

When Recorded mail to:
Clara Chabries
1258 West Governors Way
Woods Cross, UT 84087

**AFFIDAVIT
DEATH OF A JOINT TENANT**

I, Clara Chabries, being of legal age and being first duly sworn, depose and state as follows:


Stephen Ted Chabries, the decedent in the attached certificate of death or other document witnessing death is the same person as Stephen ~~Ted~~ Chabries, named as a party in the document dated May 4, 2022 recorded May 9, 2022 as Entry 3475565, records of the Davis County Recorder, Utah.

This affidavit is given to terminate the decedent's interest in the following described property located in Davis County, State of Utah:

All of Lot 63, AMENDED WEST WOODS MOBILE HOME PLANNED UNIT DEVELOPMENT, a subdivision of part of Section 26, Township 2 North, Range 1 West, Salt Lake Base and Meridian, according to the official plat thereof as recorded in the office of the Davis County Recorder.

TAX ID NO.: 06-108-0063

Dated October 6 , 2022

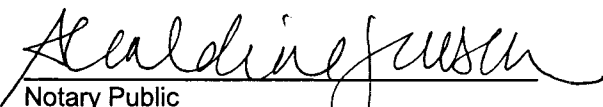


Clara Chabries

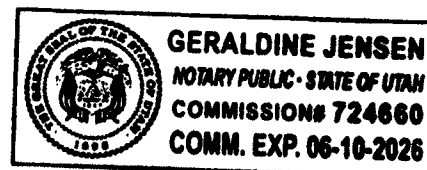
STATE OF UTAH

COUNTY OF Salt Lake

Subscribed to and sworn before me this 6th day of October, 2022 by Clara Chabries.



Notary Public



ACCOMMODATION RECORDING ONLY.
COTTONWOOD TITLE INSURANCE AGENCY,
INC. MAKES NO REPRESENTATION AS TO
CONDITION OF TITLE, NOR DOES IT ASSUME
ANY RESPONSIBILITY FOR VALIDITY,
SUFFICIENCY OR EFFECTS OF DOCUMENT.

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2022016696

Stephen Ted Chabries

DECEDENT INFORMATION

Date of Death:	September 26, 2022	Time of Death:	07:00
City of Death:	Woods Cross	County of Death:	Davis
Age:	68	Date of Birth:	October 15, 1953
Place of Birth:	Salt Lake City, Utah	Sex:	Male
Armed Services:	No	Marital Status:	Married but Separated
Spouse's Name:	Clara E Lira	Usual Occupation:	Truck Driver
Industry/Business:	Transportation	Education:	Some College but No Degree
Residence:	Woods Cross, Utah	Father's Name:	Melvin Edward Chabries
Mother's Name:	Maxine Westover	Facility Type:	Home
Facility or Address:	1258 Governors Way		

INFORMANT INFORMATION

Name:	Jamie Jolene Williams	Relationship:	Daughter
Mailing Address:	92 East 3000 South, Bountiful, Utah 84010		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Bountiful City Cemetery, Bountiful, Utah
Date of Disposition:	September 28, 2022

FUNERAL HOME INFORMATION

Funeral Home:	Premier Funeral Services
Address:	67 East 8000 South, Midvale, Utah 84047
Funeral Director:	Janna Markland

MEDICAL CERTIFICATION

Certifying Physician: Tyler Bickel MD, Intermountain Bountiful Clinic, 390 North Main Street, Bountiful (Davis), Utah 84106

CAUSE OF DEATH


Myocardial Infarction
Due to (or as a consequence of): Morbid Obesity
Tobacco Use: Non-user
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: September 30, 2022
Date Issued: October 3, 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 Record and Statistics.


Linda S. Winger, MSW, LCSW
State Registrar




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__.
	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					NOTARY SIGNATURE _____
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					NOTARY SIGNATURE _____

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