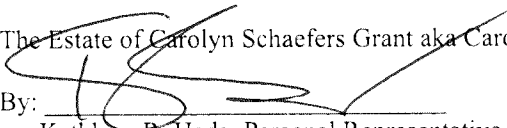


IN WITNESS WHEREOF, The Grantor has executed this deed on the date set forth above.

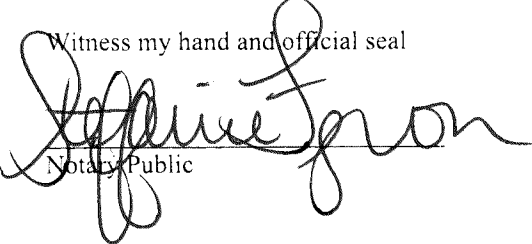
The Estate of Carolyn Schaefers Grant aka Carolyn Grant

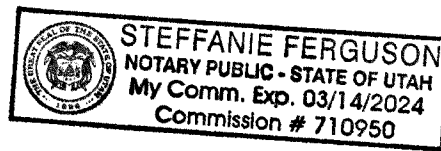
By: 
Kathleen R. Hada, Personal Representative

STATE OF UTAH
COUNTY OF SALT LAKE

On this 28 day of April, 2023, before me Steffanie Ferguson a notary public, personally appeared Kathleen R. Hada, Personal Representative of Estate of Carolyn Schaefers Grant aka Carolyn Grant, proved on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to this instrument, and acknowledged he/she/they executed the same.

Witness my hand and official seal


Notary Public



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2023001972

Carolyn Schaefers Grant

DECEDENT INFORMATION

Date of Death:	January 30, 2023 (Found)	Time of Death:	18:05 (Found)
City of Death:	West Valley City	County of Death:	Salt Lake
Age:	78	Date of Birth:	November 27, 1944
Place of Birth:	Portland, Oregon	Sex:	Female
Armed Services:	No	Marital Status:	Divorced
Spouse's Name:		Usual Occupation:	Social Services
Industry/Business:	Utility Support	Education:	High School or GED
Residence:	West Valley City, Utah	Father's Name:	Max Emerald Ball
Mother's Name:	Rose Marie Anzalone	Facility Type:	Home
Facility or Address:	6939 W Hunter Birch Circle		

INFORMANT INFORMATION

Name:	Kathleen Hada	Relationship:	Sister
Mailing Address:	620 Grove Field Court, Suwanee, Georgia 30024		

DISPOSITION INFORMATION

Method of Disposition:	Cremation
Place of Disposition:	Salt Lake City Cremation Center, Salt Lake City, Utah
Date of Disposition:	February 10, 2023

FUNERAL HOME INFORMATION

Funeral Home:	Wiscombe Memorial LLC
Address:	47 South Orange Street, Suite B5, Salt Lake City, Utah 84116
Funeral Director:	Coby K Swindlehurst

MEDICAL CERTIFICATION

Certifying Physician: Andrew R Guajardo MD, Office of the Medical Examiner, 4451 South 2700 West, Taylorsville, Utah 84129

CAUSE OF DEATH

Pulmonary embolism
 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: February 6, 2023
Date Issued: February 7, 2023

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Page 3 of 5

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
 Rev 07/21



Angela C. Dunn
 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__
						STATE _____ COUNTY _____
	11a. SIGNATURE OF WITNESS (Must sign in front of Notary)	11b. PRINTED NAME OF WITNESS				NOTARY SIGNATURE _____
	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__
						STATE _____ COUNTY _____
	17a. SIGNATURE OF WITNESS (Must sign in front of Notary)	17b. PRINTED NAME OF WITNESS				NOTARY SIGNATURE _____
	18. DATE SIGNED	19. AGE OF WITNESS	20. DAYTIME TELEPHONE		21. RELATIONSHIP TO 1a.	
22. ADDRESS OF WITNESS						

The Order of the Court is stated below:

Dated: March 10, 2023
02:56:08 PM

/s/ MAGDALENA ALVARADO
District Court Clerk



John Lish 07921
CERTUS LAW GROUP, PLLC
1790 Bonanza Dr
Suite W100
Park City, Utah 84060
(801) 939-0321

IN THE THIRD JUDICIAL DISTRICT COURT OF SALT LAKE COUNTY
STATE OF UTAH

<p>IN THE MATTER OF THE ESTATE OF CAROLYN SCHAEFERS GRANT, Deceased.</p>	<p>LETTERS OF ADMINISTRATION Probate No. 233900623</p>
--	---

1. Kathleen R. Hada was duly appointed and qualified as General Personal Representative of the estate of the above-named decedent on the date affixed to the upper right corner of the first page of this Order by the Registrar, with all authority hereto.
2. Administration of the estate is unsupervised.
3. These letters are issued to evidence the appointment, qualification, and authority of the said personal representative.

END OF ORDER

The Order of the Court is stated below:

Dated: May 20, 2024
09:14:17 AM

/s/ KATIE THOMSON
District Court Clerk



1STEPHEN J. BUHLER, #6502
Attorney for Petitioner
3540 South 4000 West, Ste. 245
West Valley City, Utah 84120
Telephone: (801) 964-6901
sjblawyer@aol.com

**DISTRICT COURT OF THE STATE OF UTAH
THIRD JUDICIAL DISTRICT
SALT LAKE COUNTY**

IN THE MATTER OF THE ESTATE OF: SANDRA ELSIE PECK, Deceased.	LETTERS OF ADMINISTRATION Case Number 243900674 Judge Vernice Trease
--	---

1. Phyllis Miller was duly appointed and qualified as Personal Representative of the estate of the above-named decedent with all authority pertaining thereto.
2. Administration of the estate is unsupervised.

These letters are issued to evidence the appointment, qualification and authority of the said Personal Representative.

*****END OF DOCUMENT*****

In accordance with the Utah State District Courts eFiling Standard No. 4, and URCP Rule 10(3), this Order does not bear the handwritten signature of the Judge, but instead displays an electronic signature at the upper right-hand corner of the first page of this Order along with the Court's seal and the date the Order was entered by the Court.