

WHEN RECORDED MAIL TO:

John D. Bleazard
1817 E Bryan Rd
Grantsville, Ut. 84074

Ent 234118 Bk 0993 Pg 0834
Date: 30-DEC-2004 4:16PM
Fee: \$18.00 Check
CALLEN B PESHHELL, RECORDER
Filed By: LMO
FOR: BLEAZARD MARK
TOOELE COUNTY CORPORATION

PERSONAL REPRESENTATIVE'S DEED

MARK C. BLEAZARD, as personal representative of the estate of **DALE M. BLEAZARD**, deceased, GRANTOR(S)


TO
JOHN D. BLEAZARD GRANTEE(S)
whose address is **TOOELE** City, County of **TOOELE**, State of **UTAH**.

WHEREAS, Grantor is the qualified Personal Representative of said estate, filed as Probate Number **003300052**, in **TOOELE** County, Utah, a copy of the Letters of Testamentary being attached hereto.

THEREFORE, for valuable consideration received, Grantor hereby conveys and warrants to grantee all right, title and interest acquired as such Personal Representative or otherwise in and to the following described real property in **TOOELE** County, Utah:

THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER, EXCEPT ONE ACCESS ROAD, SECTION 26, TOWNSHIP 2 SOUTH, RANGE 4 WEST.

WITNESS the hand(s) of said grantor(s) this 30 day of Sept., 2004.

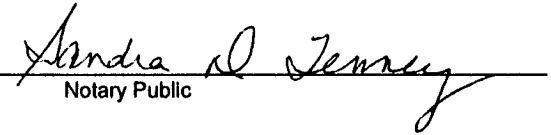

Mark C. Bleazard Personal Representative of the estate of Dale M. Bleazard, deceased

STATE OF UTAH)

ss.

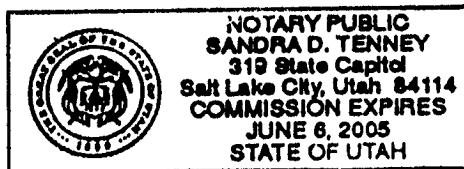
COUNTY OF TOOELE)

On the 30 day of September, 2004, personally appeared before me **MARK C. BLEAZARD** as personal representative of the estate of **DALE M. BLEAZARD**, and as signer(s) of the foregoing instrument who duly acknowledged to me that he executed the same.


Notary Public

Commission Expires:

Residing in:



John R. Madsen (USB No. 4371)
Kelly J. Applegate (USB No. 6170)
RAY, QUINNEY & NEBEKER
Attorneys for Personal Representative
400 Deseret Building
79 South Main Street
Salt Lake City, Utah 84111
(801) 532-1500

IN THE THIRD JUDICIAL DISTRICT COURT OF TOOELE COUNTY

STATE OF UTAH

<p>IN THE MATTER OF THE ESTATE</p> <p>OF</p> <p>DALE MAX BLEAZARD,</p> <p>Deceased.</p>	<p>LETTERS TESTAMENTARY</p> <p>Probate No: <u>003300052</u></p>
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1. Mark C. Bleazard was duly appointed and qualified as Personal Representative of the estate of the above-named decedent on the 10 day of July, 2000, 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 said Personal Representative.

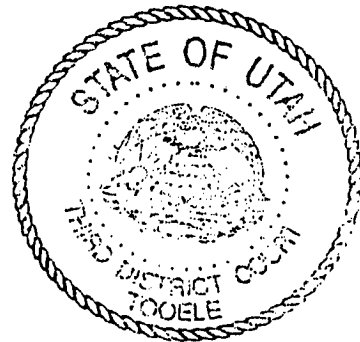
WITNESS, my signature and the seal of this Court, this 10 day of July,
2000.

Roxa Harmon
Clerk of the Court
By: Marilyn Russell

525619/jrm

I CERTIFY THAT THIS IS A TRUE COPY OF AN ORIGINAL DOCUMENT ON FILE IN THE THIRD DISTRICT COURT, TOOELE COUNTY, STATE OF UTAH

DATE: July 10, 2000
Marilyn Russell
DEPUTY COURT CLERK



STATE OF UTAH - DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH 234118 Bk 0993 Pl 0837
CERTIFICATE OF DEATH

Access to information on this form is limited under the West Statistics Act and Rules

LOCAL FILE NUMBER **23-097**

STATE FILE NUMBER

1. NAME OF DECEDENT FIRST: DALE MIDDLE: MAXWELL LAST: BLEAZARD		2. SEX Male		3a. DATE OF DEATH (Mo., Day, Yr.) June 19, 1999		3b. TIME OF DEATH (24hr clock) 22:45	
4. DATE OF BIRTH (Mo., Day, Yr.) Mar 8, 1921		5. AGE - (Last Birth-day) 78		6. BIRTHPLACE (City & State or Foreign Country) Peoa, Utah		7. SOCIAL SECURITY NUMBER 529-16-8099	
8a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DDA OTHER: <input type="checkbox"/> 4. Nursing Home <input checked="" type="checkbox"/> 5. Residence <input type="checkbox"/> 6. Other				8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location) 187 No Cooley St.			
9a. CITY, TOWN OR LOCATION OF DEATH Grantsville		9b. COUNTY OF DEATH Tooele		9. SURVIVING SPOUSE (If wife, give maiden name) LaVon J. Cassity			
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 checked="" type="checkbox"/> 2. Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) Farmer/Rancher		12b. KIND OF BUSINESS OR INDUSTRY Livestock	
13a. RESIDENCE - STREET AND NUMBER 187 No. Cooley		13b. CITY, TOWN OR COMMUNITY Grantsville		13c. COUNTY Tooele		13d. STATE UT	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		13f. ZIP CODE 84029		14. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No (If yes, Specify) AMERICAN		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) Gerald S. Bleazard		18. MAIDEN NAME OF MOTHER (First, Middle, Last) Ella Maxwell			
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Mark Bleazard, Son, 342 West Clark St. Grantsville, UT 84029							
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 23, 1999		21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Grantsville Cemetery		21c. LOCATION - City or Town, State Grantsville, Ut.	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>		23. LICENSEE NUMBER 111412		24. FUNERAL HOME (Name, address and license number) Tate Mortuary, 110 So. Main St. Tooele, Utah 84074 Lic# 81-100715-0901			
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN NS/99		26. If not certified by medical examinee, 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. _____ HOUR _____ 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 <i>[Signature]</i>		27c. LICENSE NUMBER 77-160653-1205		27d. DATE SIGNED (Mo., Day, Yr.) 6/25/99			
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Type Print) Darrell G. Hensleigh, 333 So 900 East, SLC Utah 84102							
29. REGISTRAR'S SIGNATURE <i>[Signature]</i>				30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) JUN 21 1999		30b. DATE FILED (Mo., Day, Yr.) JUN 29 1999	
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) Congestive Heart Failure DUE TO (OR AS A CONSEQUENCE OF): Diabetes DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):		32. 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.		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 Purposefully or Accidentally <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) ** As of this date patient was referred to Home Health Care for primary care under direction of certifying physician.							

USE PERMANENT BLACK INK

UDH BVRHS-Form 12, Rev. 1/88

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: **JUL 2 1999**

County **TOOELE**

Registrar *[Signature]*

LL 592448



Barry E Nangle

Barry E. Nangle
DIRECTOR OF VITAL RECORDS

By

Patricia A. Wheeler



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

UTAH DEPARTMENT OF HEALTH
AFFIDAVIT TO AMEND A RECORD

23-097

BIRTH DEATH FETAL DEATH

143-99 006253

LOCAL CERTIFICATE NUMBER

STATE CERTIFICATE NUMBER

1a. FIRST NAME DALE		1b. MIDDLE NAME MAXWELL		1c. LAST NAME BLEAZARD	
2. SEX Male	3. DATE OF EVENT June 19, 1999	4. PLACE OF OCCURRENCE - city and county Grantsville, Tooele County			
5. NAME OF FATHER Gerald S. Bleazard			6. MAIDEN NAME OF MOTHER Ella Maxwell		

AMENDED

2 of 2

MAKE NO CORRECTIONS ABOVE THIS LINE

ITEM NUMBER	a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD	b. FACTS AS THEY SHOULD HAVE BEEN STATED ON THE ORIGINAL AT THE TIME OF OCCURRENCE
3a	June 19, 1999	June 18, 1999

9. Incorrect date of death

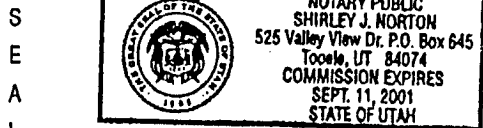
I hereby certify, under penalty of perjury, that I have personal knowledge of the above facts and that the information given is true and correct.

Subscribed & sworn to before me this 20 day of July 19 99

10. SIGNATURE OF FIRST WITNESS
Sharon Bleazard

11. DATE SIGNED
July 20, 1999

Notary Public: *Shirley J. Norton*



12. AGE OF WITNESS
Legal

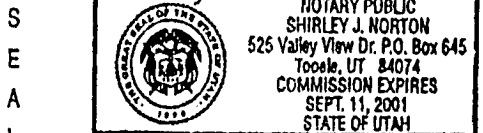
13. RELATIONSHIP OF WITNESS TO THE PERSON WHOSE RECORD IS BEING AMENDED
Daughter-in-law

14. ADDRESS OF WITNESS (street, city, state, zip)
342 W. Clark St. Grantsville, Utah 84029

Subscribed & sworn to before me this 20 day of July 19 99

I hereby certify, under penalty of perjury, that I have personal knowledge of the above facts and that the information given above is true and correct.

Notary Public: *Shirley J. Norton*



15. SIGNATURE OF SECOND WITNESS
Barry E. Nangle

16. DATE SIGNED
7-20-99

17. AGE OF WITNESS
Legal

18. RELATIONSHIP OF WITNESS TO THE PERSON WHOSE RECORD IS BEING AMENDED
Funeral Director

19. ADDRESS OF WITNESS (street, city, state, zip)
110 So Main St. Tooele, Utah 84074

20. DATE ACCEPTED
JUL 28 1999

21. OFFICE OF THE STATE OR LOCAL REGISTRAR
Barry E. Nangle SL

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: AUG 10 1999

Barry E. Nangle

County TOOELE

Barry E. Nangle
DIRECTOR OF VITAL RECORDS

Registrar

Algon P. Johnson

By

Patricia A. Wheeler

LL 614052



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SDH-BVRHS 95 (9/96)