

Return to/Grantee's Address:  
Joanne F. Scow, Trustee  
The Joanne F. Scow Family Trust  
2759 South 2000 East  
Salt Lake City, UT 84109

00648802 Bk01513 Pg00286-00289  
ALAN SPRIGGS, SUMMIT CO RECORDER  
2003 FEB 21 09:40 AM FEE \$16.00 BY DMG  
REQUEST: ROWE & WALTON

Parcel I.D. No. PP-52

**SURVIVOR AFFIDAVIT**  
**AND CERTIFICATE OF INCUMBENCY**  
**ON BENEFICIAL INTEREST IN TRUST DEED**

JOANNE A.F. SCOW, hereinafter referred to as "Affiant", having been duly sworn, on oath, deposes and says:

1. That Affiant is over the age of eighteen (18), is a resident of Salt Lake County, State of Utah, is competent to testify to the matters herein, and does so from personal knowledge.
2. That Affiant is the surviving joint tenant as Beneficiary on a certain Deed of Trust described below; that up until the date of his death, ERNEST D. SCOW was also a joint tenant as Beneficiary on said Deed of Trust.
3. That ERNEST D. SCOW died on the 10th day of January, 2003; a certified copy of the death certificate acknowledging his death is attached hereto and by reference made a part hereof.
4. That a joint tenancy as Beneficiary(ies) was created by a certain Trust Deed recorded the 26th day of July, 2000, as Entry No. 00569746, Book 1327, Pages 140-148 in Summit County, Utah, described as follows:

SEE ATTACHED EXHIBIT A.



EXHIBIT A

BEGINNING AT A POINT ON THE EASTERLY RIGHT OF WAY LINE OF INTERSTATE HIGHWAY I-80, SAID POINT BEING NORTH 0°10' WEST ALONG THE SECTION LINE 1, 677.79 FEET FROM THE SOUTHEAST CORNER OF SECTION 13, TOWNSHIP 1 SOUTH, RANGE 3 EAST, SALT LAKE BASE & MERIDIAN, AND RUNNING THENCE NORTH 35°53' WEST ALONG SAID EASTERLY LINE 669.85 FEET; THENCE NORTH 30°58'20" WEST ALONG SAID EASTERLY LINE 301.20 FEET; THENCE NORTH 74°00' EAST 566.80 FEET TO THE EAST LINE OF SAID SECTION 13; THENCE SOUTH 0°10' EAST ALONG SAID EAST LINE 957.22 FEET TO THE POINT OF BEGINNING.

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# STATE OF UTAH — DEPARTMENT OF HEALTH

**JAN 14 2003**  
Access to information on this form is limited under the Utah State Records Act and Rules.

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

STATE FILE NUMBER

1. NAME OF DECEDENT Ernest Dwaine SCOW				2. SEX Male		3a. DATE OF DEATH (Mo., Day, Yr.) January 10, 2003		3b. TIME OF DEATH (24 hr. clock) 20:10			
4. DATE OF BIRTH (Mo., Day, Yr.) November 24, 1931			5. AGE - Last Birthday 71		6. BIRTHPLACE (City & State or Foreign Country) Manti, Utah		7. SOCIAL SECURITY NUMBER 529 - 38 - 3528				
8a. PLACE OF DEATH (check only one) <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA				8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) Rocky Mountain Care - Heber							
8c. CITY, TOWN, OR LOCATION OF DEATH Heber City				8d. COUNTY OF DEATH Wasatch		9. SURVIVING SPOUSE (if wife, give maiden name) Joanne Friede					
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 checked="" type="checkbox"/> 1. Never Married <input 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) Franchise Sales			12b. KIND OF BUSINESS OR INDUSTRY Wholesale Distribution		
13a. RESIDENCE - STREET AND NUMBER 2759 South 2000 East				13b. CITY, TOWN OR COMMUNITY Salt Lake City		13c. COUNTY Salt Lake		13d. STATE Utah			
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		13f. ZIP CODE 84109		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 (10-12) College (13-16 or 17+) 12			
17. FATHER'S NAME (First, Middle, Last) Ernest James Scow					18. MAIDEN NAME OF MOTHER (First, Middle, Last) Ruth Davenport						
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Joanne F. Scow (wife) 2759 South 2000 East, Salt Lake City, Utah 84109											
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 January 15, 2003		21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Manti City Cemetery		21c. LOCATION - City or Town, State Manti, Utah			
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Brian Sisson</i>				23. LICENSEE NUMBER 363022		24. FUNERAL HOME (Name and address) 101810 Olpin-Hoopes Funeral Home		288 North Main Street Heber City, Utah 84032			
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 1-8-03				26. If not certified by medical examiner, was death reported to M.E.? (If yes, enter the date and hour reported.) M.E. CASE NO. HR 1300 MO 1 DAY 13 YEAR 03		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>Barry E Nangle</i>				27c. LICENSE NUMBER 185130-1205		27d. DATE SIGNED (Month, Day, Year) 1/14/03					
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print) Philip Kithas M.D., 500 Foothill Blvd., Blue Clinic, Salt Lake City, Utah 84148											
29. REGISTRAR'S SIGNATURE <i>Barry E Nangle</i>				30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)		30b. DATE FILED (Mo., Day, Yr.) JAN 14 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>PANCREATIC CANCER</u> 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. <u>Undetermined</u>				
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"/> 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 checked="" 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		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 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)		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. 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)				00648802 Bk01513 Pg00289							

USE PERMANENT 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:

Barry E Nangle

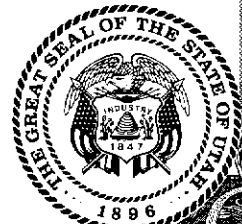
Barry E. Nangle  
 DIRECTOR OF VITAL RECORDS

**JAN 14 2003**

SL 214789



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

SDH-BVR 84 (9/96)

UDH-BVR Form 12, Rev. 12/98