

That Guy Clifford Burgon was the sole surviving joint tenant. Guy died on September 18, 2019, and the affiants are in the process of probating the estate of Guy Clifford Burgon who was the sole owner of the real property as of the date of his death. As such, upon their appointment as personal representative, the affiants will have authority to dispose of the property.

DATED this 25 day of April, 2022.

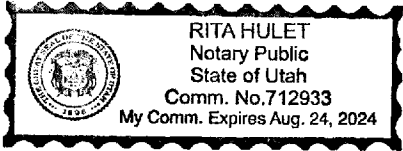
Gaylene B. Nielsen
Gaylene B. Nielsen

Janet B. McCarthy
Janet B. McCarthy

Debra B. Yates
Debra B. Yates

Subscribed and sworn to before me this 25 day of April, 2022, by Gaylene B. Nielsen, Janet B. McCarthy and Debra B. Yates, the signers of the within Affidavit, who personally appeared before me.

Rita Hulet
Notary Public



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2017002096

Donna Mae Burgon

DECEDENT INFORMATION

Date of Death:	February 8, 2017	Time of Death:	19:35
City of Death:	Murray	County of Death:	Salt Lake
Age:	88	Date of Birth:	May 21, 1928
Place of Birth:	South Jordan, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Guy Clifford Burgon	Usual Occupation:	Homemaker
Industry/Business:	Own Home	Education:	9th Through 12th Grade
Residence:	Midvale, Utah	Parent or Father:	James B Shields
Parent or Mother:	Millie Fontella Hardcastle	Facility Type:	Hospital Inpatient
Facility or Address:	Intermountain Medical Center		

INFORMANT INFORMATION

Name:	Gaylene B Nielsen	Relationship:	Daughter
Mailing Address:	9299 South Bingham Park Drive, West Jordan, Utah 84088		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Midvale City Cemetery, Midvale, Utah
Date of Disposition:	February 15, 2017

FUNERAL HOME INFORMATION

Funeral Home:	Goff Mortuary
Address:	8090 South State, , Midvale, Utah 84047
Funeral Director:	Chad M Anderson

MEDICAL CERTIFICATION

Medical Professional: Nancy E. Gundersen, 5121 Cottonwood Street, Murray, Utah 84157

CAUSE OF DEATH

Ruptured Thoracic Aortic Aneurysm
Other significant conditions: Acute Myocardial Infarction, Rheumatoid Arthritis
Tobacco Use: Non-user
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: February 16, 2017

Date Issued: February 16, 2017

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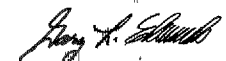
This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics. Security features of this official document include: High Resolution Border, V & R images in top cycloids, and microtext. This document displays the date, seal, and signature of the Utah State Registrar of Vital Records and Statistics.



Richard J. Oborn, MPA
State Registrar
Rev. 1/16



065258577


Gary L. Edwards
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 must be made by affidavit but an item on a birth record may be corrected by affidavit only once. A court order is required for subsequent changes. A court/order is necessary to make any corrections to a Delayed Birth Certificate. This affidavit cannot be used to correct medical information. Please return any copies of the certificate with this affidavit completed. 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 or hand delivered.

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

Affidavit Instructions

- Please print or type in black ink.
- Items 1-6: Enter the facts as reported on the current vital record.
- Item 7: Enter 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 on the record.
- Item 9: Enter the reason the change is necessary.
- Item 10: Enter the proofs used to support the change, if applicable. The proofs must match the asserted fact(s) exactly.
- Items 11-22: Enter witness information.

Witness Instructions

- 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, or a person who is knowledgeable of the facts.

 BIRTH

 DEATH

 STILLBIRTH

STATE FILE NUMBER _____

NAME AS REPORTED ON REVERSE	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 STATED ON THE ORIGINAL RECORD			8b. CORRECT INFORMATION	
WHY IS CHANGE NECESSARY?	9a.					
	9b.					
DOCUMENTS USED TO AMEND RECORD	10a.					
	10b.					
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 & Sworn to before me this ____ day of _____ 20__
	11a. SIGNATURE OF WITNESS (Must be signed in front of a Notary)			11b. PRINTED NAME OF WITNESS		Notary Signature _____
	12. DATE SIGNED		13. AGE OF WITNESS	14. DAYTIME TELEPHONE OF WITNESS	15. RELATIONSHIP OF WITNESS	State _____
	16. ADDRESS OF WITNESS (Street, City, State, Zip)					County _____
						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.					Subscribed & Sworn to before me this ____ day of _____ 20__
	17a. SIGNATURE OF WITNESS (Must be signed in front of a Notary)			17b. PRINTED NAME OF WITNESS		Notary Signature _____
	18. DATE SIGNED		19. AGE OF WITNESS	20. DAYTIME TELEPHONE OF WITNESS	21. RELATIONSHIP OF WITNESS	State _____
	22. ADDRESS OF WITNESS (Street, City, State, Zip)					County _____
						S E A L

1480600

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HANDY CITY BANK - Midvale

APR 26 1956

Recorded at Request of

at 2:20 P.M. Fee Paid \$ 1.30

HAZEL TAGGART CHASE, Recorder, Salt Lake County, Utah

By *G. Mowser*

Dep. Book

Page

Ref.:

Mail tax notice to

Address

WARRANTY DEED

C-56909
LOUIS D. NELSON and BELVA H. NELSON, his wife, grantors
of Midvale City, County of Salt Lake, State of Utah, hereby

CONVEY and WARRANT to

GUY ^{CLIFFORD} BURGON and DONNA S. BURGON, his wife, as joint tenants,

grantees

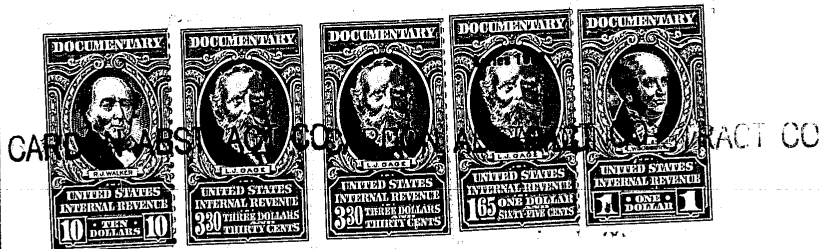
of County of Salt Lake, State of Utah

for the sum of ****Ten*** DOLLARS,
and other good and valuable consideration,

the following described tract of land in Midvale City, Salt Lake County,

State of Utah, to-wit:

All of Lot 9, Chapel Subdivision, according to the official plat thereof as recorded in the office of the recorder of Salt Lake County, Utah.



WITNESS the hands of said grantors, this 19th day of April

A. D. 1956

Signed in the presence of

Louis D. Nelson
Belva H. Nelson

STATE OF UTAH, }
County of Salt Lake } ss.

On the 19th day of April A. D., 1956 personally
appeared before me Louis D. Nelson and Belva H. Nelson,
his wife,

the signers of the within instrument who duly acknowledged
to me that they executed the same.

David Estabrook
Notary Public.

My Commission expires *Nov 24, 1957* My residence is *Sandy, Utah*

THIS DEED PRINTED ESPECIALLY FOR PHOTO RECORDING, USE BLACK INK AND TYPE.