

WARRANTY DEED

BOOK 209 PAGE 373

BYRON K. ARMSTRONG & DELLA H. ARMSTRONG, his wife,
grantor s of Brigham City, County of Box Elder, State of Utah, hereby
CONVEY and WARRANT to

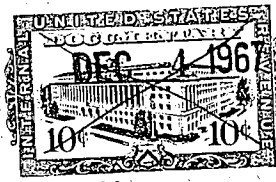
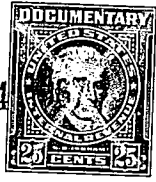
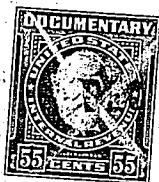
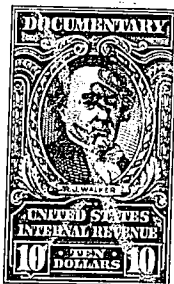
THOMAS E. PURDUE & HAZEL B. PURDUE, his wife, as joint tenants with
full rights of survivorship to the survivor thereof and not as tenants
in common,

grantee s of Brigham City, Utah
for the sum of TEN DOLLARS & OTHER CONSIDERATION-----
the following described tract of land in Box Elder County, State of Utah:

Brigham City Survey
Lot 9, Block 7, Sunset Heights # 1, (less beginning at a
point 69 feet North 14° 33' 59" West of the Southeast
corner of Lot 9, Block 7, Sunset Heights Addition # 1,
thence North 38° 36' 59" West 28.55 feet, thence North
14° 17' 59" West 14.33 feet, thence to the left on an
Arc whose radius is 50.0', a distance of 11.68 feet thence
South 14° 33' 59" East to point of beginning) and in-
cluding all appurtenances thereunto belonging.

Subject to Protective Covenants recorded in Book 123 of
Records, Page 609, Records of Box Elder County, Utah

Subject to Utility Easement over the South 8 feet as
shown on recorded plat.

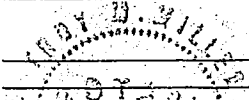


WITNESS, the hand s of said grantor s, this 25th day of November A. D. 19 67

Signed in the presence of

Ray M. Miller

Byron K. Armstrong
Della H. Armstrong



STATE OF UTAH
County of Box Elder ss.

On the 25th day of November
A. D. 19 67, personally appeared before me
BYRON K. ARMSTRONG & DELLA H.
ARMSTRONG, his wife,

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

Ray M. Miller

Commission expires: 8/21/71 Notary Public
Residing in Brigham City, Utah

RECORDING DATA

Entry No. 14316H ✓ Fee \$ 2.00

RECORDED INDEXED
PLATTED ABSTRACTED
COMPARED DELIVERED

NOV 28 1967

RECORDED _____ TIME 9:00 A.M.

FEE \$ 2.00 BOOK 209 PAGE 373

MARGARET R. EVANS, RECORDER
BOXELDER COUNTY, UTAH

BY *Lois G. Hinshaker* DEPUTY

ABST'D. IN BOOK *1* OF *Low* PAGE *373* *7* ✓

DP-552
03-039-0014

AFFIDAVIT

Ent 193875 Bk 875 Pg 220
Date 3-Dec-2003 11:46AM Fee \$12.00
LuAnn Adams - Filed By mm
Box Elder Co., UT
For CENTENNIAL TITLE INS AGENCY INC
03-039-0014

COMES NOW THE UNDERSIGNED LARRY VAUGHN, AND BEING ON OATH FIRST DULY DEPOSES AND SAYS:

1. THAT I AM A CITIZEN OF THE UNITED STATES OF LEGAL AGE AND CAPACITY AND COMPETENT TO MAKE THIS AFFIDAVIT.
2. THAT I WAS PERSONALLY ACQUAINTED WITH THOMAS E PURDUE.
3. That the THOMAS ERSEL PURDUE named in the attached DEATH CERTIFICATE and the THOMAS E PURDUE who took title to the property described below in that certain Warranty Deed Dated NOVEMBER 25, 1967, Recorded NOVEMBER 28, 1967, in Book 209 on Page 373 as Entry # 14316H in the office of the Recorder of Box Elder County, Utah, ARE ONE AND THE SAME.

The land referred to in this affidavit is in the State of Utah, County of BOX ELDER and is described as follows:

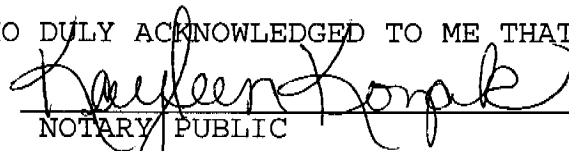
LOT 9, BLOCK 7, SUNSET HEIGHTS ADDITION #1, BRIGHAM CITY SURVEY.
LESS: BEGINNING AT A POINT 69 FEET NORTH 14°33'59" WEST OF THE SOUTHEAST CORNER OF SAID LOT 9 AND BLOCK 7, AND RUNNING THENCE NORTH 38°36'59" WEST 28.55 FEET; THENCE NORTH 14°17'59" WEST 14.33 FEET; THENCE TO THE LEFT ON AN ARC WHOSE RADIUS IS 50.00 FEET FOR A DISTANCE OF 11.68 FEET; THENCE SOUTH 14°33'59" EAST TO THE POINT OF BEGINNING.


LARRY VAUGHN

STATE OF UTAH) ss.
COUNTY OF BOX ELDER)

ON THE 2nd DAY OF DECEMBER, A.D., 2003, PERSONALLY APPEARED BEFORE ME
LARRY VAUGHN

THE SIGNER OF THE WITHIN INSTRUMENT, WHO DULY ACKNOWLEDGED TO ME THAT HE EXECUTED THE SAME.


NOTARY PUBLIC

MY COMMISSION EXPIRES:
RESIDING IN: BRIGHAM CITY

CENTENNIAL TITLE
695 SOUTH MAIN SUITE 5
BRIGHAM CITY, UTAH 84302



STATE OF UTAH — DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Ent 193875 Bk 875 Pg 2

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

LOCAL FILE NUMBER 29-70-01

STATE FILE NUMBER

USE PERMANENT BLACK INK	1. NAME OF DECEDENT FIRST MIDDLE LAST Thomas Ersel Purdue			2. SEX Male	3a. DATE OF DEATH (Mo., Day, Yr) Jan 12, 2001	3b. TIME OF DEATH (24 hr clock) 1205
	4. DATE OF BIRTH (Mo., Day, Yr) Feb 8, 1931		5. AGE - Last Birthday 69	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS Hours Minutes	6. BIRTHPLACE (City & State or Foreign Country) Ogden, UT
	8a. PLACE OF DEATH (check only) <input checked="" type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DDA <input type="checkbox"/> 4. Other (specify)		8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) McKay-Dee Hospital			
	9a. CITY, TOWN OR LOCATION OF DEATH Ogden			9b. SURVIVING SPOUSE (if wife, give maiden name) Hazel Anne Batchelor		
	10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		11. MARITAL STATUS <input type="checkbox"/> 1. Never Married <input type="checkbox"/> 3. Widowed <input checked="" type="checkbox"/> 2. 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) Pharmacist	
	13a. RESIDENCE - STREET AND NUMBER 636 Wade Place		13b. CITY, TOWN, OR COMMUNITY Brigham City		13c. COUNTY Box Elder	13d. STATE UT
	13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	13f. ZIP CODE 84302	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 (0-12) College (13-16 or 17+) 17
	17. FATHER'S NAME (First, Middle, Last) William C. Purdue			18. MAIDEN NAME OF MOTHER (First, Middle, Last) Esther Ann Dransfield		
	19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Hazel Purdue Wife 636 Wade Place, Brigham City, UT 84302					
	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 17, 2001		21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Brigham City Cemetery	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Greg Myers</i>		23. LICENSEE NUMBER 113970		24. FUNERAL HOME (Name and address) Myers Mortuary-101696		
25. DATE DECEDENT WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 1/11/01		26. If not certified by medical examiner, was death reported to M.E.? If yes, enter the date and hour reported. <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No M.E. CASE NO. _____ HR. _____ MO. _____ DAY _____ YEAR _____		205 South 100 East Brigham City, UT 84302-		
27a. CERTIFIER <input checked="" type="checkbox"/> 1. CERTIFYING PHYSICIAN <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>John R. Markeson M.D.</i>			27c. LICENSE NUMBER 781633621205		27d. DATE SIGNED (Mo., Day, Yr.) 1/15/01	
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Type Print) John R. Markeson M.D. 600 W. Hospital Dr., Brigham City, UT 84302						
29. REGISTRAR'S SIGNATURE <i>Craig Jennings</i>			30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)		30b. DATE FILED (Mo., Day, Yr.) JAN 23 2001	
31. PART I OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>Cirrhosis</i> DUE TO (OR AS A CONSEQUENCE OF): b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ Approximate Interval Between Onset And Death: <i>3 months</i>						
PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I <i>Diabetes, Pancreatic Cancer, Multiple Myeloma</i>		32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT <input type="checkbox"/> 1. Probably contributed to the cause of death. <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"/> 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 if injured Purposely or Accidentally <input type="checkbox"/> 6. Pending Investigation		35a. DATE OF INJURY (Mo., Day, Yr.)		35b. TIME OF INJURY (24 Hour Clock) <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		
35c. LOCATION (Street or rural route number, city or town, county and state)		35d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)				
35e. 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: JAN 23 2001

County: WEBER

Registrar: *Craig Jennings*

Barry E Nangle

Barry E. Nangle
DIRECTOR OF VITAL RECORDS

By *[Signature]*

LL 773803

