

THIS DOCUMENT PREPARED BY (AND )  
AFTER RECORDING RETURN TO): )  
Kristin Colter )  
Real Advantage Title Insurance Agency )  
2144 Highland Drive )  
Suite 1 )  
Salt Lake City, UT 84106 )  
File No. 22-12860-KC )  
Parcel No's: 22-27-254-014 )

) **13972731 B: 11349 P: 8277 Total Pages: 4**  
) **06/21/2022 01:57 PM By: bmeans Fees: \$40.00**  
) **Rashelle Hobbs, Recorder, Salt Lake County, Utah**  
) **Return To: REAL ADVANTAGE TITLE INSURANCE AGENCY, LLC**  
) **1792 BONANZA DR STE C100PARK CITY, UT 840607526**

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### PERSONAL REPRESENTATIVE'S DEED

**THIS DEED**, made this 16th day of June, 2022, between **Alyssa Valladao, Personal Representative of The Estate of Lois Anne Walton Probate #223900173** deceased ("Decedent"), of the State of Utah ("Grantor"), and **Martin Russell Companies LLC, a Utah Limited Liability Company** whose legal address is , of the Utah ("Grantee");

**WHEREAS**, the Decedent died on December 21, 2021 and Grantor was duly appointed personal representative of said estate by the Third Judicial District Court in and for the State of Utah, Probate No. 223900173 on February 9, 2022, and is now qualified and acting in said capacity;

**NOW THEREFORE**, pursuant to the powers conferred upon Grantor by the Utah Probate Code, Grantor does hereby sell and convey unto Grantee, for and in consideration of the sum of **TEN DOLLARS AND 00/100 (\$10.00)**, the following described real property situate, lying and being in the **State of Utah**, described as follows:

ALL OF LOT 909, RIVIERA HEIGHTS NO, 9 SUBDIVISION, according to the official plat of the Salt Lake County Recorders Office.

Tax Parcel #: 22-27-254-014

Also known as street and number: **2497 East Camelback Road, Salt Lake City, UT 84121**

With all appurtenances.

IN WITNESS WHEREOF, The Grantor has executed this deed on the date set forth above.

The Estate of Lois Ann Walton Probate #223900173

By: Alyssa Valladao  
Alyssa Valladao, Personal Representative

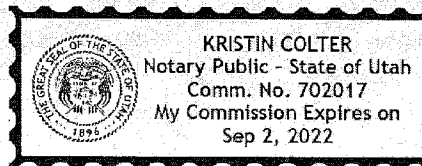
STATE OF UTAH  
COUNTY OF SALT LAKE

On this 16th day of June, 2022, before me Salt Lake City, a notary public, personally appeared Alyssa Valladao, Personal Representative of The Estate of Lois Anne Walton Probate #223900173, proved on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to this instrument, and acknowledged he/she/they executed the same.

Witness my hand and official seal

Kristin Colter

Notary Public



CERTIFICATE OF DEATH

State File Number: 2021022817

Lois Anne Walton

DECEDENT INFORMATION

Date of Death:	December 21, 2021	Time of Death:	21:31
City of Death:	Salt Lake City	County of Death:	Salt Lake
Age:	79	Date of Birth:	July 14, 1942
Place of Birth:	Rugby, North Dakota	Sex:	Female
Armed Services:	No	Marital Status:	Divorced
Spouse's Name:		Usual Occupation:	Homemaker
Industry/Business:	Own Home	Education:	Some College but No Degree
Residence:	Cottonwood Heights, Utah	Father's Name:	Irwin Elroy Walton
Mother's Name:	Grace Eva Stambaugh	Facility Type:	Hospital Inpatient
Facility or Address:	St. Marks Hospital		

INFORMANT INFORMATION

Name:	Alyssa Valladao	Relationship:	Daughter
Mailing Address:	670 Quailcrest Drive, Walnut Creek, California 94598		

DISPOSITION INFORMATION

Method of Disposition:	Cremation
Place of Disposition:	Utah Funeral Directors Cremation Center, South Jordan, Utah
Date of Disposition:	December 31, 2021

FUNERAL HOME INFORMATION

Funeral Home:	Cannon Mortuary
Address:	2460 East Bengal Blvd., Salt Lake City, Utah 84121
Funeral Director:	Don S Cannon

MEDICAL CERTIFICATION

Certifying Physician:	Ryan F Greenwood MD, Care Medical LLC, 1200 East 3900 South, Salt Lake City, Utah 84124
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CAUSE OF DEATH

Acute Respiratory Failure  
 Due to (or as a consequence of): Ileus  
 Due to (or as a consequence of): Gastrointestinal Bleed  
 Due to (or as a consequence of): Covid 19 Infection  
 Other significant conditions: Atrial Fibrillation, Chronic Anticoagulation, Hypertension, Cerebral Vascular Accident  
 Tobacco Use: Unknown  
 Medical Examiner Contacted: Yes    Autopsy Performed: No    Manner of Death: Natural

Date Registered: December 27, 2021  
 Date Issued: January 6, 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. Winger*  
 Linda S. Winger, MSW, LCSW  
 State Registrar  
Rev. 07/21



\* 0 6 6 9 2 5 7 9 1 \*

*Angela C. Dunn*  
 Angela C. Dunn, MD, MPH  
 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)	<b>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.</b>					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.		NOTARY SIGNATURE _____	
	16. ADDRESS OF WITNESS					S E A L	
OATH OF SECOND WITNESS (MUST BE 18 OR OLDER)	<b>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.</b>						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.		NOTARY SIGNATURE _____	
	22. ADDRESS OF WITNESS					S E A L	