____ year _____		26. TIME OF death (24 hr. clock) 2036	
27. If not certified by medical examiner, was death reported to him? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, enter the date and hour reported: (24 hour clock)		28. CERTIFIER'S name and title (Type or print) Mark S. Shockey, MD	
29. HOUR: _____ MO. _____ DAY _____ YEAR _____		29. DATE SIGNED (Month, Day, Year) 2/23/83	
30. Burial <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> DATE Feb. 24, 1983		31. CERTIFIER'S address and zip code 3920 So. 1100 E., Salt Lake City, Utah	
32. NAME AND LOCATION OF CEMETERY OR CREMATORY Elysian Burial Gardens Salt Lake County, Utah		33. FUNERAL HOME—Name, address and license number LARKIN MORTUARY, 260 E. So. Temple St. Salt Lake City, Utah 84111-1274	
34. LOCAL REGISTRAR—Signature <i>Hans DeBorja</i>		35. Date accepted for registration by local registrar Feb. 23, 1983	
36. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE: (Enter only one cause per line for A, B and C) (A) Cardiopulmonary Arrest		37. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
37. CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST. (B) Asthma		38. IF YES, were findings considered in determining cause of death? YES <input type="checkbox"/> NO <input type="checkbox"/>	
38. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.		39. PLACE OF INJURY (Specify home, farm, factory, freeway, street, office buildings, etc.)	
40. Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> DATE of Injury (Month, Day, Year)		41. TIME OF INJURY (24 Hour Clock)	
42. Suicide <input type="checkbox"/> Undetermined if Injured Accidentally or Purposely <input type="checkbox"/>		43. INJURY AT WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>	
43. Homicide <input type="checkbox"/>		44. PLACE OF INJURY (Specify home, farm, factory, freeway, street, office buildings, etc.)	
44. LOCATION OF INJURY—STREET AND NUMBER OR LOCATION AND CITY OR TOWN.		45. Distance from place of injury to usual residence (Item 18)	
45. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)		46. Were laboratory tests done for drugs or toxic chemicals? YES <input type="checkbox"/> NO <input type="checkbox"/>	
46. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian.		47. Were laboratory tests done for alcohol? YES <input type="checkbox"/> NO <input type="checkbox"/>	

SDH-BHS 90(4-82)

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: **FEB 25 1983**

County **SALT LAKE**

John E. Brockert
John E. Brockert
DIRECTOR OF VITAL STATISTICS

Registrar *Hans DeBorja* By *Maury J. MacKay*



