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16 NOVEMBER 87 11:07 AM
KATIE L. DIXON
RECORDER, SALT LAKE COUNTY, UTAH
HOLME ROBERTS AND OWEN
REC BY: JANET WONG , DEPUTY

AFFIDAVIT TO SEVER JOINT TENANCY

STATE OF UTAH)
) :ss
COUNTY OF SALT LAKE)

I, Velma McQuay, being first duly sworn, depose and say that:

1. I am the Velma McQuay that appears as a grantee on a Warranty Deed dated November 28, 1987 and recorded November 28, 1987 in the Salt Lake County Recorder's office at Book 4586, Page 359 whereby I and my husband, William C. McQuay, took title to the following described property located in Salt Lake County, State of Utah, as joint tenants:

All of Lot 537, Wright Subdivision, Addition No. 5, according to the official plat thereof, recorded in the office of the Salt Lake County Recorder

2. My husband, William C. McQuay, died on October 17, 1987, and I certify that he is the deceased listed on the certified death certificate attached hereto.

DATED this 9th day of November, 1987.

Velma M. McQuay
Velma McQuay

Subscribed and sworn to before me this 9th day of November, 1987.

7/11/88
My Commission Expires:

Paul A. [Signature]
Notary Public
Residing at: Bountiful, UT.

khcd/BV9

BOOK: 5980 PAGE 339

SALT LAKE CITY - COUNTY HEALTH DEPARTMENT

DIVISION OF VITAL STATISTICS

(Attached to and forming a part of Affidavit to Sever Joint Tenancy of Velma McQuay dated 11/9/87).

CERTIFICATE OF DEATH
STATE OF UTAH - DEPARTMENT OF HEALTH

18-3680

LOCAL FILE NUMBER 18-3680		STATE FILE NUMBER	
1. NAME OF DECEDENT FIRST MIDDLE LAST WILLIAM CARVER McQUAY		2. SEX Male	3. RACE (White, Black, Am. Indian, etc.) White
4. DATE OF DEATH (Month, Day, Year) October 17, 1987		5. 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)	
6. DATE OF BIRTH (Month, Day, Year) March 29, 1929		7. AGE (Last Birthday) 58 Yrs.	8. IF UNDER 1 year: Months Days 9. IF UNDER 24 HOURS: Hours Minutes
10. BIRTH-PLACE (State or foreign country) California	11. CITIZEN of what country USA	12. EDUCATION—(Specify only highest grade completed) Elementary or Secondary (0-12) College (13-18 or 17+) 12	13. SOCIAL SECURITY NUMBER 528 30 9187
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) Engineer		15. KIND OF BUSINESS OR INDUSTRY Utah Power & Light Co.	16. NAME of surviving spouse (If wife, enter maiden name.) Velma Pedersen
17. NAME OF FATHER Oscar LeRoy McQuay		18. MAIDEN NAME OF MOTHER Aslaugh E. Mickelson	
19. USUAL RESIDENCE—(Street address or location) 3679 Market Street		20. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Velma P. McQuay Wife 3679 Market Street West Valley City, Utah 84119	
21. CITY OR TOWN West Valley	22. COUNTY Salt Lake	23. STATE AND ZIP CODE Utah 84119	24. CITY OR TOWN Salt Lake
25. NAME of hospital, nursing home or other institution where death occurred (If outside an institution, give street address or location.) LDS Hospital		26. CITY OR TOWN Salt Lake	27. COUNTY Salt Lake
28. 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. 29. Decedent was pronounced dead at: 1 HOUR: DATE: 210. TIME of death (24 hr. clock) 16 day 19 year 87 10:19/87		30. PHYSICIAN OR MEDICAL EXAMINER SIGNATURE William F. Reilly, M.D. No. 2345	
31. 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: 31a. DATE: 31b. CITY OR TOWN: 31c. COUNTY: 16 day 19 year 87 Salt Lake Utah		32. CERTIFICATE address and zip code 333 So 7th East Salt Lake UT 84102	
33. HOUR: MO. DAY YEAR 10 Oct 21, 1987		34. SIGNATURE of Funeral Director Lyle R. McDougal	
35. NAME AND LOCATION OF CEMETERY OR CREMATORY Valley View Memorial Park; WVC		36. FUNERAL HOME—Name, address and license number McDougal Funeral Home 4330 So. Redwood Rd. SLC	
37. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE: (Enter only one cause per line (A, B, and C).) B. lateral Pneumonia		38. INTERVAL between onset and death 1 week	
39. CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST. Metastatic Small Cell Carcinoma of Lung		39. INTERVAL between onset and death 4 week	
40. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I. Neutropenic Enterocolitis		41. INTERVAL between onset and death 15 mo	
42. ACCIDENT: <input type="checkbox"/> SUICIDE: <input type="checkbox"/> HOMICIDE: <input type="checkbox"/> Pending investigation: <input type="checkbox"/> Undetermined if Injured: <input type="checkbox"/> Accident or Purposeful: <input type="checkbox"/>		43. DATE of Injury (Month, Day, Year) 10 Oct 21, 1987	
44. LOCATION OF INJURY—STREET AND NUMBER OR LOCATION AND CITY OR TOWN.		45. TIME OF INJURY (24 Hour Clock)	46. INJURY AT WORK? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
47. DISTANCE from place of injury to usual residence (Item 18)		48. PLACE OF INJURY (Specify home, farm, factory, freeway, street, office buildings, etc.)	49. WERE LABORATORY TESTS done for drugs or toxic chemicals? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
48. WERE LABORATORY TESTS done for alcohol? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		49. WERE LABORATORY TESTS done for alcohol? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
50. DETAIL HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 28)		51. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian.	

This is to certify that this is a true copy of the information on file in this office. This certified copy is issued under authority of Section 26-15-26 of the Utah Code Annotated, 1953 as amended.

Harry L. Gibbons, M.D., M.P.H.
Director of Health

Mary Lee J. Mackay
DEPUTY REGISTRAR

Date Issued **OCT 19 1987**



BOOK 5980 PAGE 340