

Gwen Callahan	1530 West 720 North Price, Utah 84501	Daughter
Carol Jones	100 West 1000 South Price, Utah 84501	Daughter
Karen Swasey	485 East 300 South - PO Box 111 Spring City, Utah 84662	Daughter

6. Petitioner has not received nor is aware of any demand for notice of any probate or appointment proceeding concerning the decedent that may have been filed in this state or elsewhere.

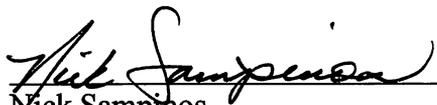
7. This is a petition to determine heirs of an intestate and pursuant to Section 75-3-107, U.C.A. 1953 as amended, the time limit for filing an informal petition is not applicable.

8. Having exercised reasonable diligence, petitioner is unaware of any unrevoked testamentary instrument which may relate to property subject to the laws of this state.

WHEREFORE, petitioner requests that:

1. The Court fix a time and place of hearing.
2. Notice be given as required by law.
3. The Court enter an order finding that the decedent died intestate and determining the decedent's heirs.

DATED this 1ST day of February, 2011.



 Nick Sampinos
 Attorney for Petitioner

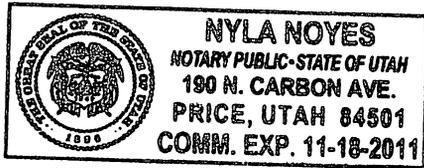


 Carol Jones
 100 West 1000 South
 Price, Utah 84501
 Tel: (435)637-4257

VERIFICATION

STATE OF UTAH)
 : ss.
COUNTY OF CARBON)

On this 1st day of February 2011, personally appeared before me CAROL JONES, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is signed on the preceding instrument and acknowledged to me that she signed it voluntarily for its stated purposes.



Nyla Noyes

Notary Public
Commission Expires: 11/18/2011

STATE OF UTAH CERTIFICATION OF VITAL RECORD

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

LOCAL FILE NUMBER 04-014		STATE FILE NUMBER	
1. NAME OF DECEDENT FIRST MIDDLE LAST George Albert Bryner			2. SEX Male
4. DATE OF BIRTH (Mo., Day, Yr.) 10-06-1923			3a. DATE OF DEATH (Mo., Day, Yr.) 02-05-2002
5. AGE - Last Birthday 78			3b. TIME OF DEATH (24 hr. clock) 0140
8a. PLACE OF DEATH (check only one) <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA <input checked="" type="checkbox"/> 4. Nursing Home <input type="checkbox"/> 5. Other (specify)		6. BIRTHPLACE (City & State or Foreign Country) Helper, UT	
8b. CITY, TOWN, OR LOCATION OF DEATH Price		7. SOCIAL SECURITY NUMBER 529-22-1282	
8c. COUNTY OF DEATH Carbon		8d. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) Parkdale Care Center	
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) Journeyman Lineman		12b. KIND OF BUSINESS OR INDUSTRY Electricity	
13a. RESIDENCE - STREET AND NUMBER 849 North Martin Road		13b. CITY, TOWN OR COMMUNITY Helper	13c. COUNTY Carbon
13d. STATE UT		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 (9-12) College (13-16 or 17+) 11	
17. FATHER'S NAME (First, Middle, Last) James Levi Bryner		18. MOTHER'S NAME (First, Middle, Last) Ethel Annie Larsen	
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Gwen Callahan - daughter 1530 W. 720 N. Price, UT 84501			
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 02-08-2002	21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Price Cemetery
21c. LOCATION - City or Town, State Price, UT		22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Carroll Smith</i>	
23. LICENSEE NUMBER 99-374868-0902		24. FUNERAL HOME (Name and address) Fausett Mortuary 680 East 100 South Price, UT 84501	
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 2/4/2002		26. If not certified by medical examiner, was death reported to M.E.? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No M.E. CASE NO. _____ HR. _____ MO. _____ DAY _____ YEAR _____	
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>Sterling Potter M.D.</i>		27c. LICENSE NUMBER 81-165839-1205	27d. DATE SIGNED (Month, Day, Year) 2/4/02
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print) Sterling G. Potter, M.D. 945 W. Hospital Dr. Price, UT 84501			
29. REGISTRAR'S SIGNATURE <i>[Signature]</i>		30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)	30b. DATE FILED (Mo., Day, Yr.) FEB 07 2002
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. Approximate Interval Between Onset and Death.			
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Cerebral Vascular Accident 2 weeks	
DUE TO (OR AS A CONSEQUENCE OF):		Atherosclerotic Vascular Disease years	
DUE TO (OR AS A CONSEQUENCE OF):			
DUE TO (OR AS A CONSEQUENCE OF):			
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 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 if Injured Purposely or Accidently <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 checked="" 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)			

UDH-BVR
Form 12,
Rev. 12/99



Barry E Nangle
Barry E. Nangle
State Registrar



UTAH DEPARTMENT OF HEALTH
Office of Vital Records & Statistics
Salt Lake City, Utah



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