

14

When Recorded Send To:
Ellen Marie Whatcott
825 West 2225 North
Layton, Utah 84041

E 2414908 B 4689 P 794-796
RICHARD T. MAUGHAN
DAVIS COUNTY, UTAH RECORDER
01/09/2009 03:05 PM
FEE \$14.00 Pgs: 3
DEP RT REC'D FOR ESTATE MANAGEMENT
INC

AFFIDAVIT OF DEATH AND SUBSTITUTION OF TRUSTEE

Ellen Marie Whatcott, being duly sworn upon oath, deposes and says that she was well and personally acquainted with Merlin W. Whatcott a.k.a. Merlin Wayne Whatcott, one of the Grantees in deed recorded in the records of Davis County, Utah, as set forth below; that she knows said Merlin W. Whatcott a.k.a. Merlin Wayne Whatcott, to be the same person whose death certificate is attached hereto; and that by reason of said death the joint tenancy on the hereinafter described premises has terminated.

Subsequent to Merlin W, Whatcotts death Ellen Marie Whatcott is the sole remaining Trustee of The Family Trust of Merlin W. Whatcott and Ellen Marie Whatcott, trust dated February 21, 2008

LEGAL PROPERTY DESCRIPTION: ALL OF LOT 235, HARRISBURG PLACE SUBDIVISION NO. 2. LAYTON CITY, DAVIS COUNTY, UTAH ACCORDING TO THE OFFICIAL PLAT THEREOF.

BOOK #: 4500

PAGE #: 1262

ENTRY #: 2352766

PARCEL NUMBER: 09-267-0235

Executed on the 22 day of October, 20 08, at Layton, UT

Signed: Ellen Marie Whatcott
(Ellen Marie Whatcott)

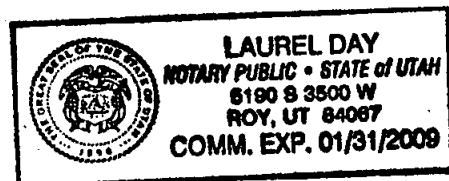
CERTIFICATE OF NOTARY PUBLIC

County of Davis, State of Utah

On 22nd before me, OCT, 08, personally appeared, Ellen Marie Whatcott personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged she executed the same in her authorized capacity, and that by her signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature Laurel Day (SEAL)



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2008010797

Merlin Wayne Whatcott

DECEDENT INFORMATION

Date of Death:	September 23, 2008	Time of Death:	00:02
City of Death:	Layton	County of Death:	Davis
Age:	77	Date of Birth:	October 6, 1930
Place of Birth:	Logan, Utah	Sex:	Male
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Ellen Marie Shillington	Usual Occupation:	Music Teacher
Industry/Business:	Education	Education:	Bachelor's Degree
Residence:	Layton, Utah	Father's Name:	Clemouth L Whatcott
Mother's Name:	Vesta A Pulley	Facility Type:	Hospital Inpatient
Facility or Address:	Davis Hospital and Medical Center		

INFORMANT INFORMATION

Name:	Blair Whatcott	Relationship:	Son
Mailing Address:	837 W. 2225 No., Layton, Utah 84041		

DISPOSITION INFORMATION

Method of Disposition:	Burial	Date of Disposition:	September 26, 2008
Place of Disposition:	Lindquist's Memorial Park Layton, Layton, Utah		

FUNERAL HOME INFORMATION

Funeral Home:	Lindquist Mortuary - Layton
Address:	1867 North Fairfield Road, Layton, Utah 84041
Funeral Director:	Barry L Kelly

MEDICAL CERTIFICATION

Certifying Physician: Susan C Hustad MD, 425 E. 5350 S #335, Ogden, Utah 84405

CAUSE OF DEATH

Pneumonia
Lymphoma
Diabetes, cardiac disease, dehydration
Tobacco Use: Non-user
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Issued: September 25, 2008

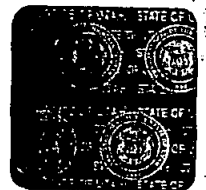
This is an exact reproduction of the document registered in the State Office of Vital Statistics. Security features of this official document include: Intaglio Border, V & R images in top cycloids, ultra violet fibers and hologram image of the Utah State Seal, over the words "State of Utah". This document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

Barry E Nangle
Barry E. Nangle, State Registrar
Office of Vital Statistics



061494411

Lewis R. Garrett
Lewis R. Garrett
Director/Health Officer
County/District Health Department



AFFIDAVIT FOR CORRECTION

This is a legal document. Complete in black ink and do not alter.

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 or death certificate may be corrected by affidavit only once; a court order will be required for subsequent corrections.

There is no processing fee for affidavits registered within one year of the date of the event. After one year from the date of the event, there is a fee for filing the affidavit which includes one replacement copy. Affidavits completed **within 90 days of issuance** may be given credit for monies previously paid. (Multiple copies may require an additional fee.)

**PLEASE RETURN ALL COPIES WITH ONE COMPLETED AFFIDAVIT WITHIN 90 DAYS FOR REPLACEMENT TO:
UTAH DEPT. OF HEALTH, OFFICE OF VITAL RECORDS AND STATISTICS, P O BOX 141012,
SALT LAKE CITY, UT 84114-1012**

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.	Who may sign the affidavit for corrections: If the person listed on the record is under 18, both parents listed on the record. If the person listed on the record is 18 he/she must sign as one of the witnesses, unless mentally incompetent or physically incapacitated. Parents or other older relatives are preferred witnesses for the second signature. If no father is listed on the record, an older relative of the mother of legal age may sign. The signatures <u>must be notarized</u> .
3.	The parent(s) may add or correct the surname from that listed on the record until the child's first birthday without proofs. The first, and/or middle name can be corrected or added without proofs until the child's sixth birthday.
4.	If the child is under the age of six and there is no father listed on the record, the child's surname may be corrected to match the mother's maiden name without documentation.
5.	Minor corrections in spelling or parents' information may be corrected anytime. Some corrections may require documentary proof.
6.	This affidavit cannot be used to add a father to or correct medical information on a birth certificate.

DEATH CERTIFICATES	
1.	If corrections to non medical information are not being made by the Funeral Home, the Informant MUST sign as a witness along with an older relative of the decedent, or another person who is knowledgeable of the facts.
2.	The medical information (Cause of Death) may only be corrected by the certifying physician or the Medical Examiner.

	<input type="checkbox"/> BIRTH <input type="checkbox"/> DEATH <input type="checkbox"/> STILLBIRTH			
LOCAL FILE NUMBER		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.			
PROOFS 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.		Subscribed & Sworn to before me this ____ day of ____ 20__	
	5. SIGNATURE OF WITNESS		Notary Public _____	
	6. DATE SIGNED	7. AGE OF WITNESS	8. DAYTIME TELEPHONE # OF WITNESS ()	S E A L
	9. ADDRESS OF WITNESS (Street, City, State, Zip)			
	10. RELATIONSHIP TO PERSON IN 1a: Self Parent/Guardian Spouse Funeral Director Informant Other (Specify)			
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__	
	11. SIGNATURE OF WITNESS		Notary Public _____	
	12. DATE SIGNED	13. AGE OF WITNESS	14. DAYTIME TELEPHONE # OF WITNESS ()	S E A L
	15. ADDRESS OF WITNESS (Street, City, State, Zip)			
	16. RELATIONSHIP TO PERSON IN 1a: Self Parent/Guardian Spouse Funeral Director Informant Other (Specify)			
UDOH-OVRS REV. 02/06				

REGISTRARS USE ONLY: Number of Certificates Replaced: ____ Initials: ____ Date: ____