

4850149

F-9816

Recorded at Request of _____
 at _____ M. Fee Paid \$ _____
 by _____ Dep. Book _____ Page _____ Ref.: _____
 Mail tax notice to Jo Ellen Crockett Address 2695 S. 1500 E., Salt Lake City, Utah
 84106

WARRANTY DEED

ROBERT L. HEALY, sole determined heir of FRANKIE LYNN HEALY, deceased
 of SALT LAKE CITY, County of SALT LAKE, State of Utah, hereby
 CONVEY and WARRANT to _____ grantor

JOELLEN CROCKETT, an unmarried woman and BETTY JO CROCKETT, an unmarried woman,
 as joint tenants with full rights of survivorship

of SALT LAKE CITY, COUNTY OF SALT LAKE, STATE OF UTAH for the sum of
 TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATIONS _____ DOLLARS, grantee

the following described tract of land in SALT LAKE County,
 State of Utah:

All of Lot 1728 and 1729, HIGHLAND PARK PLAT "A", according to the official plat
 thereof, recorded in the office of the County Recorder of Salt Lake County, Utah.

Handwritten initials

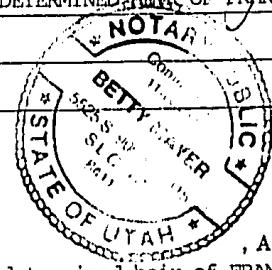
4850149
 20 NOVEMBER 89 03:53 PM
 KATIE L. DIXON
 RECORDER, SALT LAKE COUNTY, UTAH
 FOUNDERS TITLE
 REC BY: REBECCA GRAY, DEPUTY

SUBJECT TO: easements, restrictions and rights of way appearing of record or
 enforceable in law and equity.

WITNESS, the hand of said grantor, this _____ 17th day of
 November, A. D. 1989

Signed in the Presence of _____

Robert L. Healy
 ROBERT L. HEALY
 SOLE DETERMINED HEIR OF FRANKIE LYNN
 HEALY



STATE OF UTAH, }
 County of Salt Lake } ss.

On the 17th day of November, A. D. 1989
 personally appeared before me ROBERT L. HEALY, sole determined heir of FRANKIE LYNN
 HEALY the signer of the within instrument, who duly acknowledged to me that he executed the
 same.

Betty Sawyer
 Notary Public.

My commission expires 11-4-93 Residing in Salt Lake City, Utah

BOOK 617 PAGE 1085

8947633

AMERICA FIRST FEDERAL CREDIT UNION
P.O. Box 9199
Ogden, UT 84409-0199

8947633
01/12/2004 04:17 PM 13.00
Book - 8933 Pg - 2177-2178
GARY W. OTT
RECORDER, SALT LAKE COUNTY, UTAH
FIRST AMERICAN TITLE
BY: SEM, DEPUTY - WI 2 P.

FIRST AMERICAN TITLE#4227564
370119-0.7

AFFIDAVIT OF DEATH

JOELLEN CROCKETT, being first duly sworn upon oath deposes and says that he/she was well and personally acquainted with BETTY JO CROCKETT, one of the Grantees in deed recorded in Book 8403, of records, Page 1613, Records of SALT LAKE County, State of UTAH; that he knows the said BETTY JO CROCKETT to be the same person as BETTY JO CROCKETT whose death certificate is attached hereto.

Legal Description:

ALL OF LOT 1728 AND 1729. HIGHLAND PARK PLAT #A#. ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE AND OF RECORD IN THE SALT LAKE COUNTY RECORDER'S OFFICE.

COURTESY RECORDING

This recording is being recorded solely as a courtesy and no responsibility is assumed by the insurance company hereby recording to assume any responsibility or liability for the validity of the instrument thereof.

Property Address: 2695 SOUTH 1500 EAST, SALT LAKE CITY, UT 84106
Property Tax I.D. # 16-21-376-015-0000

Dated this 7TH day of JANUARY, 2004

Joellen Crockett
JOELLEN CROCKETT

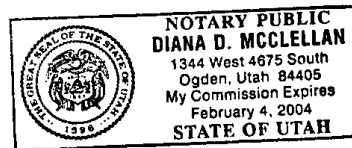
STATE OF UTAH
COUNTY OF SALT LAKE

On the 7 day of JANUARY, 2004, personally appeared before me Joellen Crockett, the signed of the foregoing instrument, who acknowledged to me that they executed the same.

X Diana D. McClellan
NOTARY PUBLIC
My Commission Expires: 2/4/04

Residing at: SALT LAKE CITY

Affidavit of Death Rev. 05/03



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 Utah Statistics Act and Rules.		LOCAL FILE NUMBER 18-1938	STATE FILE NUMBER
1. NAME OF DECEDENT FIRST: Betty Jo MIDDLE: Lee LAST: Crockett		2. SEX: Female	3a. DATE OF DEATH (Mo., Day, Yr.): Apr 25, 2002
4. DATE OF BIRTH (Mo., Day, Yr.): Dec 10, 1924		5. AGE - Last Birthday: 77	6. BIRTHPLACE (City & State or Foreign Country): Weiser, Idaho
7. SOCIAL SECURITY NUMBER: 529-18-3934		8. TIME OF DEATH (24 hr. clock): 01:00	
9a. PLACE OF DEATH (check only): <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA		9b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location): Care Source The Residence	
10. CITY, TOWN, OR LOCATION OF DEATH: Salt Lake City		11. COUNTY OF DEATH: Salt Lake	
12. SURVIVING SPOUSE (if wife, give maiden name)			
13. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		14. MARITAL STATUS: <input type="checkbox"/> 1. Never Married <input checked="" type="checkbox"/> 2. Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced	
15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired): Teacher		16. KIND OF BUSINESS OR INDUSTRY: Elementary Education	
17a. RESIDENCE - STREET AND NUMBER: 869 Three Fountains Drive #239		17b. CITY, TOWN OR COMMUNITY: Murray	
17c. COUNTY: Salt Lake		17d. STATE: UT	
18. INSIDE CITY LIMITS? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		19. ZIP CODE: 84107	
20. HAS 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)		21. RACE - Black, White, Am. Indian (tribe may be entered), Japanese, etc. (Specify): White	
22. EDUCATION (Specify only highest grade completed): Elementary or Secondary (9-12) College (13-16 or 17+)		23. MAIDEN NAME OF MOTHER (First, Middle, Last): Golda Alice Anderson	
17. FATHER'S NAME (First, Middle, Last): William Orme Lee			
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT: LeeAnn Crockett Daughter 1323 E. Parkway Ave., Salt Lake City, UT 84106			
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		21. DATE OF DISPOSITION: Apr 30, 2002	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE: <i>John R. Housh</i>		23. LICENSE NUMBER: 100289	
24. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN: 4/24/02		25. PLACE OF DISPOSITION (name of cemetery, crematory, or other place): Bountiful City Cemetery	
26. 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.		27. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN: 4/24/02	
27b. SIGNATURE AND TITLE OF CERTIFIER: <i>Gregory Miller M.D.</i>		27c. LICENSE NUMBER: 432591331205	
27d. DATE SIGNED (Month, Day, Year): 4/24/02		28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print): Gregory Miller M.D. 1624 East 4500 South, Salt Lake City, UT 84117 (801)266-7200	
29. REGISTRAR'S SIGNATURE: <i>Patti Covey</i>		30. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.): April 29, 2002	
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. a. Metastatic Pancreatic Cancer		Approximate Interval Between Onset and Death: 8 weeks	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		b. 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		c. 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		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	
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 Purposefully or Accidentally		33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
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

SDH-BVRHS 95 (9/96)

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: **APRIL 30, 2002**
County: **SALT LAKE**
Registrar: *Patti Covey*

Barry E Nangle
Barry E. Nangle
DIRECTOR OF VITAL RECORDS

By *Ellen Freeman*

LL 971566



BK 8933 PG 2178



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