

Recording Requested by:

Wasatch Title Insurance Agency, LLC
1775 East 4500 South
Salt Lake City, Utah 84117
Escrow: 8604W



W2392877

E# 2392877 PG 1 OF 2
ERNEST D ROWLEY, WEBER COUNTY RECORDER
23-FEB-09 3:15 PM FEE \$12.00 DEP SC
REC FOR: WASATCH TITLE INSURANCE AGENCY
ELECTRONICALLY RECORDED

**AFFIDAVIT
DEATH OF A JOINT TENANT**

I, being first duly sworn on oath depose and say:

That I am a citizen of the United State of America, over the age of 21 years and a resident of Weber, State of UT:

That I was well and personally acquainted with Beverly J. Madden , one of the grantees in that certain Quit-Claim Deed filed for record on October 14th, 1986 as Entry No. 985360 in Book 1500 at Page 3031 of official records of Weber County, Utah.

That I know of my own knowledge that Beverly J. Madden in the said deed and Beverly J. Madden mentioned in the attached copy of Certificate of Death was one and the same person.

This affidavit is executed in connection with the termination of the joint tenancy of H. James Madden and Beverly J. Madden with respect to the following described property:

All of Lot 9 and the North 3 feet of Lot 10, Block 3, WOODMANSEE'S MAIN STREET ADDITION, according to the official plat thereof, on file and of record in the office of the Recorder of Weber County, State of Utah.

Parcel No.: 04-023-0011 *PLA*

Dated: 17 February, 2009

H. James Madden

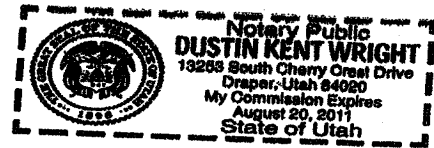
H. James Madden

STATE OF UTAH)
COUNTY OF Weber)

On the 17th day of February, 2009 personally appeared before me H. James Madden, the signer of the within instrument, who duly acknowledged to me that he executed the same.

[Signature]

Notary Public



STATE OF UTAH — DEPARTMENT OF HEALTH

2392877 PG 2 OF 2

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STATE OF UTAH - DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1 NAME OF DECEDENT FIRST MIDDLE LAST Beverly Jean MADDEN		2 SEX Female		3a. DATE OF DEATH (Mo., Day, Yr.) Sep 9, 2002		3b. TIME OF DEATH (24 hr. clock) 09:58	
4 DATE OF BIRTH (Mo., Day, Yr.) Mar 10, 1928		5. AGE - Last Birthday 74		6. BIRTHPLACE (City & State or Foreign Country) Ogden, Utah		7. SOCIAL SECURITY NUMBER 528-28-7380	
8a. PLACE OF DEATH (check only one) <input type="checkbox"/> 1. Inpatient <input checked="" type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA <input type="checkbox"/> 7. Other (specify)		ALL OTHER LOCATIONS: <input type="checkbox"/> 5. Nursing Home <input type="checkbox"/> 6. Residence (any)		8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) Ogden Regional Medical Center			
9a. CITY, TOWN, OR LOCATION OF DEATH Ogden		9b. COUNTY OF DEATH Weber		9c. SURVIVING SPOUSE (if wife, give maiden name) James Hubert Madden			
10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input type="checkbox"/> 1. Yes <input checked="" 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 enter retired) Cafeteria Supervisor		12b. KIND OF BUSINESS OR INDUSTRY I.R.S.	
13a. RESIDENCE - STREET AND NUMBER 3157 Adams Avenue		13b. CITY, TOWN OR COMMUNITY Ogden		13c. COUNTY Weber		13d. STATE Utah	
13e. INSIDE CITY; 13f. ZIP CODE <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No 84403		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) Harry Charles Edson				18. MAIDEN NAME OF MOTHER (First, Middle, Last) Lola Wanda Shaw			
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT James Hubert Madden (husband), 3157 Adams Ave., Ogden, Utah 84403							
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 checked="" type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal		21a. DATE OF DISPOSITION Sep 12, 2002		21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Myers Crematory		21c. LOCATION - City or Town, State Ogden, Utah Ogden, Utah	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Shay Holley</i>		23. LICENSEE NUMBER 338866		24. FUNERAL HOME (Name and address) 101660 Myers Mortuary 845 Washington Blvd. Ogden, Utah 84404		25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 9/9/02	
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 <i>Shay Holley</i>		27c. LICENSE NUMBER 275093-1205		27d. DATE SIGNED (Month, Day, Year) 9/10/02			
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print) Shay Holley, M.D., 5475 South 500 East, Ogden, Utah 84405		29. REGISTRAR'S SIGNATURE <i>Craig Henning</i>		30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)		30b. DATE FILED (Mo., Day, Yr.) SEP 11 2002	
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) a. Acute cardiopulmonary arrest DUE TO (OR AS A CONSEQUENCE OF): b. Acute congestive heart failure DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST		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 checked="" 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) <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

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: **SEP 11 2002**

County **WEBER**
Registrar *Craig Henning*

Barry E Nangle

Barry E. Nangle
DIRECTOR OF VITAL RECORDS

By *[Signature]*

LL 1079846



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