

# QUIT CLAIM DEED

0735-A  
10-079-0005-005

UTAH COUNTY, a body corporate and politic of the State of Utah  
Grantor, of County Building, Provo, Utah  
hereby QUIT CLAIM to Norman W. Berry and Carolyn D. Berry, as joint tenants  
with full right of survivorship

Grantee, of Cedar Fort Utah Utah  
Street Address City County State

for the sum of one dollar and other good and valuable consideration ~~DELETED~~  
the following described tract of land in Utah County,

State of Utah, to-wit: Survey description as follows: in Section 6, Township 6 South  
Range 2 West, Salt Lake Base and Meridian:

Commencing in a fence corner in the Northwest Corner  
of Block 15, Cedar Fort, Utah, South 88° 55' 54" East  
along the monument line 16.41 feet and South 1° 04' 06"  
West 27.10 feet from the Survey Monument near the centers  
of Church and 200 North Streets with grid coordinates  
X = 1,831,064.47, Y = 728,065.98 of the Utah State coord nate  
System, Central Zone, the basis of bearing; thence South  
88° 20' 26" East along a fence on the north line of the  
block 145.40 feet; thence South 1° 39' 34" West along  
a fence 4.00 feet; thence South 87° 29' 23" East along  
a fence 8.37 feet; thence South 1° 24' 47" West 279.88  
feet to an east-west fence line; thence North 89° 20' 27"  
West along a fence 137.03 feet to a fence corner on the  
west line of Block 15; thence North 9° 35' 40" West along  
a fence on the west block line 50.00 feet; thence North  
0° 19' 13" West along a fence on the block line 237.50  
feet to the point of beginning.  
Area = 0.973 Acres.

Formerly described as  
Lot 5 BK 15 A  
2805-71  
22522-005

Also know to be the same land recorded in Book 1225 Page 271.  
Signed by order of a resolution by the Board of County Commissioners,  
County of Utah, State of Utah, dated this 23rd day of August, 1976.

WITNESS THE HAND of said Grantor this third day of  
September, A. D. 1976.

Signed in the presence of

*L. D. Green*  
L. D. Green, Utah County Surveyor

STATE OF UTAH,  
County of Utah } ss.

On the third day of September, A. D. 1976, personally appeared  
before me, a Notary Public in and for the State of Utah, L. D. Green,  
Utah County Surveyor  
the signer of the above instrument, who duly acknowledged to me that he executed the same.

My commission expires August 8, 1980 Residing at American Fork, Utah

GRANTEE

*Verla Hal...*  
Notary Public  
OFFICE OF COUNTY SURVEYOR  
SEP-3 1976 11:29 AM  
RECORDED  
FEE  
ABS  
IND  
R  
Cedar Fort BK 15 A

BOOK 1497 PAGE 523  
22522

AFFIDAVIT

DEATH OF A JOINT TENANT

STATE OF UTAH )  
                  ) ss.  
COUNTY OF UTAH )

ENT 1422 BK 2571 PG 621  
NINA B REID UTAH CO RECORDER BY MB  
1989 JAN 18 12:24 PM FEE 8.00  
RECORDED FOR CAROLYN D BERRY

CAROLYN D. BERRY of legal age being first duly  
sworn deposes and says that NORMAN WILSON BERRY THE DECEDENT mentioned

in the attached Certificate of Death is the same person as NORMAN W. BERRY

named as one of the grantees in certain Warranty Deeds recorded in the Official  
Records of Utah County, State of Utah, to-wit:

All of Lot 5, Block 15, Plat "A", CEDAR FORT SURVEY OF  
BUILDING LOTS.

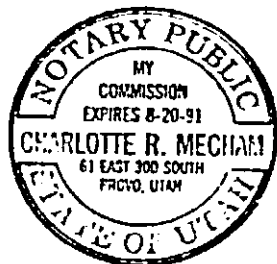
*Carolyn D. Berry*

Subscribed and sworn to before me, a Notary Public of the State of Utah, this  
18th day of JANUARY, 1989.

*Charlotte R. Mehan*  
Notary Public

Residing at PROVO, UTAH.

My Commission Expires: 8-20-91.



STATE OF UTAH - DEPARTMENT OF HEALTH

ENT 1422 BK 2571 PG 622

As required by the Utah Health Practices Act.

LOCAL FILE NUMBER **25 0750**

**CERTIFICATE OF DEATH**  
STATE OF UTAH - DEPARTMENT OF HEALTH

STATE FILE NUMBER

DECEDENT PERSONAL DATA	1. NAME OF DECEDENT FIRST: <b>NORMAN</b> MIDDLE: <b>WILSON</b> LAST: <b>BERRY</b>		2. SEX: <b>Male</b>	3. RACE (White, Black, Am Indian, etc.) Specify: <b>White</b>	4. DATE OF DEATH (Month, Day, Year) <b>August 29, 1987</b>
	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) <b>March 29, 1941</b>	7. AGE (Last Birthday) <b>46</b> Yrs	8. IF UNDER 1 year: Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HOURS: Hours <input type="checkbox"/> Minutes <input type="checkbox"/>
	9. BIRTHPLACE (State or foreign country) <b>Lehi, Utah</b>	10. CITIZEN OF what country <b>USA</b>	11. <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	12. EDUCATION—(Specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17+) <b>12</b>	13. SOCIAL SECURITY NUMBER <b>528-56-4468</b>
	14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Preservation Servicer</b>		15. KIND OF BUSINESS OR INDUSTRY <b>General Supply</b>		16. NAME of surviving spouse (If wife, enter maiden name) <b>Carolyn Degelbeck</b>
USUAL RESIDENCE	17. NAME OF FATHER <b>Allen Reid Berry</b>		18. MAIDEN NAME OF MOTHER <b>Ruth Wilson</b>		19. <input type="checkbox"/> Was Decedent ever in U.S. Armed Forces? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	20. USUAL RESIDENCE—(Street address or location) <b>178 No. Church St.</b>		21. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	22. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT <b>Mrs. Carolyn D. Berry (wife)</b> <b>178 No. Church St.</b> <b>Cedar Fort, Utah 84013</b>	
	23. CITY OR TOWN <b>Cedar Fort</b>	24. COUNTY <b>Utah</b>	25. STATE AND ZIP CODE <b>Utah 84013</b>		
PLACE OF DEATH	26. NAME of hospital, nursing home or other institution where death occurred (If outside an institution, give street address or location) <b>American Fork Hospital</b>		27. <input type="checkbox"/> Inpatient <input type="checkbox"/> ED patient <input type="checkbox"/> DDA	28. CITY OR TOWN <b>American Fork</b>	29. COUNTY <b>Utah</b>
MEDICAL EXAMINER OR PHYSICIAN'S CERTIFICATION	30. 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 investigation of the circumstances. 31a. Decedent was pronounced dead at: HOUR <b>8</b> DATE <b>Sept. 2, 1987</b>		31b. PHYSICIAN OR MEDICAL EXAMINER SIGNATURE <i>Walter W. Howard</i>		31c. TIME of death (24 hr. clock) <b>1845</b>
	32. PHYSICIAN: 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: month <b>Aug</b> day <b>29</b> year <b>1987</b>		33. CERTIFIER'S name and title (Type or print) <b>Walter W. Howard M.D.</b>	34. DATE SIGNED (Month, Day, Year) <b>8/29/87</b>	
	35. If not certified by medical examiner, was death reported to him? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, enter the date and hour reported: M E Case No.		36. CERTIFIER'S address and zip code <b>1204 1220 E American Fork Utah 84003</b>	37. UTAH PHYSICIAN LICENSE NUMBER <b>6857</b>	
FUNERAL DIRECTOR AND LOCAL REGISTRAR	38. HOUR <b>1915</b> MO <b>8</b> DAY <b>29</b> YEAR <b>87</b>		39. SIGNATURE of Funeral Director <i>Edward A. Wing</i>		40. FUNERAL HOME—Name, address and license number <b>Wing Mortuary Lehi, Utah #76</b>
	41. NAME AND LOCATION OF CEMETERY OR CREMATORY <b>Cedar Fort Cemetery Cedar Fort, UT.</b>		42. LOCAL REGISTRAR'S Signature <i>Joseph K. Miner, MD</i>		43. Date accepted for registration by local registrar <b>AUG 31 1987</b>
CAUSE OF DEATH	44. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE: (Enter only one cause on line (A, B and C)) (A) <b>Cardiopulmonary arrest</b>		Internal between onset and death		
	45. CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST. (B) <b>Cor Pulmonale</b> (C) <b>Resection of Lung Disease due to scoliosis</b>		Internal between onset and death <b>5 years</b> Internal between onset and death <b>Lifelong</b>		
INJURY INFORMATION	46. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.		47. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		48. IF YES, were findings considered in determining cause of death? YES <input type="checkbox"/> NO <input type="checkbox"/>
	49. Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined if Injured <input type="checkbox"/> Homicide <input type="checkbox"/> Accident or Purposely <input type="checkbox"/>		50. DATE of Injury (Month, Day, Year)	51. TIME OF INJURY (24 Hour Clock)	52. INJURY AT WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>
	53. LOCATION OF INJURY—STREET AND NUMBER OR LOCATION AND CITY OR TOWN.		54. Distance from place of injury to usual residence (Item 18) Miles	55. Were laboratory tests done for drugs or toxic chemicals?	56. Were laboratory tests done for alcohol?
57. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)					

10193

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 26-2-26 of the Utah Code Annotated, 1953 As Amended.

Date Issued **AUG 31 1987**

County **UTAH**

By **Joseph K. Miner, MD**

L 105822

*John E. Brockert*  
John E. Brockert  
DIRECTOR OF VITAL STATISTICS  
By *James Turner*  
DEPUTY

