

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



14286868 B: 11517 P: 4376 Total Pages: 4
09/11/2024 01:45 PM By: dkilpack 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

File No.: 181697-DWP

PERSONAL REPRESENTATIVE'S DEED

This Deed made by **Tuu Semeli aka Tu'u Semeli**, as Personal Representative of the Estate of **Mafatini Tuatagoloa Semeli Jr. aka Mafatini M. Semeli aka Mafatini Semeli** (also known as **Mafatini M. Semeli** and is known on the attached Death Certificate as **Mafatini Tuatagoloa Semeli Jr**),

GRANTOR(S), of West Valley City, 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 243902278 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 10, SUNRISE POINTE PHASE 1, according to the official plat thereof as recorded in the office of the Salt Lake County Recorder.

TAX ID NO.: 15-29-277-015 (for reference purposes only)

SUBJECT TO: Property taxes for the year 2024 and thereafter; covenants, conditions, restrictions and easements of record; and all applicable zoning laws and ordinances.

Dated this 11th day of September, 2024.

The Estate Mafatini Tuatagoloa Semeli Jr A/K/A
Mafatini M. Semeli A/K/A Mafatini Semeli

BY: Tuu Semeli
Tuu A/K/A Tu'u Semeli
Personal Representative

STATE OF UTAH

COUNTY OF ~~DAVIS~~ Salt Lake
34

On this 11th day of September, 2024, before me, personally appeared Tuu A/K/A Tu'u Semeli, proved on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and acknowledged before me that he/she/they executed the same on behalf of The Estate Mafatini Tuatagoloa Semeli Jr A/K/A Mafatini M. Semeli A/K/A Mafatini Semeli.

Brett Jeanselme
Notary Public



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2015009752

Mafatini Tuatagoloa Semeli Jr

DECEDENT INFORMATION:

Date of Death:	July 16, 2015	Time of Death:	10:05 (Found)
City of Death:	West Valley City	County of Death:	Salt Lake
Age:	65	Date of Birth:	March 9, 1950
Place of Birth:	Faga'alu, American Samoa	Sex:	Male
Armed Services:	Yes	Marital Status:	Married
Spouse's Name:	Tu'u Chungsum	Usual Occupation:	Private Security
Industry/Business:	Law Enforcement	Education:	High School or GED
Residence:	West Valley City, Utah	Father's Name:	Mafatini Tuatagoloa Semeli Sr
Mother's Name:	Pouvalu-Tafeaga-Smalley	Facility Type:	Home
Facility or Address:	3286 West Brookway Drive		

INFORMANT INFORMATION

Name:	Tu'u Chungsum Semeli	Relationship:	Wife
Mailing Address:	3286 West Brookway Drive, West Valley City, Utah 84119		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Valley View Memorial Park, West Valley, Utah
Date of Disposition:	July 25, 2015

FUNERAL HOME INFORMATION

Funeral Home:	Aspen Funeral Services
Address:	459 Universal Circle, Sandy, Utah 84070
Funeral Director:	Gene W Hoopes

MEDICAL CERTIFICATION

Medical Professional:	Julie A. Schrader DO, 48 North Mario Capocchi Drive, Salt Lake City, Utah 84113
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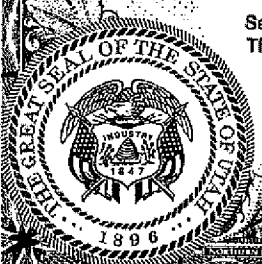
CAUSE OF DEATH

Hemopericardium
 Due to (or as a consequence of): Ruptured Aortic Dissection
 Due to (or as a consequence of): Hypertensive Cardiovascular Disease
 Other significant conditions: Obesity
 Tobacco Use: Unknown if User
 Medical Examiner Contacted: Yes Autopsy Performed: Yes Autopsy Available: Yes Manner of Death: Natural

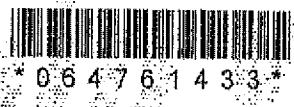
Date Registered: July 17, 2015
 Date Issued: July 17, 2015

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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 and the County/District Health Officer.



Janice L. Houston
 Janice L. Houston
 State Registrar
 REV. 07/13



Gary L. Edwards
 Gary L. Edwards
 Director/Health Officer
 County/District Health Department



AFFIDAVIT FOR CORRECTION

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE. A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

All vital records are registered as received. Corrections must be made by affidavit. An item on the birth certificate may be corrected by affidavit only once; a court order will be required for subsequent corrections.

**PLEASE RETURN ALL COPIES WITH ONE COMPLETED AFFIDAVIT WITHIN 90 DAYS FOR REPLACEMENT TO:
VITAL RECORDS, PO BOX 141012, SALT LAKE CITY, UTAH 84114-1012.
OR BRING COPIES AND COMPLETED AFFIDAVIT TO OUR OFFICE AT 288 NORTH 1460 WEST, SALT LAKE CITY, UTAH.**

BIRTH CERTIFICATES

1. List the facts exactly as stated on the reverse side. Opposite each item, correct the information as it should have been stated at the time of the birth.
2. If the person listed on the record is under 18 years of age, both parents of record **MUST** sign the affidavit. If the person listed on the record is 18 years or older, he/she **MUST** sign as one of the witnesses. Parents are the preferred witnesses for the second signature. If no father is listed on the record, an immediate relative of the mother may sign if he/she is of legal age. All signatures **MUST** be notarized.
3. The parent(s) may add or correct the surname from that listed on the record until the child's first birthday without documentation. The first, and/or middle name can be corrected or added without documentation until the child's sixth birthday.
4. This affidavit cannot be used to add a father or correct medical information on a birth certificate.
5. A Delayed Birth Certificate requires a court order to make any corrections.

DEATH CERTIFICATES

1. List the facts exactly as stated on the reverse side. Opposite each item, correct the information as it should have been stated at the time of the death.
2. This form is to be used to correct non-medical information **ONLY**. The informant **MUST** sign as a witness along with an immediate member of the decedent's family, or a person who is knowledgeable of the facts. Corrections to marital status **MUST** be approved and processed by the State Office of Vital Records and Statistics. Contact our office for assistance.
3. All medical information **MUST** be corrected with a **MEDICAL AFFIDAVIT** completed by the health care provider who signed the original death certificate.

BIRTH

DEATH

STILLBIRTH

STATE FILE NUMBER _____

NAME AS REPORTED ON REVERSE	1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME
STATEMENT OF CORRECTIONS	2a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD		2b. CORRECT INFORMATION
WHY IS CHANGE NECESSARY?	3. _____		
DOCUMENTS USED TO AMEND RECORD	4. _____		
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.		
	5. SIGNATURE OF WITNESS		Subscribed & Sworn to before me this ____ day of _____ 20__
	6. DATE SIGNED	7. AGE OF WITNESS	8. DAYTIME TELEPHONE OF WITNESS ()
	9. ADDRESS OF WITNESS (Street, City, State, Zip)		Notary Public _____ My Commission Expires _____
10. RELATIONSHIP TO PERSON IN 1a. (Circle one) Self Parent/Guardian Spouse Funeral Director Informant Other (Specify)			S E A L
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.		
	11. SIGNATURE OF WITNESS		Subscribed & Sworn to before me this ____ day of _____ 20__
	12. DATE SIGNED	13. AGE OF WITNESS	14. DAYTIME TELEPHONE OF WITNESS ()
	15. ADDRESS OF WITNESS (Street, City, State, Zip)		Notary Public _____ My Commission Expires _____
UDOH-OVRS REV 05/13	16. RELATIONSHIP TO PERSON IN 1a. (Circle one) Self Parent/Guardian Spouse Funeral Director Informant Other (Specify)		