

When recorded mail to:

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AFFIDAVIT OF SURVIVING
JOINT TENANT

STATE OF UTAH)
 : SS
COUNTY OF UTAH)

ENT 33258:2004 PG 1 of 2
RANDALL A. COVINGTON
UTAH COUNTY RECORDER
2004 Mar 25 12:56 pm FEE 12.00 BY SDM
RECORDED FOR FIRST COLONIAL TITLE

I, **JULIE L. REECE**, being first sworn upon oath, depose and say as follows:

1. That I am a citizen of the United States of America and over the age of twenty-one years.

2. That I am the **surviving spouse of JAMES E. REECE** (the "decedent") who died on **February 20, 2004**, a certified copy of the death certificate being attached hereto as Exhibit "A" and fully incorporated herein.

3. That the decedent and I acquired title as joint tenants with right of survivorship to the following described real property, situate in **Utah County, Utah**, to-wit:

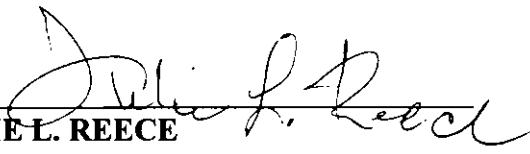
Commencing Northeast Corner of Block 38, Plat "A", Payson City Survey; West 1.31 chains; South 120.5 feet; East 1.31 chains; North 120.5 feet to the beginning.

4. That the decedent and I acquired title as joint tenants through that certain **Warranty Deed dated January 30, 1976**, which conveyed the property described herein to "**JAMES E. REECE AND JULIE L. REECE, husband and wife as joint tenants, with full rights of survivorship and not tenants in common,**" and which was recorded in the office of the Recorder, Utah County, Utah, on **February 20, 1976**, as **Entry 3980, in Book 1460 at Page 399**.

5. That **JULIE L. REECE** named in the above referenced **Warranty Deed** is one and the same person as the decedent shown in the aforesaid death certificate.

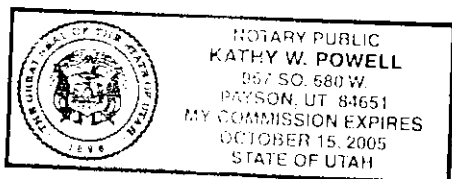
FURTHER THE AFFIANT SAYETH NAUGHT.

Dated this 25 day of March, 2004.


JULIE L. REECE
280 East 100 North
Payson, Utah 84651

Subscribed and sworn to before me, a Notary Public, this 25th day of March, 2004.


Notary Public



STATE OF UTAH — DEPARTMENT OF HEALTH

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

STATE OF UTAH — DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

LOCAL FILE NUMBER **18-0989**

STATE FILE NUMBER

1 NAME OF DECEDENT FIRST MIDDLE LAST James Elton REECE			2 SEX Male		3a. DATE OF DEATH (Mo., Day, Yr.) February 20 2004		3b. TIME OF DEATH (24 hr. clock) 1150		
4 DATE OF BIRTH (Mo., Day, Yr.) January 26, 1938			5 AGE - Last Birthday 66		6 BIRTHPLACE (City & State or Foreign Country) Payson, Utah		7 SOCIAL SECURITY NUMBER 528-54-7888		
8a. PLACE OF DEATH (check only one) <input checked="" type="checkbox"/> 1. Hospital (status codes for hospital only) <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA <input type="checkbox"/> 4. Nursing Home <input type="checkbox"/> 5. Residence (any one)					8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) University Hospital				
9a. CITY, TOWN, OR LOCATION OF DEATH Salt Lake City			9b. COUNTY OF DEATH Salt lake		9c. SURVIVING SPOUSE (if wife, give maiden name) Julie Lynn Llewellyn				
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) publisher		12b. KIND OF BUSINESS OR INDUSTRY newspaper		
13a. RESIDENCE - STREET AND NUMBER 753 South 1000 East			13b. CITY, TOWN OR COMMUNITY Salt Lake City		13c. COUNTY Salt Lake		13d. STATE Utah		
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		13f. ZIP CODE 84102		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+)	
17. FATHER'S NAME (First, Middle, Last) Clark George Reece					18. MAIDEN NAME OF MOTHER (First, Middle, Last) Ferol Elton				
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Julie Reece (wife) 280 East 100 North Payson, UT 84651									
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 Feb. 24, 04		21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Payson City Cem.		21c. LOCATION - City or Town, State Payson, UT		
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>			23. LICENSEE NUMBER 22-112739-0902		24. FUNERAL HOME (Name and address) Walker Mortuary (101155) 587 S. 100 W. Payson, Utah 8465				
25. DATE DECEDENT WAS LAST ATTENDED BY CERTIFYING PHYSICIAN February 20 2004			26. If not certified by medical examiner, was death reported to M.E.? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No 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>[Signature]</i>			27c. LICENSE NUMBER 357548-1205		27d. DATE SIGNED (Month, Day, Year) February 20 2004				
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print) Michael Pulsipher M.D. 50 North Medical Drive Salt lake City, Utah 84132									
29. REGISTRAR'S SIGNATURE <i>[Signature]</i>			30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)		30b. DATE FILED (Mo., Day, Yr.) March 02, 2004				
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. Respiratory Failure DUE TO (OR AS A CONSEQUENCE OF):					Approximate Interval Between Onset and Death 24 hours	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST			b. Multi-system Organ Failure - Renal failure / pneumonia DUE TO (OR AS A CONSEQUENCE OF):					5 days	
			c. Hemolytic Uremic Syndrome - TTP & heparinella DUE TO (OR AS A CONSEQUENCE OF):					5	
			d. CVHD after BMT for ALL					3 m	
PART II: Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I			32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: <input checked="" 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 Purposely 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)
UDH-BVR Form 12, Rev. 12/98			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

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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 03, 2004**

Barry E Nangle

County **Salt Lake**

Barry E. Nangle
DIRECTOR OF VITAL RECORDS

Registrar

Patti Cavey



By

Ellen Freeman



LL01345813

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