

6900823

RECORDED AT THE REQUEST OF \_\_\_\_\_  
at \_\_\_\_\_ .M. FEE PAID \_\_\_\_\_  
by \_\_\_\_\_ Dep. Book \_\_\_\_\_ Page \_\_\_\_\_ Ref. \_\_\_\_\_  
Mail Tax Notice to Grantee: \_\_\_\_\_ Address 1977 East Mill Corner Circle  
Salt Lake City, Utah 84106

WARRANTY DEED

ROGER KNIGHT  
of SALT LAKE CITY, \_\_\_\_\_, County of SALT LAKE \_\_\_\_\_, State of Utah, hereby  
CONVEYS AND WARRANTS to \_\_\_\_\_ grantor

GAMINI U. GUNAWARDENA and KUSHLANI GUNAWARDENA, HUSBAND AND WIFE, AS JOINT  
TENANTS

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

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

CONTINUED ON RIDER ATTACHED HERETO

WITNESS the hand of said grantor this \_\_\_\_\_ 20 \_\_\_\_\_ day of  
March \_\_\_\_\_, A. D. 1998.

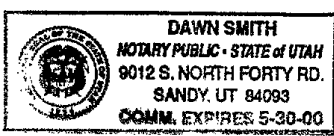
Signed in the Presence of ) \_\_\_\_\_  
) \_\_\_\_\_  
) \_\_\_\_\_  
) \_\_\_\_\_  
) \_\_\_\_\_  
) \_\_\_\_\_  
) \_\_\_\_\_  
) \_\_\_\_\_  
) \_\_\_\_\_  
) \_\_\_\_\_  
) \_\_\_\_\_

STATE OF UTAH )  
)  
COUNTY OF Salt Lake )

On the \_\_\_\_\_ 20 \_\_\_\_\_ day of \_\_\_\_\_ March \_\_\_\_\_, A. D. 1998,  
personally appeared before me ROGER KNIGHT

the signer of the within instrument, who duly acknowledged to me that he  
executed the same.

\_\_\_\_\_  
Notary Public  
Residing At: Salt Lake City, Utah  
Commission Expires: 05/30/00



GT #145226

BK 7918P60256

LEGAL DESCRIPTION:

Unit No. 4, contained within the VILLAS AT MILLCREEK CORNER, a Utah Condominium Project, as the same is identified in the Record of Survey Map recorded in Salt Lake County, Utah, recorded April 29, 1996, as Entry No. 5342357, in Book 96-4P, at Page 137, and in the Declaration of Covenants, Conditions and Restrictions of VILLAS AT MILLCREEK CORNER, recorded April 29, 1996, as Entry No. 6342358, in Book 7386, at Page 539, and any amendments or supplements thereto.

TOGETHER WITH: (a) The undivided ownership interest in said Condominium Project's Common Areas and Facilities which is appurtenant to said unit, (the referenced Declaration of Condominium providing for periodic alteration both in the magnitude of said undivided ownership interest and in the composition of the Common Areas and Facilities to which said interest relates); (b) The exclusive right to use and enjoy each of the Limited Common Areas which is appurtenant to said Unit, and (c) The nonexclusive right to use and enjoy the Common Areas and Facilities included in said Condominium Project (as said Project may hereafter be expanded) in accordance with the aforesaid Declaration and Survey Map (as said Declaration and Map may hereafter be amended or supplemented) and the Utah Condominium Ownership Act.

(For reference purposes only: Tax Parcel No. 16-28-484-004)

Subject to easements, restrictions and rights-of-way currently of record and general property taxes for the year 1998 and thereafter.

6900823  
03/23/98 4:02 PM 12.00  
NANCY WORKMAN  
RECORDER, SALT LAKE COUNTY, UTAH  
GUARDIAN TITLE  
REC BY: N ZELAYA ,DEPUTY - WI

BK7918PG0257

11080608  
11/22/2010 2:19:00 PM \$14.00  
Book - 9881 Pg - 2461-2463  
Gary W. Ott  
Recorder, Salt Lake County, UT  
MOUNTAIN VIEW TITLE & ESCROW  
BY: eCASH, DEPUTY - EF 3 P.

Order No: 106142  
When recorded mail to:  
Gamini U. Gunawardena  
1977 East Mill Corner Circle  
Salt Lake City, UT 84106


**AFFIDAVIT**

Gamini U. Gunawardena, being first duly sworn on oath, deposes and say that Kushlani Gunawardena, who is named in that State of Utah Certificate of Death which bears file number 18-1273 a copy of which is attached hereto and referenced as Exhibit "B", and who died in Salt Lake City, Utah, on March 13, 2004 and that affiant knows of his/her own knowledge that said Kushlani Gunawardena, is one and the same person as that Kushlani Gunawardena, who is named in that certain deed wherein Roger Knight, as Grantor, conveyed title to Gamini U. Gunawardena and Kushlani Gunawardena, husband and wife, as joint tenants, as Grantees, as joint tenants with full rights of survivorship. Said Deed was recorded in the Office of the Salt Lake County Recorder, as Entry Number 6900823, in Book and at Page. Said real property is described as follows:

**SEE ATTACHED EXHIBIT "A"**

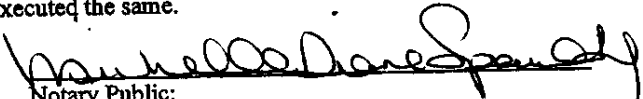
Serial Number: 16-28-484-004

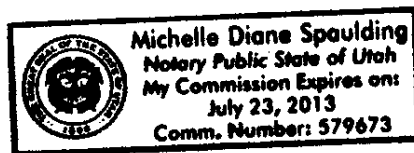
Dated: November 16, 2010

  
\_\_\_\_\_  
Gamini U. Gunawardena

State of Utah )  
County of Salt Lake )

On the 16th day of November, 2010 personally appeared before me Gamini U. Gunawardena the signer of the within instrument, who duly acknowledged that he/she executed the same.

  
\_\_\_\_\_  
Notary Public:



**EXHIBIT "A"**

**UNIT NO. 4, CONTAINED WITHIN THE VILLAS AT MILLCREEK CORNER, A UTAH CONDOMINIUM PROJECT, AS THE SAME IS IDENTIFIED IN THE RECORD OF SURVEY MAP RECORDED IN SALT LAKE COUNTY, UTAH AS ENTRY NO. 6342357, IN BOOK 96-4P, AT PAGE 137, AND IN THE DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTION AND BYLAWS OF THE VILLAS AT MILLCREEK CORNER, RECORDED IN SALT LAKE COUNTY, ON APRIL 29, 1996, AS ENTRY NO. 6342258, IN BOOK 7386, AT PAGE 539, AND ANY AMENDMENTS AND OR SUPPLEMENTS THERETO OF THE OFFICIAL RECORDS.**

**TOGETHER WITH: (A) THE UNDIVIDED OWNERSHIP INTEREST IN SAID CONDOMINIUM PROJECT'S COMMON AREAS AND FACILITIES WHICH IS APPURTENANT TO SAID UNIT, ( THE REFERENCED DECLARATION OF CONDOMINIUM PROVIDING FOR PERIODIC ALTERATION BOTH IN THE MAGNITUDE OF SAID UNDIVIDED OWNERSHIP INTEREST AND IN THE COMPOSITION OF THE COMMON AREAS AND FACILITIES TO WHICH SAID INTEREST RELATES; (B) THE EXCLUSIVE RIGHT TO USE AND ENJOY EACH OF THE LIMITED COMMON AREAS WHICH IS APPURTENANT TO SAID UNIT, AND (C) THE NON-EXCLUSIVE RIGHT TO USE AND ENJOY THE COMMON AREAS AND FACILITIES INCLUDED IN SAID CONDOMINIUM PROJECT (AS SAID PROJECT MAY HEREAFTER BE EXPANDED) IN ACCORDANCE WITH THE AFORESAID DECLARATION AND SURVEY MAP (AS SAID DECLARATION AND MAP MAY HEREAFTER BE AMENDED OR SUPPLEMENTED) AND THE UTAH CONDOMINIUM OWNERSHIP ACT.**

Serial Number: 16-28-484-004

# STATE OF UTAH — DEPARTMENT OF HEALTH

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

Agree to information on this form is based upon the Utah Statute Act No. 10

LOCAL FILE NUMBER **18-1273**

STATE FILE NUMBER

1. NAME OF DECEDENT <b>Kushlani</b>			2. SEX <b>Female</b>		3a. DATE OF BIRTH (Mo., Day, Yr.) <b>March 13 2004</b>		3b. TIME OF DEATH (Mo., Day, Yr.) <b>9:31</b>			
4. DATE OF BIRTH (Mo., Day, Yr.) <b>March 18, 1959</b>			5. AGE - Last birthday <b>44</b>		6. BIRTHPLACE (City & State or Foreign Country) <b>Sri Lanka</b>		7. SOCIAL SECURITY NUMBER <b>299-84-4944</b>			
8a. PLACE OF DEATH (check only one) <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. SOA <input type="checkbox"/> 4. Nursing Home <input type="checkbox"/> 5. Home <input type="checkbox"/> 6. Residence (any) <input type="checkbox"/> 7. Other (Specify)								8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location) <b>University Hospital</b>		
9a. CITY, TOWN, OR LOCATION OF DEATH <b>Salt Lake City</b>				9b. COUNTY OF DEATH <b>Salt Lake</b>		9c. SURVIVING SPOUSE (If wife, give maiden name) <b>Gamini Upul Gunawardena</b>				
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 type="checkbox"/> 2. Widowed <input type="checkbox"/> 3. Married <input type="checkbox"/> 4. Divorced		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired) <b>Senior Research Specialist</b>		12b. KIND OF BUSINESS OR INDUSTRY <b>Endocrinology</b>			
13a. RESIDENCE - STREET AND NUMBER <b>1977 East Mill Corner Circle</b>				13b. CITY, TOWN OR COMMUNITY <b>Salt Lake City</b>		13c. COUNTY <b>Salt Lake</b>		13d. STATE <b>Utah</b>		
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		13f. ZIP CODE <b>84106</b>		14. WAS DECEDENT OF HISPANIC ORIGIN? (If not, 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 check more than one, Japanese, etc. (Specify)) <b>South Asian</b>		16. EDUCATION (Specify any degree or certificate) <b>MD</b>		
17. FATHER'S NAME (First, Middle, Last) <b>Don Martinus Chapman Amarasekera</b>					18. MAIDEN NAME OF MOTHER (First, Middle, Last) <b>Hemamali Gamaladh</b>					
19. INFORMANT <b>Gamini U. Gunawardena, husband, 1977 E. Mill Corner Circle, Salt Lake City, Utah 84106</b>										
20. METHOD OF DISPOSITION <input type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Cremation <input type="checkbox"/> 3. Other <input checked="" type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Donation <input type="checkbox"/> 6. Reinterment			21a. DATE OF DISPOSITION <b>March 17, 2004</b>		21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Alternative Society of Utah</b>		21c. LOCATION - City or town, state <b>Lindon, Utah</b>			
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Barry E. Nangle</i>				23. LICENSE NUMBER <b>115445</b>		24. FUNERAL HOME (Name and address) <b>4813025-0901 SereniCare, LLC, 8535 South 700 West #2 Sandy, Utah 84070</b>				
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFIED PHYSICIAN <b>March 13 2004</b>			26. If not certified by medical practitioner, with 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. SIGNATURE AND TITLE OF CERTIFIER <i>John H. Ward, MD</i> <b>John H. Ward, M.D., 50 North Medical Drive Salt Lake City, Utah 84132</b>				
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. LICENSE NUMBER <b>71-114613-1005</b>		27c. DATE SIGNED (Month, Day, Year) <b>March 17, 2004</b>					
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Form 31) (Type/Print) <b>John H. Ward, M.D., 50 North Medical Drive Salt Lake City, Utah 84132</b>					29a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) <b>March 17, 2004</b>		29b. DATE FILED (Mo., Day, Yr.)			
29. REGISTRAR'S SIGNATURE <i>Barry E. Nangle</i>			30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) <b>March 17, 2004</b>		30b. DATE FILED (Mo., Day, Yr.)		31. PART 1: ENTER THE DISEASE, INJURY, OR COMPLICATION THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARING, SUFFOCATION, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. <b>Breast cancer</b>			
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Breast cancer</b>			DUE TO (OR AS A CONSEQUENCE OF):			32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: <input type="checkbox"/> 1. Regularly smoked, severe habit of addict <input type="checkbox"/> 2. Occasional user <input type="checkbox"/> 3. Did not contribute to the cause of death <input type="checkbox"/> 4. It is unknown in relation to the cause of death.				
Sequitely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that induced events resulting in death) LAST.			DUE TO (OR AS A CONSEQUENCE OF):			33. WAS AN AUTO-BY PERFORMED? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No				
DUE TO (OR AS A CONSEQUENCE OF):			DUE TO (OR AS A CONSEQUENCE OF):			34. MANNER OF DEATH <input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accidents <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Undetermined <input type="checkbox"/> 6. Pending Investigation				
34. MANNER OF DEATH			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 (If home, tent, vehicle, boat, trailer, etc. (Specify))	
35d. PLACE OF INJURY (If home, tent, vehicle, boat, trailer, etc. (Specify))			35e. LOCATION (Street or rural route number, city or town, county and state)			35f. If motor vehicle accident specify if driver, passenger or pedestrian.				
35g. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury; NATURE OF INJURY should be stated (Form 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.

**RAISED SEAL**

Date Issued: **MARCH 17, 2004**  
 County: **SALT LAKE**  
 Registrar: **SALT LAKE**

*Barry E. Nangle*  
**Barry E. Nangle**  
 DIRECTOR OF VITAL RECORDS

By *Ellen Freeman*



USE PERMANENT BLACK INK

LL01348720



\* 0 1 3 4 8 7 2 0 \*

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