

AFFIDAVIT OF IDENTITY

STATE OF UTAH)
 : ss.
 County of Box Elder)

CARL E. FURRER, being first duly sworn on oath, deposes and says:

1. That he is a resident of Garland, Box Elder County, State of Utah, over the age of 21 years, and is competent by personal knowledge to state and swear to the things hereinafter stated.

2. That he is the husband of EVELYN VIOLA LARGENT FURRER who is named as decedent in the State of Utah Department of Health No. L190744 Certificate of Death, a certified copy of which is attached hereto and by reference made a part hereof, and knows of his own knowledge that the said Evelyn Viola Largent Furrer is one and the same person as Evelyn V. Furrer, named as one of the grantees in the certain Bargain and Sale Deed dated August 31, 1982 and recorded September 8, 1982 in Book M82 of Deeds at page 11811 in the office of the Klamath County, Oregon Recorder, wherein the said decedent and the affiant herein are grantees.

3. This Affidavit is made for the purpose of terminating the joint tenancy interest of Evelyn V. Furrer in and to the following described real property located in Klamath County, Oregon:

Lot 2, Block 22, Tract 1010 First Addition to Ferguson Mountain Pines situate in Section 33, Township 35 South, Range 13 East of the Willamette Meridian.

DATED this 20th day of June, 1989.

Carl E. Furrer
 Carl E. Furrer

Subscribed and sworn to before me this 20th day of June, 1989.



Marie Riggs
 NOTARY PUBLIC
 Residing at: Tremonton, UT
 Commission Expires: 11-22-92

'89 JUN 30 AM 11 37

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 State Act and Rules.

LOCAL FILE NUMBER 02-085

STATE FILE NUMBER

1. NAME OF DECEDENT: FIRST Evelyn MIDDLE Viola LAST Largent FURRER 2. SEX Female 3a. DATE OF DEATH (Mo., Day, Yr.) May 28, 1989 3b. TIME OF DEATH (24 hr. clock) 2100

4. DATE OF BIRTH (Mo., Day, Yr.) June 16, 1920 5. AGE (last day of life) 68 6. BIRTH PLACE (City & State or Foreign Country) Iowa Falls, Iowa 7. SOCIAL SECURITY NUMBER 479-12-9149

8a. PLACE OF DEATH (If at home, give street address of location) Bear River Valley Hospital 8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location)

9. SURVIVING SPOUSE (If wife, give maiden name) Carl Edward Furrer

10. WAS DECEDENT EVER IN U.S. ARMED FORCES? No 11. MARITAL STATUS Married 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) Beautician 12b. KIND OF BUSINESS OR INDUSTRY Hair dressing

13a. CITY, TOWN OR LOCATION OF DEATH Tremonton 13b. COUNTY OF DEATH Box Elder 13c. COUNTY Box Elder 13d. STATE Utah

14. RESIDENCE - STREET AND NUMBER 287 W. Cutler 15. RACE - Black, White, Am. Indian (Indicate race of decedent) White 16. EDUCATION (Specify only highest grade completed) Elementary or Secondary (6-12) College (13-16 or 17+) 6

17. FATHER'S NAME (Full Middle, Last) John W. Largent 18. MOTHER'S NAME (First, Middle, Last) Ann Jane Anderson

19. NAME, RELATIONSHIP AND ADDRESS OF INFORMANT Carl Edward Furrer, 287 W. Cutler, Garland, Utah 84312 (Husband)

20. METHOD OF DISPOSITION Entombment 21a. DATE OF DISPOSITION June 2, 1989 21b. PLACE OF DISPOSITION (Name of cemetery or mortuary, or other place) Chapel of Flowers 21c. LOCATION - City or Town, State Ogden, Utah

22. SIGNATURE OF FUNERAL SERVICE LICENSEE [Signature] 23. LICENSE NUMBER 446 24. FUNERAL HOME (Name, address and license number) Rogers Mortuary, 111 N. First East, Tremonton, Utah 84337

25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 28 May 1989 26. If not certified by medical examiner, was death reported to M.E.? No 27. If yes, enter the date and hour report at M.E. Case No. 08500 5, 30, 19

27a. CERTIFIER [Signature] 27b. DATE SIGNED (Mo., Day, Yr.) 5, 30, 19

28. NAME AND ADDRESS OF PERSON WHO CLERICALIZED THE CAUSE OF DEATH (Item 31) (Type name) Deil Ray Anderson, H. P. 4200, 600 N. Tremonton, Utah 84337

29. REGISTRAR'S SIGNATURE [Signature] 30. DATE FILED (Month, Day, Year) May 30, 1989 Rec: June 2, 1989

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) Metastatic Lung Ca

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

32. IN YOUR OPINION, TODAY/DO USE BY THE DECEDENT

33a. WAS AN AUTOPSY PERFORMED? No 33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? No

34. MANNER OF DEATH Natural 35a. DATE OF INJURY (If at all, Day, Year) None 35b. TIME OF INJURY (24 Hour Clock) None 35c. INJURY AT WORK? No 35d. PLACE OF INJURY (At home, farm, street, factory, office, building, etc. (Specify)) None 35e. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian.

36. DESCRIBE HOW INJURY OCCURRED (Enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)

SDH-BHS 95 (4-87)

This is to certify that this is a true and correct copy of the Utah Code Annotated, 1953 As Amended.

Date Issued: **JUN - 2 1989**County **BEAR RIVER DISTRICT HEALTH (DEPT.)**
JOHN C. BAILEY, M.D.
Registrar**John E. Brockert**
DIRECTOR OF VITAL STATISTICS**By: Kaye Larson**

1.90744



STATE OF OREGON: COUNTY OF KLAMATH: 18.

Filed for record at request of Olson & Hoggan the 30th day of June A.D., 19 89 at 11:37 o'clock AM., and duly recorded in Vol. M89 of Deeds on Page 11841By Evelyn Biehn - County ClerkFEE \$13.00
Return: Olson & Hoggan
P.O. Box 525, Logan, Utah 84321