

WHEN RECORDED MAIL TO:

Brenda J. Aguirre
530 South 400 East #2303
Salt Lake City, Utah 84111

14039818 B: 11384 P: 3844 Total Pages: 3
11/08/2022 11:34 AM By: kkennington Fees: \$40.00
Rashelle Hobbs, Recorder, Salt Lake County, Utah
Return To: COTTONWOOD TITLE INSURANCE AGENCY, INC.
1996 EAST 6400 SOUTH SUITE 120SALT LAKE CITY, UT 84121

AFFIDAVIT

I, Brenda J. Aguirre, being first duly sworn on oath depose and say:

That I am a citizen of the United States of America, over the age of 21 years, and a resident of Salt Lake City, County of Salt Lake, State of Utah:

That I was well and personally acquainted with Marsha Peters one of the grantees in that certain Warranty Deed recorded June 3, 1999, Entry No. 7374825 Book 8283, at Page ~~4893~~ 4892, records of the Recorder of Salt Lake County, Utah.

That I know of my own knowledge that Marsha Peters in the said deed and Marsha ^{Peters} mentioned in the attached Certificate of Death was one and the same person.

This affidavit is intended to terminate the joint tenancy of said Marsha Peters and Brenda J. Aguirre, in the following described property:

Unit 2303 contained within the TOWNE PARK CONDOMINIUMS, PHASE II formerly known as GRANT SQUARE CONDOMINIUMS, PHASE II, a Utah condominium project as identified in the Records of Survey Map recorded August 22, 1984 as Entry No. 3983808, in Book 84-8, at Page 122 of Plats, (as said Record of Survey Map may have been amended and/or supplemented) and as further defined and described in the Declaration of Condominium of the TOWNE PARK CONDOMINIUMS, PHASE II, formerly known as GRANT SQUARE CONDOMINIUMS, PHASE II, recorded December 9, 1983 as Entry No. 3878705, in Book 5513, at Page 1059 (as said Declaration may have been amended and/or supplemented) in the office of the Recorder of Salt Lake County, Utah.

Together with the appurtenant undivided interest in and to the common areas and facilities more particularly described in said Declaration and any amendments and/or supplements thereto.
16-06-463-028

Brenda J. Aguirre

Brenda J. Aguirre

State of Utah)

SS.

County of Davis)

On this day personally appeared before me Brenda J. Aguirre to me known to be the individual, or individuals described in and who executed the within and foregoing instrument and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned. Given under my hand and official seal this 7th day of November 2022

Jennifer N. Gibson

NOTARY PUBLIC

Residing at: Davis CC

Commission Expires: 09/25/24



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2022018712

Marsha Peters

DECEDENT INFORMATION

Date of Death:	October 29, 2022	Time of Death:	11:05
City of Death:	Salt Lake City	County of Death:	Salt Lake
Age:	73	Date of Birth:	October 9, 1949
Place of Birth:	Brigham City, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Never Married
Spouse's Name:		Usual Occupation:	Social Worker
Industry/Business:	Clinical Social Work	Education:	Master's Degree
Residence:	Salt Lake City, Utah	Father's Name:	Paul Madsen Peters
Mother's Name:	Enid Fishburn	Facility Type:	Nursing Home/Assisted Living
Facility or Address:	Capitol Hill Assisted Living		

INFORMANT INFORMATION

Name:	Suzan Peters	Relationship:	Cousin
Mailing Address:	9851 Mulberry Drive, Cedar Hills, Utah 84062		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Brigham City Cemetery, Brigham City, Utah
Date of Disposition:	November 4, 2022

FUNERAL HOME INFORMATION

Funeral Home:	Larkin Mortuary
Address:	260 East South Temple, Salt Lake City, Utah 84111
Funeral Director:	Joshua Hunter

MEDICAL CERTIFICATION

Certifying Physician:	Sharon M Weinstein MD, 30 North 1900 E RM 3C444, Salt Lake City, Utah 84132
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CAUSE OF DEATH


Protein Calorie Malnutrition
Tobacco Use: Non-user
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: November 1, 2022

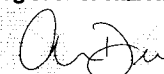
Date Issued: November 1, 2022

14039818 B: 11384 P: 3845 Page 2 of 3

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, MSW, LCSW
State Registrar
Rev. 07/21




Angela C. Dunn, MD, MPH
Director/Health Officer
County/District Health Department


SALT LAKE 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		
	STATE _____		COUNTY _____			
	NOTARY SIGNATURE _____					
	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 _____			
	NOTARY SIGNATURE _____					
	18. DATE SIGNED	19. AGE OF WITNESS	20. DAYTIME TELEPHONE	21. RELATIONSHIP TO 1a.		
22. ADDRESS OF WITNESS						