

After Recording Please Return to:
T Carter Maudsley
Lewis Hansen Pleshe Flanders, LLC
8 E. Broadway, Suite 410
Salt Lake City, Utah 84111

14117131 B: 11425 P: 4167 Total Pages: 4
06/13/2023 11:25 AM By: avice Fees: \$40.00
Rashelle Hobbs, Recorder, Salt Lake County, Utah
Return To: LEWIS HANSEN, LLC
8 E BROADWAY STE 410SALT LAKE CITY, UT 841112239

Parcel ID No.: 21-03-252-015-0000

**AFFIDAVIT
DEATH OF A JOINT TENANT**

I, Tusiga Lealaogata, 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 County, State of Utah:

That I was well and personally acquainted with **Saunoa Lealaogata**, one of the grantees in that certain Warranty Deed recorded June 28, 1991 as Entry No. 5089896 in Book 6331, at Page 2574, in the records of the Recorder of Salt Lake County, Utah.

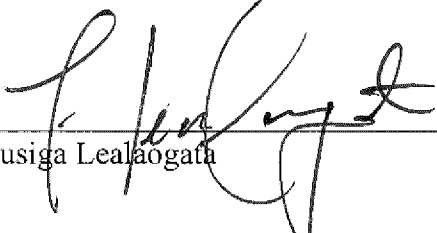
That I know of my own knowledge that **Saunoa Lealaogata** in said deed and **Saunoa Lealaogata**, the subject of the attached Certificate of Death State File Number 2016011086, who died on July 31 2016, was one and the same person.

This affidavit is executed in connection with the termination of the joint tenancy of **Saunoa Lealaogata and Mary K. Lealaogata**, which occurred prior to Mary K. Lealaogata conveying the entire interest in that same property to Tusiga Lealaogata in that certain Quitclaim Deed recorded September 4, 2020 as Entry No. 13384985 in Book 11013 Page 1855-1857 in the records of the Recorder of Salt Lake County, Utah, concerning the following described property situated in Salt Lake County, State of Utah:

LOT 16, MEADOWBROOK FARMS NO. 2, according to the official plat thereof as recorded in Book S of Plats at Page 80 in the office of the Salt Lake County Recorder

Tax ID# 21-03-252-015

Dated this 13th day of June, 2023:


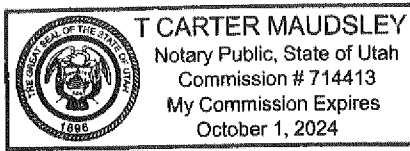


Tusiga Lealaogata

State of Utah)
§
County of Salt Lake)

On this 13 day of June, in the year 2023, before me T Carter Maudsley, a notary public, personally appeared Tusiga Lealaogata, proved on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged they executed the same.

Witness my hand and official seal.



NOTARY PUBLIC
Residing in: Salt Lake City, Utah
My Commission Expires: October 1, 2024

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2016011086

Saunoa Lealaogata

DECEDENT INFORMATION

Date of Death:	July 31, 2016	Time of Death:	23:36
City of Death:	Taylorsville	County of Death:	Salt Lake
Age:	62	Date of Birth:	August 20, 1953
Place of Birth:	Pitonu'u Satupa'itea, Western Samoa	Sex:	Male
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Mary Kionasina Roache	Usual Occupation:	Scaffolding
Industry/Business:	Building and Construction	Education:	High School or GED
Residence:	Taylorsville, Utah	Father's Name:	Faasolo Lealaogata
Mother's Name:	Tu'umuli Fauatea	Facility Type:	Home
Facility or Address:	1612 West 4300 South		

INFORMANT INFORMATION

Name:	Mary Kionasina Lealaogata	Relationship:	Wife
Mailing Address:	1612 West 4300 South, Taylorsville, Utah 84123		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Taylorsville Cemetery, Taylorsville, Utah
Date of Disposition:	August 6, 2016

FUNERAL HOME INFORMATION

Funeral Home:	McDougal Funeral Home
Address:	4330 South Redwood Road, Salt Lake City, Utah 84123
Funeral Director:	Jeffrey W Butcher

MEDICAL CERTIFICATION

Certifying Physician:	Stephan D Kendall MD, 3838 South 700 East Suite 100, Salt Lake City, Utah 84106
-----------------------	---

CAUSE OF DEATH

Myeloma [Onset: 2 Months]
Tobacco Use: Unknown if User
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: August 3, 2016
Date Issued: June 13, 2023

14117131 B: 11425 P: 4169

Page 3 of 4

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





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		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					