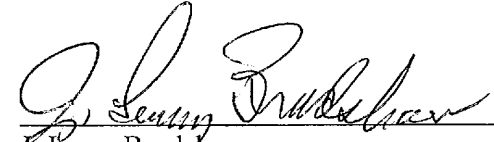


That J. Larry Bradshaw is the sole surviving joint tenant.

DATED this 16 day of June, 2021.

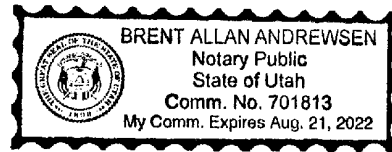


J. Larry Bradshaw
1192 Trimble Lane
West Jordan, UT 84088

Subscribed and sworn to before me this 16th day of June, 2021, by J. Larry Bradshaw, the
signer of the within Affidavit, who personally appeared before me.



Notary Public



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2021009103

Patricia Carollynn Stam Bradshaw

BK 11191 PG 7734

DECEDENT INFORMATION

Date of Death:	May 31, 2021	Time of Death:	18:25
City of Death:	West Jordan	County of Death:	Salt Lake
Age:	82	Date of Birth:	July 24, 1938
Place of Birth:	Salt Lake City, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Jay Larry Bradshaw	Usual Occupation:	Secretary
Industry/Business:	United States Government	Education:	High School or GED
Residence:	West Jordan, Utah	Father's Name:	Myron Eugene Stam Sr
Mother's Name:	Flora Denney	Facility Type:	Home
Facility or Address:	1192 Trimble Lane		

INFORMANT INFORMATION

Name:	Jay Larry Bradshaw	Relationship:	Spouse
Mailing Address:	1192 Trimble Lane, West Jordan, Utah 84088		

DISPOSITION INFORMATION

Method of Disposition: Burial
Place of Disposition: Holladay Memorial Park, Holladay, Utah
Date of Disposition: June 5, 2021

FUNERAL HOME INFORMATION

Funeral Home: Jenkins-Soffe South Valley
Address: 1007 West South Jordan Parkway, South Jordan, Utah 84095
Funeral Director: Byron J West

MEDICAL CERTIFICATION

Certifying Physician: Brett E Blaser DO, MountainStar Medical Group, 140 North Union Avenue, Ste 300, Farmington, Utah 84025

CAUSE OF DEATH

Acute On Chronic Respiratory Failure
Tobacco Use: Non-user
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: June 2, 2021
Date Issued: June 2, 2021

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. Winger

Linda S. Winger, MSW, LCSW
State Registrar



Gary L. Edwards

Gary L. Edwards
Director/Health Officer
County/District 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		STATE _____ COUNTY _____	
	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		STATE _____ COUNTY _____	
	18. DATE SIGNED	19. AGE OF WITNESS	20. DAYTIME TELEPHONE		21. RELATIONSHIP TO 1a.	
	22. ADDRESS OF WITNESS					

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