

Return to/Grantee's Address:
Betty J. Westenskow, Trustee of
The Betty Westenskow Family Trust
831 East Galena Drive
Sandy, Utah 84094

9340611
04/05/2005 09:02 AM \$14.00
Book - 9114 Pg - 3579-3581
GARY W. OTT
RECORDER, SALT LAKE COUNTY, UTAH
KYLE H BARRICK
5296 S COMMERCE DR STE 101
MURRAY UT 84107
BY: ZJM, DEPUTY - MA 3 P.

Serial No. 28-08-303-002

**CERTIFICATE OF IDENTITY, CERTIFICATE OF INCUMBENCY
AND SURVIVOR AFFIDAVIT**

I, BETTY JEAN WESTENSKOW, the Undersigned, do hereby under oath testify that I was married to CLAIR K. WESTENSKOW and we held the following property as: CLAIR K. WESTENSKOW and BETTY JEAN WESTENSKOW, his wife, as joint tenants with full rights of survivorship and not as tenants in common, at the time of his death on the 10th day of March, 1992, by a certain Warranty Deed recorded the 14th day of August, 1962, as Filing No. 1863134, Book 1953, Page 170. A copy of the death certificate acknowledging his death is attached hereto and by reference made a part hereof. The Undersigned further attests that her husband, now deceased, CLAIR K. WESTENSKOW, is the same person listed on the following described property located in Salt Lake County, State of Utah:

Lot 155, WHITE CITY NO. 2, in the County of Salt Lake, State of Utah, according to the plat thereof recorded in the office of the County Recorder of said County.

SALT LAKE CITY - COUNTY HEALTH DEPARTMENT
DIVISION OF VITAL STATISTICS
 STATE OF UTAH - DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

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

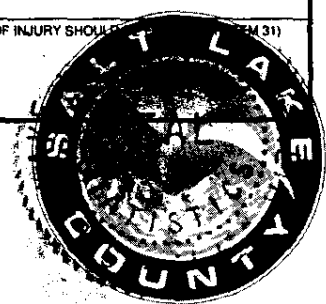
18-966

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. NAME OF DECEDENT FIRST MIDDLE LAST Clair K. WESTENSKOW			
2. SEX Male		3a. DATE OF DEATH (Mo., Day, Yr.) MARCH 10, 1992	
3b. TIME OF DEATH (24 hr. clock) 0955			
4. DATE OF BIRTH (Mo., Day, Yr.) JUNE 29, 1922		5. AGE - (Last Birthday) 69	
6. BIRTHPLACE (City & State or Foreign Country) Centerfield, Utah		7. SOCIAL SECURITY NUMBER 528-22-5151	
8a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other 8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location) 831 East Galena Drive			
8c. CITY, TOWN OR LOCATION OF DEATH Sandy, Utah		8d. COUNTY OF DEATH SALT LAKE	
9. SURVIVING SPOUSE (If wife, give maiden name) Betty Jean Willden			
10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11. MARITAL STATUS <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) Diamond Driller		12b. KIND OF BUSINESS OR INDUSTRY Mining	
13a. RESIDENCE - STREET AND NUMBER 831 East Galena Drive		13b. CITY, TOWN, OR COMMUNITY Sandy	
13c. COUNTY Salt Lake		13d. STATE Utah	
14. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, specify)		15. RACE - Black, White, Am. Indian (Type 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) Julius Frederick Westenskow		18. MAIDEN NAME OF MOTHER (First, Middle, Last) Lillies Chapman	
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT WIFE - Betty Jean W. Westenskow / 831 East Galena Drive / Sandy, Utah 84094			
20. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input type="checkbox"/> Donation <input type="checkbox"/> Other		21a. DATE OF DISPOSITION MAR. 13, 1992	
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Larkin Sunset Gardens Cemetery		21c. LOCATION - City or Town, State Salt Lake County - Sandy, Utah	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE Derry L. Richardson		23. LICENSEE NUMBER 0049408064	
24. FUNERAL HOME (Name, address and license number) # 88 LARKIN SUNSET GARDENS MORTUARY 10600 South 1700 East Sandy, Utah 84092			
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 2/20/92		26. If not certified by medical examiner, was death reported to M.E.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter the date and hour reported: M.E. Case No.	
27a. CERTIFIER <input checked="" type="checkbox"/> 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"/> 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 Donald L. Wilhelm MD		27c. LICENSE NUMBER 5993	
27d. DATE SIGNED (Mo., Day, Yr.) 3-16-92			
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Type/print) DONALD L WILHELM MD 9500 S 1300 E SANDY UTAH			
29. REGISTRAR'S SIGNATURE Harry L. Gibbons, M.D., M.P.H.		30. DATE FILED (Month, Day, Year) March 17, 1992	
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. <u>Budynsema</u> 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 b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____			
PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I <u>Cor pulmonale</u>		32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT <input type="checkbox"/> Probably contributed to the cause of death <input checked="" type="checkbox"/> Was the underlying cause of death <input type="checkbox"/> Did not contribute to the cause of death <input type="checkbox"/> Is unknown in relation to the cause of death <input type="checkbox"/> NON-USER	
33a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined if Injured Purposely or Accidentary <input type="checkbox"/> Pending Investigation		35a. DATE OF INJURY (Month, Day, Year) 35b. TIME OF INJURY (24 Hour Clock) 35c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> 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.	
35i. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE SPECIFIED IN ITEM 31)			

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

Mary Lee J. Mackay
 Mary Lee J. Mackay
 DEPUTY REGISTRAR



Date Issued MAR 20 1992
 28936

BK 9114 PG 3581