

When Recorded Mail To:
DOUGLAS D. NICHOLAS
675 North 250 West
American Fork, UT 84003



ENT 108238:2022 PG 1 of 3
ANDREA ALLEN
UTAH COUNTY RECORDER
2022 Oct 07 2:36 pm FEE 40.00 BY CS
RECORDED FOR SKABELUND LAW OFFICE

AFFIDAVIT

STATE OF UTAH)
) :ss
COUNTY OF UTAH)

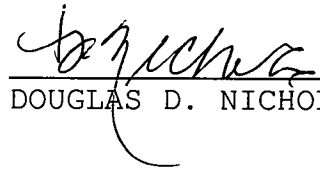
DOUGLAS D. NICHOLAS, being first sworn upon oath, deposes and says: that he is a citizen of the U.S.A., and is over the age of twenty-one years; that he knows of his own knowledge that MARY LOU NICHOLAS (aka MARY LOU DEVEY NICHOLAS and MARY LOU D. NICHOLAS) who appears on the copy of the death certificate attached hereto, is the same person who appears as a Trustee on Deed Entry No. 42186, Book 3181, Pages 653, on the official records of the Utah County Recorder in the following described real property:

The North 60 ft. of Lot 11, Block 3, also the South 10 ft of Lot 10, Block 3, also the East 40 ft. of the South 10 ft. of Lot 9, Block 3, Valley View Subdivision, American Fork, Utah, as recorded in the office of the Recorder Utah County, Utah.

54:004:0048

DOUGLAS D. NICHOLAS, ANN NICHOLAS, RICHARD F. NICHOLAS and LISA WALDRON are the Successor Co-Trustees.

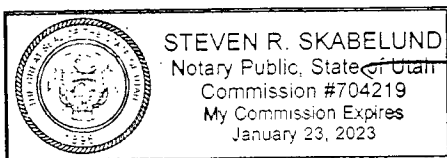
Dated this 19 day of September, 2022.

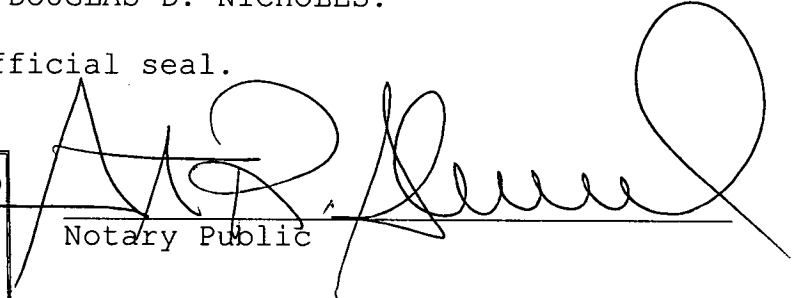

DOUGLAS D. NICHOLAS

STATE OF UTAH)
) :ss
COUNTY OF UTAH)

Subscribed and sworn to before me, a Notary Public, this 19 day of September, 2022, by DOUGLAS D. NICHOLAS.

Witness my hand and official seal.




Notary Public

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2022014370

Mary Lou Devey Nicholes

ENT 108238:2022 PG 2 of 3

DECEDENT INFORMATION

Date of Death:	August 17, 2022	Time of Death:	14:35
City of Death:	Cedar Hills	County of Death:	Utah
Age:	92	Date of Birth:	November 5, 1929
Place of Birth:	American Fork, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:	Douglas Ernest Nicholes (deceased)	Usual Occupation:	Homemaker
Industry/Business:	Own Home	Education:	Some College but No Degree
Residence:	American Fork, Utah	Father's Name:	Elisha Hildabrand Devey
Mother's Name:	Ida May Binns	Facility Type:	Nursing Home/Assisted Living
Facility or Address:	The Charleston		

INFORMANT INFORMATION

Name:	Douglas Nicholes	Relationship:	Son
Mailing Address:	675 North 250 West, American Fork, Utah 84003		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	American Fork Cemetery, American Fork, Utah
Date of Disposition:	August 27, 2022

FUNERAL HOME INFORMATION

Funeral Home:	Anderson & Sons Mortuary
Address:	49 East 100 North, American Fork, Utah 84003
Funeral Director:	Angela S Plummer

MEDICAL CERTIFICATION

Certifying Physician:	Douglas R Mower MD, 226 North 1100 East, American Fork, Utah 84003
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CAUSE OF DEATH

Natural Causes Not Otherwise Specified
Tobacco Use: Non-user
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: August 22, 2022

Date Issued: August 22, 2022

This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics. Security features of this official document include: Intaglio Border, V & R images in top cycloids, and intaglio microtext. This document displays the date, seal and signature of the Utah State Registrar of Vital Record and Statistics.



Linda S. Winingger, MSW, LCSW
State Registrar

Rev. 12/20



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Eric S. Edwards, MPA, MCHES
Executive Director
Utah County Health Department



STATE OF UTAH - DEPARTMENT OF HEALTH - OFFICE OF VITAL RECORDS AND STATISTICS

AFFIDAVIT TO AMEND A RECORD

Corrections to a vital record may be made by affidavit but an item on a birth record may be corrected by affidavit only once. A court order is required for gender or subsequent changes. This form is not used with a court order. A court order is necessary to make any corrections to a Delayed Birth Certificate or Death Certificate. This affidavit cannot be used to correct medical information. Many changes, including marital status, require more information; please visit our website or contact our office. Please return any copies of the certificate with this completed affidavit and all supporting documentation. If corrected certificates are reissued within 90 days of issuance, the new certificate fee will be waived but affidavit fees may still apply. This affidavit may be mailed with the correct fees, proof of ID and application for a new certificate.

Mailing Address: Office of Vital Records and Statistics PO Box 141012 Salt Lake City, UT 84114-1012
Physical Address: Office of Vital Records and Statistics 288 North 1460 West Salt Lake City, UT 84116
Contact Info: <https://VitalRecords.utah.gov> 801-538-6105 vrequest@utah.gov



Affidavit Instructions: Please print or type. Items 1-6: Enter the facts as reported on the current vital record. Item 7: Enter the item number from items 1-6 that will be changed, if applicable. Item 8a: Enter the information as stated on the original record. Item 8b: Enter the correct information as it should be stated. Item 9: Enter the reason the change is necessary. Item 10: Enter the proofs used to support the change. The proofs must match the asserted fact(s) exactly. Proofs must be submitted with the affidavit. Items 11-22: Enter witness information.

Witnesses for Birth Certificate: If the person listed on the record is under 18 years of age, both parents of record **MUST** sign the affidavit. If only one parent is listed, the second witness **MUST** be an immediate family member of the listed parent. If the person listed on the record is 18 years of age or older, he/she **MUST** sign as one of the witnesses. The second witness **MUST** be their immediate family member.

Witnesses for Death Certificate: The informant must sign as a witness along with an immediate member of the decedent's family. If adding a spouse, the spouse must sign as a witness. If no immediate family, a person who is knowledgeable of the facts may sign.

BIRTH
 DEATH
 STILLBIRTH
 STATE FILE NUMBER: _____

INFORMATION AS REPORTED ON RECORD	1a. FIRST NAME		1b. MIDDLE NAME		1c. LAST NAME	
	2. SEX	3. DATE OF EVENT		4. PLACE OF OCCURRENCE (City and County)		
	5. NAME OF PARENT 1 (Maiden name if applicable)			6. NAME OF PARENT 2 (Maiden name if applicable)		
STATEMENT OF AMENDMENTS	7. ITEM NO.	8a. FACTS EXACTLY AS ON ORIGINAL RECORD			8b. CORRECT INFORMATION	
WHY IS CHANGE NEEDED?	9. _____					
DOCUMENTS USED	10. _____					
OATH OF FIRST WITNESS (MUST BE 18 OR OLDER)	I hereby certify under penalty of perjury, that I have personal knowledge of the above facts and that the information given is true and correct.				Subscribed to and Sworn to before me this ____ day of ____ 20__.	
	11a. SIGNATURE OF WITNESS (Must sign in front of Notary)			11b. PRINTED NAME OF WITNESS		
	12. DATE SIGNED		13. AGE OF WITNESS	14. DAYTIME TELEPHONE		15. RELATIONSHIP TO 1a.
	16. ADDRESS OF WITNESS					
OATH OF SECOND WITNESS (MUST BE 18 OR OLDER)	I hereby certify under penalty of perjury, that I have personal knowledge of the above facts and that the information given is true and correct.				Subscribed to and Sworn to before me this ____ day of ____ 20__.	
	17a. SIGNATURE OF WITNESS (Must sign in front of Notary)			17b. PRINTED NAME OF WITNESS		
	18. DATE SIGNED		19. AGE OF WITNESS	20. DAYTIME TELEPHONE		21. RELATIONSHIP TO 1a.
	22. ADDRESS OF WITNESS					

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