

VTDI 16-34-433-027-0000 DIST 17

TIDWELL, KENNETH L &
HOFMAN, MARIE L; JT

PRINT UPDATE
LEGAL
TAX CLASS NE

TOTAL ACRES 0.22
REAL ESTATE 73200
BUILDINGS 81500
MOTOR VEHIC 0
TOTAL VALUE 154700

7696 S CASA VERDE ST EDIT 1
MIDVALE UT 84047283796

FACTOR BYPASS

LOC: 3946 S 2700 E

EDIT 1 BOOK 7013 PAGE 1568 DATE 09/08/1994

SUB: SUNNYSIDE HEIGHTS

TYPE UNKN PLAT

03/22/2000 PROPERTY DESCRIPTION FOR TAXATION PURPOSES ONLY

LOT 11 SUNNYSIDE HEIGHTS

7600792

This original document, of which this is a photocopy, appears to be genuine and unaltered and to have been made at the time purported. This photocopy consists of _____ pages.

SIGNATURE _____

TITLE _____

7600792
03/22/2000 02:45 PM 12.00
NANCY WORKMAN
RECORDER, SALT LAKE COUNTY, UTAH
MARIE L HOFFMAN
7696 S CASA VERDE ST
MIDVALE UT 84047
BY: ADG, DEPUTY - WI 2 P.

BK 8349PG8871

STATE OF UTAH — DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

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

18-0016

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. NAME OF DECEDENT FIRST MIDDLE LAST Kenneth Lynn Tidwell		2. SEX Male	3a. DATE OF DEATH (Mo, Day, Yr.) Jan. 1, 2000
3b. TIME OF DEATH (24hr clock) 2220		7. SOCIAL SECURITY NUMBER 711-05-3803	
4. DATE OF BIRTH (Mo, Day, Yr.) Nov. 24, 1912		5. AGE (Last Birthday) 87	6. BIRTHPLACE (City & State or Foreign Country) Mt. Pleasant, Utah
8a. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. FR/Outpatient <input type="checkbox"/> 3. DCA <input type="checkbox"/> 4. Other <input type="checkbox"/> 5. Nursing Home <input type="checkbox"/> 6. Residence <input type="checkbox"/> 7. Other St. Marks Hospital		8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location)	
8c. CITY, TOWN OR LOCATION OF DEATH Salt Lake City		9. SURVIVING SPOUSE (If wife, give maiden name) None	
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 checked="" type="checkbox"/> 1. Never Married <input type="checkbox"/> 2. Married <input checked="" type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced	12a. DECEDENTS USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) Postal Worker
12b. KIND OF BUSINESS OR INDUSTRY US Government		13a. RESIDENCE - STREET AND NUMBER 7696 Casa Verde Street	
13b. CITY, TOWN OR COMMUNITY Midvale		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 84047	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+) 11	
17. FATHER'S NAME (First, Middle, Last) Jonathan Harvey Tidwell		18. MAIDEN NAME OF MOTHER (First, Middle, Last) Antomina Oman	
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Marie L. Hofmann (Daughter) 7696 Casa Verde Street Midvale, UT 84047			
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 Jan. 6, 2000		21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Mt. Pleasant City Cemetery	
21c. LOCATION - City or Town, State Mt. Pleasant, Utah		22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>John R. Harbock</i>	
23. LICENSE NUMBER 100289		24. FUNERAL HOME (Name, address and license number) 100417 HOLBROOK FUNERAL CHAPEL Inc. 3251 South 2300 East	
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN <i>Robert Hill MD 1-00</i>			
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. 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>Robert Hill MD</i>		27c. LICENSE NUMBER 5283	27d. DATE SIGNED (Mo, Day, Yr.) 1-5-00
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Type Print) Robert Hill, Jr. MD 4624 S. Holladay Blvd. 277-2682 Salt Lake City, Utah 84117			
29. REGISTRAR'S SIGNATURE <i>Kathy Black Roman</i>		30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo, Day, Yr.)	30b. DATE FILED (Mo, Day, Yr.) January 5, 2000
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. <i>Cardiac arrest</i> DUE TO (OR AS A CONSEQUENCE OF): b. <i>myocardial infarction</i> DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ Approximate interval between Onset and Death: <i>3 days +</i>			
PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I <i>CVA</i>			
32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT <input type="checkbox"/> 1. Probably contributed to the cause of death. <input type="checkbox"/> 5. NON-USER <input type="checkbox"/> 2. Was the underlying cause of death. <input type="checkbox"/> 6. UNKNOWN IF USER <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 checked="" type="checkbox"/> 2. No	
34. MANNER OF DEATH <input checked="" type="checkbox"/> A. 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"/> B. 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)			

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: **JAN 05 2000**

County - Salt Lake

Registrar

Kathy Black Roman

Barry E Nangle

Barry E. Nangle
DIRECTOR OF VITAL RECORDS

By

Ellen Freeman

L131047



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