

9229155

WHEN RECORDED, MAIL TO:

Action Title Company, Inc.
63 North 300 East
Provo, Utah 84606

ATC File No. 11100
Tax Serial No. 27-02-153-020

9229155

11/22/2004 02:27 PM \$16.00

Book - 9063 Pg - 4089-4092

GARY W. OTT

RECORDER, SALT LAKE COUNTY, UTAH

ACTION TITLE CO.

PO BOX 1411

PROVO UT 84603

BY: SBM, DEPUTY - WI 4 P.

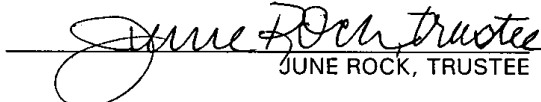
WARRANTY DEED

THE TRULS AND LILLIAN ANZJON TRUST, DATED THE 7TH DAY OF APRIL, 1998, TRULS ANZJON (DECEASED), RUTH LILLIAN ANZJON (DECEASED) AND JUNE ROCK, TRUSTEES, grantor of WEST VALLEY, County of SALT LAKE, State of Utah, hereby CONVEY and WARRANT to NATHAN CLAY LYON AND ANGELA MARIE LYON, HUSBAND AND WIFE AS JOINT TENANTS grantee of 96945 BUTTONWOOD DRIVE, SANDY, UTAH , for the sum of TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION, the following described tract of land in SALT LAKE County, State of Utah:

ALL OF LOT 4, MIDVALLEY TERRACE, ACCORDING TO THE OFFICIAL PLAT THEREOF, RECORDED IN THE OFFICE OF THE COUNTY RECORDER OF SALT LAKE COUNTY, UTAH.


Together with and subject to easements, restrictions, and rights of way of record.

WITNESS, the hand of said grantor, this 19th day of NOVEMBER, 2004.

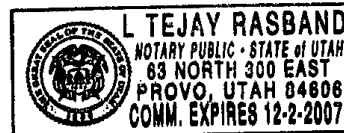

JUNE ROCK, TRUSTEE

STATE OF Utah)
COUNTY OF Utah) :ss.

On the 19th day of NOVEMBER, 2004, personally appeared before me JUNE ROCK, TRUSTEE OF THE TRULS AND LILLIAN ANZJON TRUST, DATED THE 7TH DAY OF APRIL, 1998, the signer of the within instrument, who duly acknowledged to me that she executed the same.


Notary Public

My Commission Expires: 12/2/2007
Residing at:



STATE OF UTAH — DEPARTMENT OF HEALTH

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

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

1. NAME OF DECEDENT FIRST: Truls MIDDLE: ANZJON LAST: ANZJON		2. SEX Male	3a. DATE OF DEATH (Mo., Day, Yr.) May 6, 2004	3b. TIME OF DEATH (24 hr. clock) 0015
4. DATE OF BIRTH (Mo., Day, Yr.) November 23, 1911		5. AGE - Last Birthday 92	6. BIRTHPLACE (City & State or Foreign Country) Namsos, Norway	7. SOCIAL SECURITY NUMBER 528-38-3746
8a. PLACE OF DEATH (check only one) <input type="checkbox"/> 1. Inpatient <input checked="" type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DGA <input type="checkbox"/> 4. Other (specify)		8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location) Crossland Rehabilitation and Health Care Center		
8c. CITY, TOWN, OR LOCATION OF DEATH Sandy		8d. COUNTY OF DEATH Salt Lake		9. SURVIVING SPOUSE (If wife, give maiden name)
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) Electronic Engineer
13a. RESIDENCE - STREET AND NUMBER 6140 West 3725 South		13b. CITY, TOWN OR COMMUNITY West Valley City		13c. COUNTY Salt Lake
13d. INSIDE CITY 13i. ZIP CODE <input checked="" type="checkbox"/> 1. Yes 84128 <input type="checkbox"/> 2. No		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 (9-12) College (13-16 or 17+) 14		17. FATHER'S NAME (First, Middle, Last) Morten P. Anzjon		
18. MOTHER'S NAME (First, Middle, Last) Berthe Sofie Aune		19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT June Rock, daughter - 6140 West 3725 South, West Valley City, Utah 84128		
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 May 11, 2004		21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Wasatch Lawn Memorial Park
21c. LOCATION - City or Town, State Salt Lake City, Utah		22. SIGNATURE OF FUNERAL SERVICE LICENSEE Travis E. McDougal		
23. LICENSE NUMBER 107019		24. FUNERAL HOME (Name and address) McDougal Funeral Home 4330 So. Redwood Road S.L.C., UT 84123		
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 4/22/04		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 [Signature]		
27c. LICENSE NUMBER 183426		27d. DATE SIGNED (Month, Day, Year) 5/6/04		
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type Print) Rachael Stubbs, MD 575 E 11000 S Sandy, UT 84070		29. REGISTRAR'S SIGNATURE Catti Covey		
30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) May 06, 2004		30b. DATE FILED (Mo., Day, Yr.) May 06, 2004		
31. PART I. ENTER THE DISEASE, 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. a. Natural Causes - not otherwise specified DUE TO (OR AS A CONSEQUENCE OF): 1 day		Approximate Interval Between Onset and Death		
31. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I. b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ 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 checked="" type="checkbox"/> 5. NON USER <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"/> 6. UNKNOWN IF USER <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 <input type="checkbox"/> 6. Pending Investigation If Injured Purposely or Accidentally		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: **May 06, 2004**

County **SALT LAKE**

Registrar **Catti Covey**

Barry E Nangle

Barry E. Nangle
DIRECTOR OF VITAL RECORDS

By **Ellen Freeman**

LL01356336



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

STATE OF UTAH — DEPARTMENT OF HEALTH

LOCAL FILE NUMBER 18-2151		STATE OF UTAH — DEPARTMENT OF HEALTH CERTIFICATE OF DEATH		STATE FILE NUMBER	
1. NAME OF DECEDENT FIRST: Truls MIDDLE: ANZJON LAST: ANZJON		2. SEX: Male		3a. DATE OF DEATH (Mo., Day, Yr.): May 6, 2004	
4. DATE OF BIRTH (Mo., Day, Yr.): November 23, 1911		5. AGE - Last Birthday: 92		6. BIRTHPLACE (City & State or Foreign Country): Namsos, Norway	
8a. PLACE OF DEATH (check only): <input checked="" type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA <input type="checkbox"/> 4. Other (Specify)		8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location): Crossland Rehabilitation and Health Care Center			
8c. CITY, TOWN, OR LOCATION OF DEATH: Sandy		8d. COUNTY OF DEATH: Salt Lake		9. SURVIVING SPOUSE (if wife, give maiden name)	
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): Electronic Engineer	
13a. RESIDENCE - STREET AND NUMBER: 6140 West 3725 South		13b. CITY, TOWN OR COMMUNITY: West Valley City		13c. COUNTY: Salt Lake	
13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		14. WAS DECEDENT OF HISPANIC ORIGIN? <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 (give may be mixed), Japanese, etc. (Specify): White	
17. FATHER'S NAME (First, Middle, Last): Morten P. Anzjon		18. MAIDEN NAME OF MOTHER (First, Middle, Last): Berthe Sofie Aune			
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT: June Rock, daughter - 6140 West 3725 South, West Valley City, Utah 84128					
20. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other <input type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal		21a. DATE OF DISPOSITION: May 11, 2004		21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place): Wasatch Lawn Memorial Park	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE: <i>Travis M. McDougal</i>		23. LICENSEE NUMBER: 107019		24. FUNERAL HOME (Name and address): McDougal Funeral Home 4330 So. Redwood Road S.L.C., UT 84123	
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN: 4/22/04		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 _____			
27. 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: 183426		27d. DATE SIGNED (Mo., Day, Year): 5/6/04	
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print): Rachael Stubbs, MD 575 E 11000 S Sandy, UT 84070					
29. REGISTRAR'S SIGNATURE: <i>Cathi Covey</i>		30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.): May 06, 2004		30b. DATE FILED (Mo., Day, Yr.): May 06, 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. Natural Causes - not otherwise specified IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST 1 day					
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 type="checkbox"/> 1. Probably contributed to the cause of death. <input checked="" 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 <input type="checkbox"/> 6. Pending Investigation or Accidently		35a. DATE OF INJURY (Mo., Day, Yr.):		35b. TIME OF INJURY (24 Hour Clock):	
35c. LOCATION (Street or rural route number, city or town, county and state):		35d. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		35e. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (specify):	
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: **May 06, 2004**

County **SALT LAKE**

Registrar *Cathi Covey*

Barry E Nangle

Barry E. Nangle
DIRECTOR OF VITAL RECORDS

By *Ellen Freeman*

LL01356335



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STATE OF UTAH — DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

LOCAL FILE NUMBER 18-5877		STATE FILE NUMBER	
1. NAME OF DECEDENT FIRST MIDDLE LAST Lillian Edvartzen ANZJON		2. SEX Female	3a. DATE OF DEATH (Mo., Day, Yr.) December 31, 2001
3b. TIME OF DEATH (24 hr. clock) 0650		4. DATE OF BIRTH (Mo., Day, Yr.) Dec. 7, 1919	
5. AGE - Last Birthday 82		6. BIRTHPLACE (City & State or Foreign Country) Oslo, Norway	7. SOCIAL SECURITY NUMBER 528-38-4268
8a. PLACE OF DEATH (status codes for Hospital only): <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. EPU/Outpatient <input type="checkbox"/> 3. DOA <input checked="" type="checkbox"/> 4. Nursing Home <input type="checkbox"/> 5. Other (specify)		8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) Sandy Regional Health Center	
9. SURVIVING SPOUSE (if wife, give maiden name) Sandy Truls Anzjon		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 checked="" type="checkbox"/> 1. Never Married <input type="checkbox"/> 2. Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced		12. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired) Teller	
13a. RESIDENCE - STREET AND NUMBER 8947 South 1240 West		13b. CITY, TOWN OR COMMUNITY West Jordan	13c. COUNTY Salt Lake
13d. STATE Utah		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 (Do not mix race) White		16. EDUCATION (specify only highest grade completed) Elementary or Secondary (9-12) College (13-15 or 17+) -11-	
17. FATHER'S NAME (First, Middle, Last) Paulus Edvartzen		18. MAIDEN NAME OF MOTHER (First, Middle, Last) Helga Ness	
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Truls Anzjon, husband - 8947 South 1240 West, West Jordan, Utah 84088			
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. 4, 2002	21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Wasatch Lawn Memorial Park
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Spirk McDougal</i>		23. LICENSEE NUMBER 107019	24. FUNERAL HOME (Name and address) McDougal Funeral Home 4330 S. Redwood Road SLC, Utah 84123
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 12-19-01		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>Michael Jensen MD</i>		27c. LICENSE NUMBER 179048-1205	27d. DATE SIGNED (Month, Day, Year) 1-2-02
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print) Michael Jensen, M.D., 50 East 9000 South, Sandy, Utah 84070			
29. REGISTRAR'S SIGNATURE <i>Barry E Nangle</i>		30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) January 03, 2002	30b. DATE FILED (Mo., Day, Yr.) January 03, 2002
31. PART I. ENTER THE DISEASE, 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. Approximate Interval Between Onset and Death.			
IMMEDIATE CAUSE (Final disease or condition resulting in death) Myocardial Infarction		One day	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST		b. DUE TO (OR AS A CONSEQUENCE OF):	
c. DUE TO (OR AS A CONSEQUENCE OF):		d. DUE TO (OR AS A CONSEQUENCE OF):	
PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I. Heart disease, CHF, DM		32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: <input type="checkbox"/> 1. Probably contributed to the cause of death. <input checked="" 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 type="checkbox"/> 7. UNKNOWN IF USER <input type="checkbox"/> 4. Is unknown in relation to the cause of death.	
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 <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 checked="" 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: **JANUARY 03, 2002**

Barry E Nangle

County **SALT LAKE**

Barry E. Nangle
DIRECTOR OF VITAL RECORDS

Registrar *Barry E Nangle*
LL 949782



By *Ellen Freeman*



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