

BOOK 1067
0722648
PAGE 1042
EN PT AB

RECORDED AT REQUEST OF
U.S. Title
1985 DEC 30 AM 10:55
CAROL DEAN PAGE
DAVIS COUNTY RECORDER
DEPUTY [Signature] FEE 5.00

WHEN RECORDED MAIL TO:
FREDERICK F. SEED, JR.
338 WEST 1425 NORTH
SUNSET, UTAH 84015

Recorded at the Request of U.S. TITLE OF UTAH ORDER NO. D-5935
at _____ M. Fee paid \$ _____
by _____ Dep. Book _____ Page _____ Ref. _____
Mail tax notice to FREDERICK F. SEED, JR Address 338 WEST 1425 NORTH
SUNSET, UTAH 84015

WARRANTY DEED

DAVID L. JONES and SHERI L. JONES, husband and wife, as
Joint tenants, _____ grantor(s)
of _____, County of _____, State of Utah, hereby
CONVEY and WARRANT to _____

FREDERICK F. SEEDS, JR. and LILA SEEDS, son and mother, as joint
tenants with full rights of survivorship,

_____ grantee(s)
of SUNSET, COUNTY OF DAVIS, STATE OF UTAH for the sum of
TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION-----DOLLARS

THE FOLLOWING DESCRIBED TRACT OF LAND IN DAVIS County,
State of Utah:

All of Lot 7, BUENA VISTA SUBDIVISION NO. 3, a subdivision of part of
Section 26, Township 5 North, Range 2 West, in the Town of Sunset,
according to the official plat thereof.

Subject to easements, restrictions and rights of way appearing of
record, or enforceable in law and equity.

RECORDER'S MEMO
LEGIBILITY OF TYPING OR PRINTING
UNSATISFACTORY IN THE DOCUMENT
WHEN RECEIVED.

WITNESS, the hands of said grantors, this 23rd day of
AUGUST, A.D. 1985.

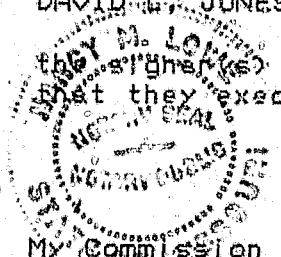
Signed in the Presence of

< _____
> DAVID L. JONES
< _____
> SHERI L. JONES
< _____
> _____
< _____
> _____
< _____
> _____

STATE OF MISSOURI)
COUNTY OF PETTIS)

On the 28th day of AUGUST, A.D. 1985
personally appeared before me, a Notary Public in and for Pettis County,
DAVID L. JONES and SHERI L. JONES and

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



Nancy M. Lowe
Nancy M. Lowe NOTARY PUBLIC

My Commission Expires: October 15, 1988 Residing In Sedalia, Pettis Co.

13-100-0007

AFFIDAVIT OF IDENTITY

13-100-0007

I, Rick D. Horne, Do duly state that I personally know that Lila Seeds, as shown on the attached Certificate of Death, is one in the same person as Lila Seeds, As shown on deed/entry #722648 in Book 1067 page 1042 of the official records of the Davis County Recorder as receiving an interest as joint tenant in the following described real property;

All of Lot 7, Buena Vista Subdivision No. 3, a subdivision of part of Section 26, Township 5 North, Range 2 West, in the Town of Sunset,

All interest of the decedent in said property under the joint tenancy indicated above is hereby terminated.

STATE OF UTAH

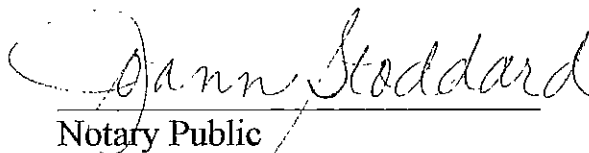
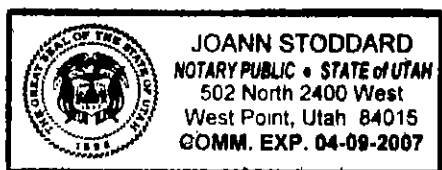
S.S.



County of Davis

Acknowledgment

On this 20th Day of October, 2003 Personally appeared before me Rick D. Horne, The signer of the within instrument who duly acknowledged to Me that they executed the same.


Notary Public

4-9-07

Commission Expires

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 29-256-03

STATE FILE NUMBER

1 NAME OF DECEDENT FIRST: Lila, MIDDLE: SEEDS, LAST: SEEDS			2 SEX: Female		3a DATE OF DEATH (Mo., Day, Yr.): March 10, 2003		3b TIME OF DEATH (24 hr clock): 08:17			
4 DATE OF BIRTH (Mo., Day, Yr.): July 18, 1920			5 AGE - Last Birthday: 82		6 BIRTHPLACE (City & State or Foreign Country): Hyrum, Utah			7 SOCIAL SECURITY NUMBER: 529-12-1428		
8a PLACE OF DEATH (check only one): <input checked="" type="checkbox"/> 1 Inpatient, <input type="checkbox"/> 2 ER/Outpatient, <input type="checkbox"/> 3 DOA, <input type="checkbox"/> 4 Other (specify)			8b NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location): Ogden Regional Medical Center							
9a CITY, TOWN, OR LOCATION OF DEATH: Ogden			9b COUNTY OF DEATH: Weber			9 SURVIVING SPOUSE (if wife, give maiden name)				
10 WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input checked="" type="checkbox"/> 1 Yes, <input checked="" type="checkbox"/> 2 No			11 MARITAL STATUS: <input type="checkbox"/> 1 Never Married, <input checked="" type="checkbox"/> 2 Married, <input type="checkbox"/> 3 Widowed, <input type="checkbox"/> 4 Divorced			12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired): Waitress			12b KIND OF BUSINESS OR INDUSTRY: Restaurant	
13a RESIDENCE - STREET AND NUMBER: 338 West 1425 North			13b CITY, TOWN OR COMMUNITY: Sunset			13c COUNTY: Davis		13d STATE: Utah		
14 INSIDE CITY? <input checked="" type="checkbox"/> 1 Yes, <input type="checkbox"/> 2 No			15 ZIP CODE: 84015			16 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)			17 RACE - Black, White, An Indian (tribe may be entered), Japanese, etc (Specify): White	
18 EDUCATION (specify only highest grade completed): Elementary or Secondary (9-12) College (13-16 or 17+): 12			17 FATHER'S NAME (First, Middle, Last): Orson M. Lauritzen			18 MAIDEN NAME OF MOTHER (First, Middle, Last): Della Orgill				
19 INFORMANT NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT: Lila Rae Seeds (daughter) 338 West 1425 North, Sunset, Utah 84015										
20 METHOD OF DISPOSITION: <input checked="" 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: March 13, 2003		21b PLACE OF DISPOSITION (name of cemetery, crematory, or other place): Brigham City Cemetery			21c LOCATION - City or Town, State: Brigham City, Utah		
22 SIGNATURE OF FUNERAL SERVICE LICENSEE: <i>Stephen H. Johnston</i>			23 LICENSEE NUMBER: 113589			24 FUNERAL HOME (Name and address): 101782 Myers Mortuary		25 DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN: 3/2/03		
26 If not certified by medical examiner, was death reported to M E ? <input checked="" type="checkbox"/> 1 Yes, <input type="checkbox"/> 2 No			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 SIGNATURE AND TITLE OF CERTIFIER: <i>Bruce F. Burtenshaw M.D.</i>			27c LICENSE NUMBER: 162931-1205	
27d DATE SIGNED (Month, Day, Year): 3/11/03			28 REGISTRAR'S SIGNATURE: <i>Craig Deering</i>			29 DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.): MAR 11, 2003			30 DATE FILED (Mo., Day, Yr.): MAR 11, 2003	
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>Arteriosclerosis Heart Disease</u> b. _____ c. _____ d. _____ (Sequitally list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST) PART II Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part 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 checked="" 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			33b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> 1 Yes, <input 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			35a DATE OF INJURY (Mo., Day, Yr.):		35b TIME OF INJURY (24 Hour Clock):		35c INJURY AT WORK? <input type="checkbox"/> 1 Yes, <input 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 DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY should be entered in item 31)			35g If motor vehicle accident specify if decedent was driver, passenger or pedestrian				

USE PERM. NT BLACK INK

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: **MAR 11 2003**

County: **WEBER**

Registrar: *Craig Deering*

Barry E Nangle

Barry E. Nangle
DIRECTOR OF VITAL RECORDS

By *[Signature]*



LL 1281359



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