

DOC # 20090033735

Warranty Deed Page 1 of 1
Russell Shirts Washington County Recorder
08/28/2009 01:15:06 PM Fee \$ 10.00
By FADEL LAW FIRM



Mail Tax Notice To: Jay Hall
2016 E. 40 N.
St. George, UT 84790

WARRANTY DEED

JAY ALLEN HALL,

Grantor,

of St. George, County of Washington, State of Utah, hereby

Conveys and Warrants to

JAY HALL, or successors, as Trustee of the JAY HALL LIVING TRUST dated August 24, 2009,

Grantee,

of St. George, County of Washington, State of Utah

for the sum of Ten and 00/100 Dollars and other good and valuable consideration, the following described tract of land located in Washington County, State of Utah, and more particularly described as follows:

LOT FIFTY-FIVE (55), FOSTER HILLS ESTATES SUBDIVISION - PHASE 3, AMENDED, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE AND OF RECORD IN THE WASHINGTON COUNTY RECORDER'S OFFICE.

Parcel No. SG-FHE-3-55

WITNESS, the hand of said grantors this 24 day of August, 2009.

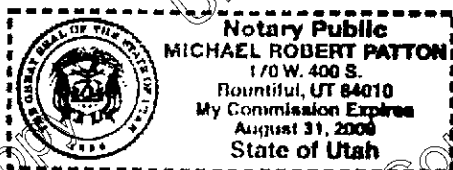
Jay Allen Hall
JAY ALLEN HALL

STATE OF UTAH :

:ss

County of Davis :

On the 24 day of August, 2009, personally appeared before me JAY ALLEN HALL, the signer of the within instrument, who duly acknowledged to me that he executed the same.



[Signature]

NOTARY PUBLIC

Residing at: Bonanza, UT
My Commission Expires: 08/31/2009

Mail Tax Notice To:
Nanette Hall Goodman
8320 S. Shatton Lane
West Jordan, UT 84088

AFFIDAVIT OF SUCCESSOR TRUSTEE

STATE OF UTAH :
: ss.
County of Davis :

NANETTE HALL GOODMAN, being first duly sworn under oath, states as follows:

1. The JAY HALL LIVING TRUST, dated August 24, 2009, owns certain real property located in Washington County, State of Utah, and more particularly described as follows:

LOT FIFTY-FIVE (55), FOSTER HILLS ESTATES SUBDIVISION - PHASE 3, AMENDED, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE AND OF RECORD IN THE WASHINGTON COUNTY RECORDER'S OFFICE.

Parcel No.: SG-FHE-3-55

2. Title to the described property vested in the JAY HALL LIVING TRUST, dated August 24, 2009, as Entry No. 20090033735 on August 28, 2009.

3. Pursuant to Article Three, Section 3.03(a) of the JAY HALL LIVING TRUST, dated August 24, 2009, JAY HALL has been removed as Trustee.

4. Pursuant to Article Three, Section 3.03(a) of the JAY HALL LIVING TRUST, dated August 24, 2009, NANETTE HALL GOODMAN is now serving as Trustee.

6. Title to the property should be held as:

NANETTE HALL GOODMAN, or successors, as Trustee of the JAY HALL LIVING TRUST, dated August 24, 2009.

DATED this 29 day of December, 2022.

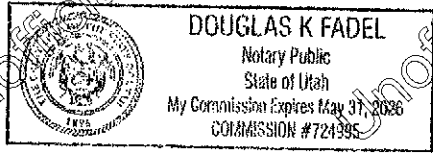
Nanette Hall Goodman

NANETTE HALL GOODMAN, Trustee

Subscribed and sworn before me on this 29 day of Dec, 2022
by, NANETTE HALL GOODMAN as Trustee.

Douglas K Fadel

NOTARY PUBLIC



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2022021825

Jay Allen Hall

DECEDENT INFORMATION

Date of Death:	December 17, 2022	Time of Death:	15:13
City of Death:	St George	County of Death:	Washington
Age:	81	Date of Birth:	July 9, 1941
Place of Birth:	American Fork, Utah	Sex:	Male
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Barbara Workman	Usual Occupation:	Business Owner
Industry/Business:	Plumbing	Education:	Some College but No Degree
Residence:	St George, Utah	Father's Name:	Oscar Hurst Hall
Mother's Name:	Nida Mary Adamson	Facility Type:	Hospital ER
Facility or Address:	Intermountain Health Care St George		

INFORMANT INFORMATION

Name:	Nanette Goodman	Relationship:	Daughter
Mailing Address:	8320 South Shatton Lane, West Jordan, Utah 84088		

DISPOSITION INFORMATION

Method of Disposition: Burial
 Place of Disposition: American Fork Cemetery, American Fork, Utah
 Date of Disposition: December 22, 2022

FUNERAL HOME INFORMATION

Funeral Home: Anderson & Sons Mortuary
 Address: 49 East 400 North, American Fork, Utah 84003
 Funeral Director: Angela S Plummer

MEDICAL CERTIFICATION

Certifying Physician: Cort Leavitt MD, Intermountain Medical Center, 1380 East Medical Center Drive, St George, Utah 84790

CAUSE OF DEATH

Acute hypoxic respiratory failure
 Due to (or as a consequence of): COVID-19
 Due to (or as a consequence of): Septic shock
 Due to (or as a consequence of): Acute respiratory distress syndrome
 Other significant conditions: NSTEMI, cardiac arrest, cardiogenic shock, congestive heart failure
 Tobacco Use: Unknown
 Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

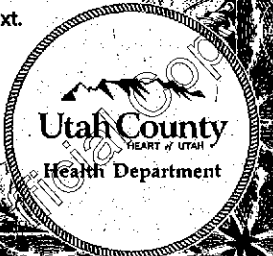
Date Registered: December 20, 2022
Date Issued: December 20, 2022

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 Records and Statistics.

Linda S. Winger
Linda S. Winger, MSW, LCSW
State Registrar
Rev. 12/09



Eric S. Edwards
Eric S. Edwards, MPA, MCHES
Executive Director
Utah 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, 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?						
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					