

WHEN RECORDED, MAIL TO:
Poulsen and Skousen, P.C.
1108 West South Jordan Parkway, Suite D
South Jordan, Utah 84095-4549

14042309 B: 11385 P: 4915 Total Pages: 3
11/15/2022 11:28 AM By: Mwestergard Fees: \$40.00
Rashelle Hobbs, Recorder, Salt Lake County, Utah
Return To: SIMPLIEN LLC
14948 S LAKE RIDGE CIRHERRIMAN, UT 84096

AFFIDAVIT OF DEATH

STATE OF UTAH)
 : ss.
COUNTY OF SALT LAKE)

Debra J Bills, being duly sworn upon oath deposeth and sayeth as follows:


1. Ivan S Bills and Debra J Bills, husband and wife, as joint tenants, are the owners of the real estate located in Salt Lake County, Utah, and more particularly described as follows:

Tax ID No.: 33-10-251-037-0000

Legal Description: LOT BEG S 412.5 FT FR SW COR OF NW 1/4 OF NE 1/4 SEC 10, T 4S, R 1W, SLM; E 231 FT; S 101.5 FT M OR L TO N LN LOT 1, SWEET SUB; S 89°32'07" W 261.01 FT M OR L; N 103.64 FT M OR L; E 33 FT TO BEG. 0.62 AC M OR L

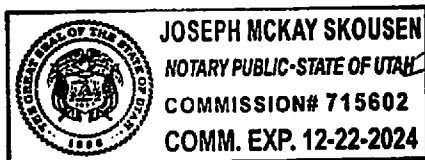
2. On or about October 11, 2022, Ivan S Bills, died in Salt Lake County, State of Utah. A copy of the Certificate of Death is attached hereto as Exhibit "A", and incorporated herein by reference.

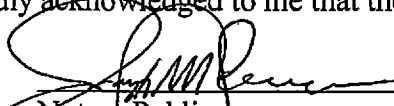
DATED this 8th day of November, 2022


Debra J Bills

STATE OF UTAH)
 : ss
COUNTY OF SALT LAKE)

On the 8TH day November 2022, personally appeared before me, Debra J Bills, the signer of the foregoing instrument, who duly acknowledged to me that they executed the same.




Notary Public
Residing in Salt Lake County
State of Utah

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2022017624

Ivan Stannard Bills

DECEDENT INFORMATION

Date of Death:	October 11, 2022	Time of Death:	13:00
City of Death:	Murray	County of Death:	Salt Lake
Age:	67	Date of Birth:	November 10, 1954
Place of Birth:	Murray, Utah	Sex:	Male
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Debra Jo French	Usual Occupation:	Manager
Industry/Business:	Freight Operations	Education:	Associate Degree
Residence:	Bluffdale, Utah	Father's Name:	Gordon Stannard Bills
Mother's Name:	Lois Miller	Facility Type:	Hospital Inpatient
Facility or Address:	Intermountain Medical Center		

INFORMANT INFORMATION

Name:	Debra Bills	Relationship:	Wife
Mailing Address:	14471 South 1690 West, Bluffdale, Utah 84065		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Bluffdale City Cemetery, Bluffdale, Utah
Date of Disposition:	October 21, 2022

FUNERAL HOME INFORMATION

Funeral Home:	Broomhead Funeral Home
Address:	12590 South 2200 West, Riverton, Utah 84065
Funeral Director:	Laura B Procnier

MEDICAL CERTIFICATION

Certifying Physician:	Ivan Zendejas-Ruiz MD, Intermountain Medical Center, 5121 South Cottonwood Street, Murray, Utah 84107
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CAUSE OF DEATH

Supraventricular Tachycardia [Onset: 1 Hour]
 Due to (or as a consequence of): Liver Failure [Onset: 3 Weeks]
 Due to (or as a consequence of): Kidney Failure [Onset: 2 Weeks]
 Due to (or as a consequence of): Intrahepatic Cholangiocarcinoma [Onset: 6 Months]
 Other significant conditions: Coronary Artery Disease
 Tobacco Use: Non-user
 Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: October 28, 2022
 Date Issued: October 28, 2022

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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
 Nov. 07/21



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)	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					