

WHEN RECORDED, MAIL TO:
Opendoor Property Trust I, a Delaware Statutory Trust
C/O OS National, LLC
Attn: Bernicia Stewart
3097 Satellite Blvd, Bldg. 700, Ste 400
Duluth, GA 30096

MAIL TAX NOTICES TO:
Opendoor Property Trust I
410 N. Scottsdale Rd, Ste 1600
Tempe, AZ, 85288



File No.: 172693-DWP

PERSONAL REPRESENTATIVE'S DEED

This Deed made by **Jeremy Trimmer**, as Personal Representative of the Estate of **Shaunda Trimmer** (also known as **Shaunda Trimmer** and is known on the attached Death Certificate as **Shaunda Brown Trimmer**),

GRANTOR(S), of Taylorsville, State of Utah,

to **Opendoor Property Trust I, a Delaware Statutory Trust dated February 8, 2019,**

GRANTEE(S), of Tempe, State of Arizona

Whereas, Grantor is the qualified personal representative of said estate as shown in the Letters of Administration or Letters Testamentary, filed as Probate Number 233901565 in the Third District Court, Utah:

Therefore, for valuable consideration received, Grantor sells and conveys to Grantee the following described real property in **Salt Lake County, State of Utah:**


Lot 7, MEADOWBROOK VALLEY NO. 2, according to the official plat thereof as recorded in the office of the Salt Lake County Recorder.

TAX ID NO.: 21-03-276-020 (for reference purposes only)

SUBJECT TO: Property taxes for the year 2023 and thereafter; covenants, conditions, restrictions and easements of record; and all applicable zoning laws and ordinances.

Dated this 13th day of October, 2023.


The Estate of Shaunda Trimmer


By: Jeremy Trimmer
Its: Personal Representative

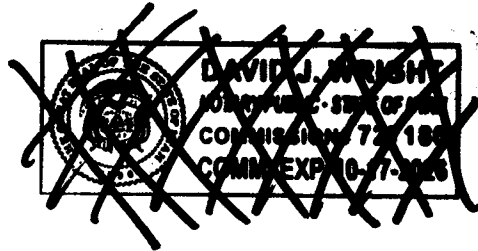
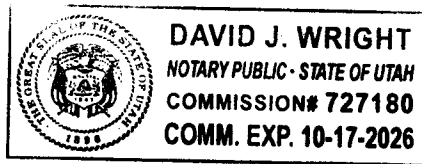
STATE OF UTAH

COUNTY OF DAVIS

On the 13 of October, 2023, personally appeared before me Jeremy Trimmer, Personal Representative of the Estate of Shaundra Trimmer, the signer(s) of the within instrument, who duly acknowledged to me that they executed the same with authority.



Notary Public



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2023001739

Shaunda Brown Trimmer

DECEDENT INFORMATION

Date of Death:	January 28, 2023	Time of Death:	01:35
City of Death:	Murray	County of Death:	Salt Lake
Age:	51	Date of Birth:	August 29, 1971
Place of Birth:	Fort Riley Military Base, Kansas	Sex:	Female
Armed Services:	No	Marital Status:	Divorced
Spouse's Name:		Usual Occupation:	Teacher
Industry/Business:	High School Education	Education:	Master's Degree
Residence:	Taylorsville, Utah	Funeral's Name:	Daniel Rowen Brown
Mother's Name:	Stephanie Harding	Length Type:	Hospital Inpatient
Facility or Address:	Intermountain Medical Center		

INFORMANT INFORMATION

Name:	Hunter Trimmer	Relationship:	Daughter
Mailing Address:	2011 Wasa Street, West Jordan, Utah 84088		

DISPOSITION INFORMATION

Method of Disposition:	Cremation
Place of Disposition:	Larkin Sunset Lawn Crematory, Salt Lake City, Utah
Date of Disposition:	February 6, 2023

FUNERAL HOME INFORMATION

Funeral Home:	Larkin Sunset Gardens
Address:	1950 East 10600 South, Sandy, Utah 84092
Funeral Director:	Mitchell D Anderson

MEDICAL CERTIFICATION

Certifying Physician: Kyle Hobbs MD, 5171 South Cottonwood Street #810, Murray, Utah 84107

CAUSE OF DEATH

Cerebral herniation syndrome
Due to (or as a consequence of): Cerebral edema
Due to (or as a consequence of): Malignant left middle cerebral artery cerebral infarction
Tobacco Use: Non-user
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

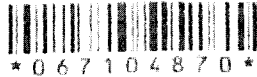
Date Registered: February 2, 2023

Date Issued: February 3, 2023

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



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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**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		NOTARY SIGNATURE _____
	15. 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		NOTARY SIGNATURE _____
	22. ADDRESS OF WITNESS					

UDOH - CVRS - 901 Rev 5/2019