

Recorded at Request of

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Mail tax notice to Grantee Address 2196 North 250 West, Sunset, Utah 84015

5731-20

WARRANTY DEED

NE 26-5N-2W

[CORPORATE FORM]

KENT SMITH CONSTRUCTION CO., INC., A Utah Corporation, a corporation organized and existing under the laws of the State of Utah, with its principal office at Mountain Green, of County of Morgan, State of Utah, grantor, hereby CONVEYS AND WARRANTS to

ALEXANDER M. VIGIL and JOANNE B. VIGIL, Husband and Wife, as joint tenants with full rights of survivorship and not as tenants in common.

of Sunset, Davis County, Utah granted for the sum of TEN DOLLARS AND OTHER VALUABLE CONSIDERATION DOLLARS,

the following described tract of land in Davis County, State of Utah:

Beginning on East line of a Street 544.8 feet south of South Line of a Street at a point 78.5 rods West and 34 Rods South of Northeast corner of Section 26, Township 5 North Range 2 West, Salt Lake Meridian in the town of Sunset and running thence North 90.75 feet along the East line of said Street and East 5.75 rods thence South 90.75 feet thence West 5.75 rods to the point of beginning.

13-077-0016

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 5th day of January, A. D. 19 89

Attest:

KENT SMITH CONSTRUCTION CO. INC. Company

Secretary.

By

Bart K. Smith

President.

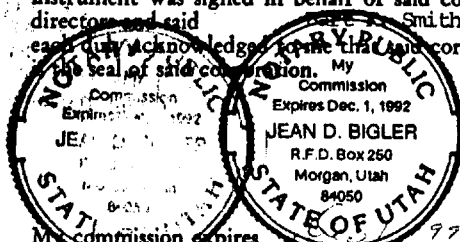
[CORPORATE SEAL]

STATE OF UTAH,

County of Morgan

ss.

On the 5th day of January, A. D. 89 personally appeared before me Bart K. Smith and Sharon B. Smith who being by me duly sworn did say, each for himself, that he, the said Bart K. Smith is the president, and he, the said Sharon B. Smith is the secretary of Kent Smith Construction Co. Inc. 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 Bart K. Smith and Sharon B. Smith each duly acknowledged for the said corporation executed the same and that the seal affixed to the seal of said corporation.



Jean D. Bigler
Notary Public.

My commission expires 972 My residence is Mountain Green, UTAH

STATE OF UTAH - DEPARTMENT OF HEALTH

Access to information on this form is limited to the Utah Salt Lake Area only.

STATE OF UTAH - DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

LOCAL FILE NUMBER 06-0238

1. DECEDENT'S LEGAL NAME (include AKA's, if any) (First, Middle, Last) Alexander Manuel VIGIL		2. SEX Male	3a. DATE OF DEATH (Mo., Day, Yr.) March 19, 2005	3b. TIME OF DEATH (24 Hr. Clock) 1115
4. DATE OF BIRTH (Mo., Day, Yr.) June 22, 1921	5. AGE (Last Birthday) (Years) 83	6. BIRTHPLACE (City & State or Foreign Country) Dolores, Colorado	7. SOCIAL SECURITY NUMBER 524-05-4710	
8a. PLACE OF DEATH (Check only one) IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. OOA <input type="checkbox"/> 4. Nursing Home/Long term care facility <input type="checkbox"/> 5. Decedent's Home <input type="checkbox"/> 6. Decedent's Home <input type="checkbox"/> 7. Other (specify) _____				
8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) 2196 N. 250 W.		8c. COUNTY OF DEATH Davis	8d. CITY, TOWN OR LOCATION OF DEATH Sunset	
9. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		10. MARITAL STATUS <input type="checkbox"/> 1. Never Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 5. Married, but separated <input type="checkbox"/> 2. Married <input type="checkbox"/> 4. Divorced <input type="checkbox"/> 6. Unknown		11. SURVIVING SPOUSE'S NAME (if wife, give name prior to first marriage) JoAnne B. Hardman
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired)		12b. KIND OF BUSINESS OR INDUSTRY Mechanic		12c. RESIDENCE - STREET AND NUMBER 2196 N. 250 W.
13a. STATE Utah	13b. COUNTY Davis	13c. CITY, TOWN, COMMUNITY, OR RURAL Sunset	13d. ZIP CODE 84015	13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
14. FATHER'S NAME (First, Middle, Last) Joseph Alexander Manuel Vigil Sr.		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Pasquale (Unknown)		
16. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT (Street & Number, City, State, Zip) JoAnne Vigil/wife/ 2196 N. 250 W. Sunset, Utah 84015				
17. METHOD OF DISPOSITION <input checked="" type="checkbox"/> 1. Entombment <input type="checkbox"/> 3. Other <input type="checkbox"/> 5. Cremation <input type="checkbox"/> 2. Donation <input type="checkbox"/> 4. Burial <input type="checkbox"/> 6. Removal		18a. DATE OF DISPOSITION March 24, 2005		18b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Clearfield City Cemetery
19a. LOCATION OF DISPOSITION - City or Town, State Clearfield, Utah		19b. LICENSEE NUMBER 102929	20. FUNERAL HOME (Name and complete address) Lindquist's Layton Mortuary #45 1867 No. Fairfield Road Layton, Utah 84041	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Brent Bally</i>		22. CERTIFIER (Check only one) <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: 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.		
M.E. Case No. _____ SIGNATURE & TITLE OF CERTIFIER <i>Daniel J. Humiston</i>		LIC. NO. 2767871205		DATE SIGNED 22 March 2005
23a. NAME, ADDRESS AND ZIP CODE FOR PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 24) (Type/Print) Daniel J. Humiston M.D., 1660 W. Antelope Drive Layton, Utah 84041		23b. DATE DECEASED WAS LAST ATTENDED BY PHYSICIAN 3-8-2005		
24. PART I: Enter the chain of events, diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. (Approximate Interval Between Onset and Death) years				
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Congestive Heart Failure DUE TO (OR AS A CONSEQUENCE OF):				
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST b. Idiopathic Dilated Cardiomyopathy DUE TO (OR AS A CONSEQUENCE OF): Years				
c. Hypertension DUE TO (OR AS A CONSEQUENCE OF): Years				
d. _____				
PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I				
25a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		
26. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: <input type="checkbox"/> 1. Probably contributed to the cause of death <input type="checkbox"/> 2. Was the underlying cause of death. <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. <input checked="" type="checkbox"/> 5. NON USER				
27. MANNER OF DEATH <input type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accidents <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Could not be determined <input type="checkbox"/> 6. Pending investigation		28. IF FEMALE <input type="checkbox"/> 1. Not pregnant within past year <input type="checkbox"/> 2. Pregnant at time of death <input type="checkbox"/> 3. Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> 4. Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> 5. Unknown if pregnant within the past year		
29a. DATE OF INJURY (Mo., Day, Yr.)	29b. TIME OF INJURY (24 Hr. Clock)	29c. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. NO	29d. PLACE OF INJURY: At home, farm, street, factory, office, building, etc. (Specify)	
29e. LOCATION (Street or rural route number, city or town, county and state)		29f. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY should be entered in item 24)		
30. WAS DECEDENT OF HISPANIC ORIGIN? (Check the "No" box if decedent is not Spanish/Hispanic/Latino) <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No (If yes, check the box that best describes whether the decedent is: Spanish/Hispanic/Latino: <input type="checkbox"/> 1. Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> 2. Yes, Cuban <input type="checkbox"/> 3. Yes, Puerto Rican <input type="checkbox"/> 4. Yes, other Spanish/Hispanic/Latino (Specify)		31. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> 01. White <input type="checkbox"/> 02. Black or African American <input type="checkbox"/> 03. American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> 04. Chinese <input type="checkbox"/> 05. Japanese <input type="checkbox"/> 06. Native Hawaiian <input type="checkbox"/> 07. Filipino <input type="checkbox"/> 08. Other Asian (Specify) <input type="checkbox"/> 09. Asian Indian <input type="checkbox"/> 10. Korean <input type="checkbox"/> 11. Other Pacific Islander (Specify) <input type="checkbox"/> 12. Samoan <input type="checkbox"/> 13. Vietnamese <input type="checkbox"/> 14. Guamanian or Chamorro <input type="checkbox"/> 15. Other Pacific Islander (Specify) <input type="checkbox"/> 16. Other (Specify)		32. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death.) <input type="checkbox"/> 1. 8th grade or less <input type="checkbox"/> 2. 9th - 12th grade, no diploma <input type="checkbox"/> 3. High school graduate or GED completed <input type="checkbox"/> 4. Some college credit, but no degree <input type="checkbox"/> 5. Associate degree (e.g., AA, AS) <input type="checkbox"/> 6. Bachelor's degree (e.g., BA, BS, B.S.) <input type="checkbox"/> 7. Master's degree (e.g., MA, MS, M.Ed., M.B.A., M.B.A.) <input type="checkbox"/> 8. Doctorate (e.g., Ph.D., Ed.D.) or Professional degree (e.g., M.D., D.D.S., D.V.M., LL.M., J.D.)
33. REGISTRAR'S SIGNATURE <i>Justin R. Hunt</i>		34. DATE FILED (Mo., Day, Yr.) March 23, 2005		

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: MARCH 25 2005

County DAVIS

Registrar

Justin R. Hunt

LL 1148767

Barry E Nangle

Barry E. Nangle

DIRECTOR OF VITAL RECORDS

By

Karla M Smith

SDH-BV/RHS 95 (9/96)



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