

WHEN RECORDED MAIL TO
Christopher Arndt
727 S Post Street
Salt Lake City, UT 84104
File No. AB-20-1966

13302186
6/18/2020 2:55:00 PM \$40.00
Book - 10963 Pg - 5293-5299
RASHELLE HOBBS
Recorder, Salt Lake County, UT
STEED TITLE INSURANCE AGENCY
BY: eCASH, DEPUTY - EF 7 P.

PERSONAL REPRESENTATIVE'S DEED

THIS DEED, made by **Dona Kim and Helen Vigil** as Personal Representative for the Estate of **Leopoldo J Vigil and Viola Vigil**, deceased as Grantor(s) to **Christopher Arndt, single man** as Grantee(s)

Whereas Grantor is the qualified Personal Representative of said estate, filed as Probate No. **203900948** in the **Third** District Court in and for **Salt Lake** County, State of Utah.

THEREFORE, for value consideration received Grantor(s) hereby sells and conveys to Grantee(s) the following described real property located in **Salt Lake** County, State of Utah:

"see attached legal"

EXECUTED this 18 day of June, 2020

Estate of **Leopoldo J. Vigil and Viola Vigil**

By: *Dona Kim*
Dona Kim, Personal Representative
By: *Helen Vigil*
Helen Vigil, Personal Representative

State of Utah }
 } ss
County of Salt Lake }

On this 18 day of June, 2020, personally appeared before me, **Dona Kim and Helen Vigil, Personal Representatives of Estate of Leopoldo J. Vigil and Viola Vigil**, the signer(s) of the above instrument, who duly acknowledged before me that he/she/they executed the same.

Witness my hand and official seal

[Signature]
Notary Public



FILED DISTRICT COURT
Third Judicial District
MAY 12 2020
SALT LAKE COUNTY

By _____ Deputy Clerk

In the District Court of Utah

Third District Court Judicial District Salt Lake County

Court Address 450 South State P.O. Box 1860 Salt Lake City, UT 84114-1860

In the Matter of the Estate of
Leopoldo J. Vigil 6/30/1925
Viola Vigil 12/11/1934
Deceased

Letters Testamentary

203900948
Case Number
FAUST
Judge

1. The will of the decedent was admitted to probate. The appointed personal representative is:

Dona Kim + Helen Vigil (name).

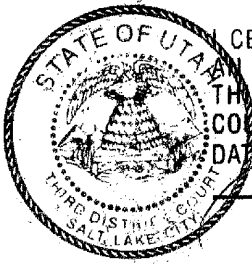
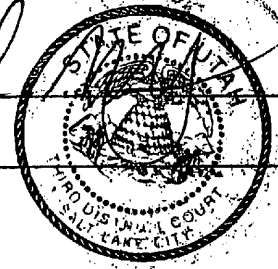
2. The personal representative is:

[X] not supervised.

[] supervised. The personal representative may not make any distribution of the estate or exercise the following powers without prior order of the court:

X 5-12-2020
Date

Signature [Signature] Printed Name of Clerk or Registrar



I CERTIFY THAT THIS IS A TRUE COPY OF ORIGINAL DOCUMENT ON FILE IN THE THIRD DISTRICT COURT, SALT LAKE COUNTY, STATE OF UTAH.
DATE: 5/15/2020
[Signature]
DEPUTY COURT CLERK

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2011011681

Leopoldo J Vigil

BK 10963 PG 5295

DECEDENT INFORMATION

Date of Death:	September 28, 2011	Time of Death:	17:50
City of Death:	Salt Lake City	County of Death:	Salt Lake
Age:	86	Date of Birth:	June 30, 1925
Place of Birth:	El Rito, New Mexico	Sex:	Male
Armed Services:	Yes	Marital Status:	Married
Spouse's Name:	Viola Gonzales	Usual Occupation:	Automotive Technician
Industry/Business:	Automotive	Education:	High School or GED
Residence:	Salt Lake City, Utah	Father's Name:	Antonio Vigil
Mother's Name:	Eduvijen Gallegos	Facility Type:	Home
Facility or Address:	727 Post Street		

INFORMANT INFORMATION

Name:	Viola Vigil	Relationship:	Wife
Mailing Address:	727 Post Street, Salt Lake City, Utah 84104		

DISPOSITION INFORMATION

Method of Disposition:	Cremation
Place of Disposition:	Neil O'Donnell & Sons Crematory, Salt Lake City, Utah
Date of Disposition:	September 30, 2011

FUNERAL HOME INFORMATION

Funeral Home:	Neil O'Donnell & Sons Mortuary
Address:	372 East 100 South, , Salt Lake City, Utah 84111
Funeral Director:	Michael P O'Donnell

MEDICAL CERTIFICATION

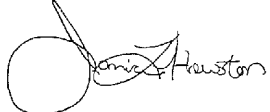
Medical Professional:	Gregory J Miller, Utah Cancer Specialists, 3838 South 700 East Suite #100, Salt Lake City, Utah 84117
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CAUSE OF DEATH

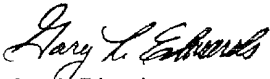
metastatic colon carcinoma [Onset: 1 Year]
Tobacco Use: Unknown if User
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

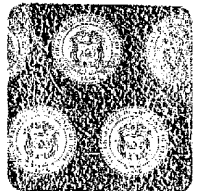
Date Issued: October 4, 2011

This is an exact reproduction of the document registered in the State Office of Vital Statistics. Security features of this official document include: Intaglio Border, V & R images in top cycloids, ultra violet fibers and hologram image of the Utah State Seal, over the words "State of Utah". This document displays the date, seal and signature of the State Registrar and the County/District Health Officer.


Janice L. Houston, State Registrar
Office of Vital Statistics




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



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2020005076

Viola Vigil

BK 10963 PG 5297

DECEDENT INFORMATION

Date of Death:	March 28, 2020	Time of Death:	21:50
City of Death:	Salt Lake City	County of Death:	Salt Lake
Age:	85	Date of Birth:	December 11, 1934
Place of Birth:	El Rito, New Mexico	Sex:	Female
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:		Usual Occupation:	Cook
Industry/Business:	Nursing Home	Education:	8th Grade or Less
Residence:	Salt Lake City, Utah	Parent or Father:	Celestino Gonzales
Parent or Mother:	Thomasita Martinez	Facility Type:	Home
Facility or Address:	727 Post Street		

INFORMANT INFORMATION

Name:	Helen Vigil	Relationship:	Daughter
Mailing Address:	1524 South Brava Street, Salt Lake City, Utah 84104		

DISPOSITION INFORMATION

Method of Disposition:	Cremation
Place of Disposition:	Care Center of Utah, Salt Lake City, Utah
Date of Disposition:	March 31, 2020

FUNERAL HOME INFORMATION

Funeral Home:	Neil O'Donnell & Sons Mortuary
Address:	372 East 100 South, Salt Lake City, Utah 84111
Funeral Director:	Michael P O'Donnell

MEDICAL CERTIFICATION

Medical Professional:	Matthew Agresta MD, 3580 West 9000 South, West Jordan, Utah 84088
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CAUSE OF DEATH


Severe Protein Calorie Malnutrition
Due to (or as a consequence of): Adult Failure To Thrive
Due to (or as a consequence of): Congestive Heart Failure
Other significant conditions: Alzheimer's Dementia With Behavioral Disturbances
Tobacco Use: Non-user
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

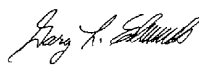
Date Registered: March 31, 2020

Date Issued: March 31, 2020

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.


Linda S. Winger LCSW
State Registrar
Rev. 4/19


066116690


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


SALT LAKE
COUNTY
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 and proof of ID.

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					

BK 10963 PG 5298

S
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A
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Escrow No.: AB-20-1966

EXHIBIT "A"
LEGAL DESCRIPTION

All of lots 8 and 9, Block 5, SEVENTH SOUTH SUBDIVISION, according to the plat thereof as recorded in the office of the Salt lake County Recorder.

Tax ID No.: 15-11-205-009-0000

13320960
7/7/2020 11:22:00 AM \$40.00
Book - 10974 Pg - 6977
RASHELLE HOBBS
Recorder, Salt Lake County, UT
STEED TITLE INSURANCE AGENCY
BY: eCASH, DEPUTY - EF 1 P.

AFFIDAVIT OF IDENTIY

State of Utah)
)
County of Salt Lake)

I, Ashlee Baer, being first duly sworn, on oath say(s) that to my actual and personal knowledge:

That Leopoldo J. Vigil named as Leo Vigil in that certain document dated April 8th 1980 and filed for record on April 9th 1980 as Document Number 3421500 Book 5085 Page 177 in the Office of the Salt Lake County Recorder is the same as Leopoldo J. Vigil in that certain document dated June 18th 2020 and filed for record on June 18th, 2020 as Document Number 13302186 Book 10963 Page 5293-5299, in the Office of the Salt Lake County Recorder, Utah.

All of lots 8 and 9, Block 5, SEVENTH SOUTH SUBDIVISION, according to the plat thereof as recorded in the office of the Salt lake County Recorder.

Tax ID No.: 15-11-205-009-0000

I know the matters herein stated are true and make this Affidavit for the purpose of inducing the acceptance of title to the real property described in the above documents.

Affiant


Ashlee Baer

STATE OF UTAH)
)
COUNTY OF Salt Lake)

On this 7th day of July 2020 before me appeared Ashlee Baer, personally known to me to be the person who executed the foregoing instrument and being sworn by me stated that the facts and matters stated therein are true according to the best of her knowledge and belief, and acknowledged to me That she executed the same as her free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official sea! in the county and state aforesaid the day and year written above

Witness my hand and official seal.



Notary Public

