

SERIAL NO. 19-0549  
NEW

OLD

3815052

TAX DEED

Salt Lake County, a body corporate and politic of the State of Utah, grantor, hereby conveys to Marvin S. & Margie G. Taylor, as joint tenants

grantee(s), of 3699 East Millcreek Road

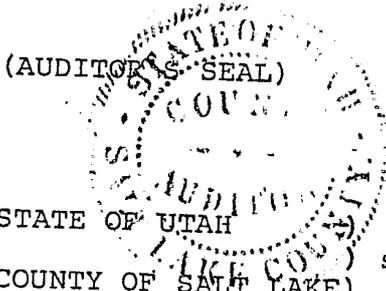
Salt Lake City, Utah 84109

the following described real estate in Salt Lake County, Utah:

Com 841 ft E & 86 ft N & N 44° E 100 ft fr SW Cor of SE 1/4 of NW 1/4 Sec 36, T 1S, R 1E, SLM; N 72°54' E 387 ft N 647.33 ft S 81°30' W 419.59 ft S 23° E 23.51 ft S 52°15' W 137 ft S 40°30' W 50 ft N'ly 19.42 ft S 45° W 125.88 ft N 50°40' W 47.43 ft N 45°40' W 153.39 ft to E line of Gilroy Tract S'ly 112.56 ft S 32°30' E 650.68 ft N 44° E 72.8 ft to beg. 9.05 Ac.

This conveyance is made in consideration of payment by the grantee(s) of the sum of \$ 11,365.80 delinquent taxes, penalties, interest, and costs constituting a charge against the said real estate, which was sold to said county at preliminary sale for nonpayment of general taxes assessed against it for the year 1978 in the sum of \$ 2,656.18. Dated this 25th day of May 1983.

Witness my hand and seal as Auditor of Salt Lake County, this 25th day of May, 1983.



SALT LAKE COUNTY

By: Craig B. Sorenson  
CRAIG B. SORENSEN  
AUDITOR OF SALT LAKE COUNTY, UTAH

BOOK 5473 PAGE 12

STATE OF UTAH  
COUNTY OF SALT LAKE) ss.

On the 7th day of July, 1983, personally appeared before me as County Recorder of Salt Lake County, State of Utah, CRAIG B. SORENSEN, the Auditor of Salt Lake County, State of Utah, signer of the above instrument, who duly acknowledged to me that he, as Auditor of Salt Lake County, executed the same.

KATIE L. ...  
RECORDER  
SALT LAKE COUNTY  
UTAH

JUL 7 3 04 PM '83

S.L.C. Auditor  
REQ OF

[Signature]  
no fee



[Signature]  
Recorder of Salt Lake County, Utah

**SALT LAKE CITY - COUNTY HEALTH DEPARTMENT**  
**DIVISION OF VITAL STATISTICS**  
**STATE OF UTAH - DEPARTMENT OF HEALTH**  
**CERTIFICATE OF DEATH**

Attends to information on this form is issued only for the year beginning Jan 1 and Feb 1

LOCAL FILE NUMBER **18-4257**

STATE FILE NUMBER

1. NAME OF DECEDENT FIRST MIDDLE LAST <b>Harvin Scillman TAYLOR</b>		2. SEX <b>Male</b>	3a. DATE OF BIRTH (Mo. Day, Yr) <b>Nov. 26, 1939</b>	3b. TIME OF DEATH (Hr. min.) <b>1930</b>
4. DATE OF BIRTH (Mo. Day, Yr) & AGE (Last birthday) <b>Jan. 20, 1916 73</b>		5. UNDER 1 YEAR (MORPHO) (Days)	6. UNDER 24 HOURS (MORPHO) (Hours)	7. BIRTHPLACE (City & State or Foreign Country) <b>East Hillcreek, Utah</b>
8a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Other		8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a family give street address of location) <b>3679 South Millcreek Road</b>		
9a. CITY, TOWN OR LOCATION OF DEATH <b>Salt Lake City, Utah</b>		9b. COUNTY OF DEATH <b>Salt Lake</b>		7. SOCIAL SECURITY NUMBER <b>550-26-6090</b>
10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11. MARITAL STATUS <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Married		12a. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a family give street address of location) <b>Margie Ruth Gatherum</b>
13a. RESIDENT - STREET AND NUMBER <b>3679 South Millcreek Road</b>		13b. CITY, TOWN OR COMMUNITY <b>Salt Lake City</b>		12b. KIND OF BUSINESS OR INDUSTRY <b>Optometry - Optical Shop</b>
13c. ALLEN CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13d. ZIP CODE <b>84109</b>	14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify) <input type="checkbox"/> Mexican <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other (Specify)		13e. COUNTY <b>Salt Lake</b>
15a. RACE - Black, White, Am. Indian (This may be omitted), Japanese, etc. (Specify) <b>Caucasian</b>		15b. STATE <b>Utah</b>		
17. FATHER'S NAME (First, Middle, Last) <b>George Francis Taylor</b>		18. MOTHER'S NAME OF MOTHER (First, Middle, Last) <b>Barbara Matilda Scillman</b>		
19. NAME, RELATIONSHIP AND HOME AND BUSINESS ADDRESS OF INFORMANT <b>Mrs. Margie G. Taylor (wife) / 3679 South Millcreek Road / Salt Lake City, Utah 84109</b>				
20. METHOD OF DEPOSITION <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Other		21. DATE OF DEPOSITION <b>Dec. 1, 1989</b>		22. PLACE OF DEPOSITION (Name of cemetery, crematory, or other place) <b>Larkin Sunset Lawn Cemetery</b>
23. SIGNATURE AND TITLE OF REGISTRAR <i>Rena W. Smith</i>		24. LICENSE NUMBER <b>464</b>	25. FUNERAL HOME (Name, address and license number) <b>LARKIN MORTUARY 260 East South Temple Street Salt Lake City, Utah 84111-1274</b>	
26. DATE DECEDENT WAS LAST ATTENDED BY CERTIFYING PHYSICIAN <b>11/19/89</b>		27. SIGNATURE AND TITLE OF PHYSICIAN <i>[Signature]</i>		
27a. CERTIFIER <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN <input type="checkbox"/> MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL		27b. SIGNATURE AND TITLE OF PHYSICIAN <i>[Signature]</i>		
28. SIGNATURE AND TITLE OF REGISTRAR <i>[Signature]</i>		29. DATE FILED (Month, Day, Year) <b>Nov. 29, 1989</b>		
31. PART 1 ENTER THE DISEASE, INJURY OR OCCUPATIONAL THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARCASS OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH.		32. IN YOUR OPINION, TO WHAT USE BY THE DECEDENT <input type="checkbox"/> Precisely contributed to the cause of death <input type="checkbox"/> Was the underlying cause of death <input type="checkbox"/> Did not contribute to the cause of death <input checked="" type="checkbox"/> Is unknown in relation to the cause of death		
33. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Cardiac Arrest</b>		34. DATE OF INJURY (Month, Day, Year)		
35. SEQUENTIALLY list conditions, if any, leading to immediate cause. GIVE UNDERLYING CAUSE (disease or injury that preceded events resulting in death) LAST <b>3.4 years</b>		36. PLACE OF INJURY (As home, farm, street, factory, other building, etc. (Specify))		
37. PART 2 Enter the disease, injury or occupational that caused the death but not resulting in the underlying cause given in Part 1 <b>N/A</b>		38. DESCRIBE HOW INJURY OCCURRED (short sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN PART 1)		

5274995

BR6471 PG2880

This is to certify that this is a true copy of the information on file in this office. This certified copy is issued under authority of Section 26-15-26 of the Utah Code Annotated, 1953 as amended.

Date issued **NOV 29 1989**

*[Signature]*  
 Harry L. Gibbons, M.D., M.P.H.  
 Director of Health

*[Signature]*  
 Mary Jo J. Mackay  
 DEPUTY REGISTRAR



**SALT LAKE CITY - COUNTY HEALTH DEPARTMENT  
DIVISION OF VITAL STATISTICS**

**STATE OF UTAH - DEPARTMENT OF HEALTH  
AMENDMENT OF MEDICAL AND HEALTH SECTION DATA - DEATH**

143 89 008598

18-4257

DATE OF DEATH - MONTH DAY YEAR

1. NAME OF DECEASED - First Name <b>Marvin</b>	Middle Name <b>Stallman</b>	Last Name <b>TAYLOR</b>	DATE OF BIRTH - MONTH DAY YEAR <b>November 26, 1909</b>	SEX (M or F) <b>M</b>
2a. PLACE OF DEATH - City or Town <b>Salt Lake City</b>			3. COUNTY <b>Salt Lake</b>	4. DATE OF DEATH - MONTH DAY YEAR <b>November 29, 1989</b>

21. PART I. ENTER THE DISEASE, INJURY, OR COMPLICATION 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)** - **CARDIAC ARREST**

Approximate Interval Between Onset and Death: **1 hour**

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST

- **ASHD 3-4 years**

Approximate Interval Between Onset and Death: **3-6 yr**

2 of 2

22. PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I

23. IN YOUR OPINION, TOBACCO USE BY THE DECEASED

Probably contributed to the cause of death  
 Was the underlying cause of death  
 Did not contribute to the cause of death  
 is unknown in relation to the cause of death

24. WALKER AUTOPSY PERFORMED?  YES  NO

25. WITH AUTOPSY, INDICATE AVALIATION OF CAUSE OF DEATH

26. NUMBER OF DEATH

Natural  Accidental

Suicide  Homicide

Undetermined (If Special Purpose or Accident)

Pending Investigation

27. DATE OF INJURY (Month, Day, Year)

28. TIME OF INJURY (of Hour Clock)

29. INJURY AT WORK?  YES  NO

30. PLACE OF INJURY (Home, farm, school, factory, club, hotel, etc. (Specify))

31. IF motor vehicle accident, specify if deceased was driver, passenger or pedestrian.

32. DESCRIBE HOW INJURY OCCURRED (state sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 21)

21. PART I. ENTER THE DISEASE, INJURY, OR COMPLICATION 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)** - **HYPERTENSIVE AND ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE**

Approximate Interval Between Onset and Death: \_\_\_\_\_

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST

- \_\_\_\_\_

Approximate Interval Between Onset and Death: \_\_\_\_\_

22. PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I

23. IN YOUR OPINION, TOBACCO USE BY THE DECEASED

Probably contributed to the cause of death  
 Was the underlying cause of death  
 Did not contribute to the cause of death  
 is unknown in relation to the cause of death

24. WALKER AUTOPSY PERFORMED?  YES  NO

25. WITH AUTOPSY, INDICATE AVALIATION OF CAUSE OF DEATH

26. NUMBER OF DEATH

Natural  Accidental

Suicide  Homicide

Undetermined (If Special Purpose or Accident)

Pending Investigation

27. DATE OF INJURY (Month, Day, Year)

28. TIME OF INJURY (of Hour Clock)

29. INJURY AT WORK?  YES  NO

30. PLACE OF INJURY (Home, farm, school, factory, club, hotel, etc. (Specify))

31. IF motor vehicle accident, specify if deceased was driver, passenger or pedestrian.

32. DESCRIBE HOW INJURY OCCURRED (state sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 21)

26. SIGNATURE OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER

*[Signature]*

27. NAME OF PHYSICIAN OR MEDICAL EXAMINER (Print or Type)

**Todd C. Gray, Medical Examiner**

28. ADDRESS - Street, City, and State and Zip Code

**44 Medical Dr., Salt Lake City, UT 84113**

29. DATE SIGNED

**1/11/90**

30. SIGNATURE OR TITLE

**M.D.**

31. MEDICAL EXAMINER CASE NUMBER

**89-1444**

32. OFFICE OR STATE AGENCY (Print or Type)

**John E. Brockert**

33. DIRECTOR, BUREAU OF VITAL RECORDS

34. DATE RECEIVED

**January 17, 1990**

This is to certify that this is a true copy of the information on file in this office. This certified copy is issued under authority of Section 26-15-26 of the Utah Code Annotated, 1953 as amended.

*[Signature]*  
 Harry L. Gibbons, M.D., M.P.H.  
 Director of Health

*[Signature]*  
 Mary Jo J. Mackay  
 DEPUTY REGISTRAR



Date issued **JAN 23 1990**

BR6471P62881

900

5274995  
16 JUNE 92 02:42 PM  
KATIE L. DIXON  
RECORDER, SALT LAKE COUNTY, UTAH  
GUARDIAN TITLE  
REC BY: DIANE KILPACK , DEPUTY

VTDI 16-36-179-013-0000 DIST 19				TOTAL ACRES	9.05
TAYLOR, MARVIN S. & MARGIE G.	PRINT	UPDATE		REAL ESTATE	251400
(JT)		LEGAL		BUILDINGS	0
	TAX CLASS	NE		MOTOR VEHIC	0
3679 E MILLCREEK RD	EDIT 1	BATCH NO	0	TOTAL VALUE	251400
SLC, UT	841093858	BATCH SEQ	0		
LOC: 3699 E MILLCREEK RD	EDIT 1	BOOK 5473	PAGE 0012	DATE 00/00/00	
SUB:				TYPE UNKN PLAT	

PROPERTY DESCRIPTION  
 COM 841 FT E & 86 FT N & N 44\* E 100 FT FR SW COR OF SE 1/4  
 OF NW 1/4 SEC 36 T 1S R 1E SL MER N 72\*54' E 387 FT N 647.33  
 FT S 81\*30' W 419.59 FT S 23\* E 23.51 FT S 52\*15' W 137 FT S  
 40\*30' W 50 FT N'LV 19.42 FT S 45\* W 125.88 FT N 50\*40' W  
 47.43 FT N 45\*40' W 153.39 FT TO E LINE OF GILROY TRACT S'LV  
 112.56 FT S 32\*30' E 650.68 FT N 44\* E 72.8 FT TO BEG 9.05  
 AC 0000-0000

BK6471PG2882