



## **EXHIBIT "A"**

**ALL OF LOT 56, BROOKHURST SUBDIVISION PHASE II, IN LAYTON CITY, DAVIS COUNTY, UTAH, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE AND OF RECORD IN THE DAVIS COUNTY RECORDER'S OFFICE.**

# STATE OF UTAH CERTIFICATION OF VITAL RECORD

DEC 14 2004      STATE OF UTAH - DEPARTMENT OF HEALTH      2004 012477  
**CERTIFICATE OF DEATH**

LOCAL FILE NUMBER <b>06-0983</b>		STATE FILE NUMBER	
1. NAME OF DECEDENT: FIRST <b>Mario</b> MIDDLE <b>Rene</b> LAST <b>ALVIZUREZ</b>		2. SEX: <b>Male</b>	3. DATE OF BIRTH (MO, DAY, YR): <b>Nov 25, 2004</b>
4. DATE OF BIRTH (MO, DAY, YR): <b>December 13, 1969</b>		5. UNDER 1 YEAR: <b>34</b> MONTHS	6. TIME OF DEATH (DAY, HOUR, MIN): <b>Fd 21:30</b>
7. PLACE OF BIRTH (CITY & STATE OR FOREIGN COUNTRY): <b>Central America</b>		8. TYPE OF DEATH (e.g., Natural, Accidental, Homicide, Suicide, Unknown Cause, Stillborn, Fetal Death): <b>Confidential</b>	
9. PLACE OF DEATH (HOSPITAL, HOME, NURSING HOME, ETC.): <b>310 South 50 West, Kaysville</b>		10. NAME OF HOSPITAL, NURSING HOME, OR OTHER FACILITY (IF OUTSIDE A HOME OR HOME ADDRESS): <b>None</b>	
11. MARITAL STATUS: <b>Married</b>		12. DECEASED'S USUAL OCCUPATION (PLEASE INCLUDE WORKING TITLE): <b>Auto Technician</b>	
13. ADDRESS - STREET AND NUMBER: <b>310 South 50 West</b>		14. CITY, TOWN, OR COMMUNITY: <b>Kaysville</b>	
15. COUNTY: <b>Davis</b>		16. STATE: <b>Utah</b>	
17. ZIP CODE: <b>84037</b>		18. RACE: <b>Spanish</b>	
19. ETHNIC OR HISPANIC ORIGIN: <b>Spanish</b>		20. EDUCATION (GRADE OR YEAR): <b>14</b>	
21. FATHER'S NAME (IF NOT KNOWN, LAST): <b>Reimundo Alvizurez</b>		22. MOTHER'S NAME (IF NOT KNOWN, LAST): <b>Maria Gonzalez</b>	
23. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT: <b>Rocio Alvizurez/ex-wife/ 283 South 600 West, Layton, Utah 84041</b>			
24. METHOD OF DISPOSITION: <b>Entombment</b>		25. DATE OF DISPOSITION: <b>Dec. 3, 2004</b>	
26. SIGNATURE OF FUNERAL SERVICE LICENSEE: <i>Alverson Call</i>		27. LICENSE NUMBER: <b>317105</b>	
28. DATE DECEASED FILED AS ATTENDED BY CERTIFYING PHYSICIAN: <b>200401773</b>		29. PLACE OF DISPOSITION (NAME OF CEMETERY, CHAPEL, OR OTHER PLACE): <b>Hooper City Cemetery</b>	
30. DATE SIGNED (MO, DAY, YR): <b>NOV 26, 2004</b>		31. LOCATION (CITY OR TOWN, STATE): <b>Hooper, Utah</b>	
32. SIGNATURE AND TITLE OF CERTIFIER: <i>Maureen J. Frikke</i>		33. LICENSE NUMBER: <b>91-185651-1205</b>	
34. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (M.D., D.V.M., VETERINARIAN, NURSE, OR OTHER): <b>Maureen J. Frikke, M.D., Asst. Med. Examiner 48 N Medical Dr., Salt Lake City, UT 84113</b>		35. DATE REGISTERED (MO, DAY, YR): <b>December 6, 2004</b>	
36. REGISTERAR SIGNATURE: <i>Lewin R. Hunter</i>		37. DATE SIGNED (MO, DAY, YR): <b>December 6, 2004</b>	
38. PART 1: (ENTER THE DISEASES, INJURIES, OR OPERATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DEATH, SUCH AS CARDIAC ARREST, SHOCK, OR INFANT FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.)			
IMMEDIATE CAUSE (Final disease or condition resulting in death): <b>PENDING INVESTIGATION</b>			
39. PART 2: (Other registrars' Certificates attributable to death but not resulting in the underlying cause given in Part 1.)			
40. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: <b>Non-user</b>			
41. WERE ANY ALCOHOL TESTS PERFORMED? <b>Yes</b>			
42. WERE RELEVANT FINDINGS AVAILABLE PRIOR TO COMPLETION OF CERTIFICATE? <b>Yes</b>			
43. MANNER OF DEATH: <b>Accidental</b>		44. DATE OF INJURY (MO, DAY, YR):	
45. LOCATION (Street or route number, City or town, County and state):		46. PLACE OF INJURY (Factory, Shop, Street, etc.):	
47. DESCRIBE HOW INJURY OCCURRED (Please sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE PREVIOUS TO PART 1):			

58  
 57  
 450005  
 14  
 14  
 4  
 45  
 6  
 185651  
 2  
 4  
 UOCH-0018 June 12, 1997

**AMENDED**  
 1 of 2

**DATE ISSUED  
AUGUST 10, 2023**

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



UTAH DEPARTMENT OF HEALTH  
 Office of Vital Records & Statistics  
 Salt Lake City, Utah



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

## 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](mailto: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					

**STATE OF UTAH**  
**CERTIFICATION OF VITAL RECORD**

STATE OF UTAH - DEPARTMENT OF HEALTH  
AMENDMENT OF MEDICAL AND HEALTH SECTION DATA - DEATH

2004 012477  
STATE CERTIFICATE NUMBER

06-0983 LOCAL CERTIFICATE NUMBER

1. NAME OF DECLASSED - First Name <b>Mario</b> Middle Name <b>Rene</b> Last Name <b>ALVIZUREZ</b>	2a. DATE OF DEATH - Month Day Year <b>Fou NOV 25, 2004</b>	2b. HOUR (Clock) <b>Fou 21:30</b>
	3a. PLACE OF DEATH - City or Town <b>Kaysville</b>	3b. COUNTY <b>Davis</b>
31. PART 1 ENTER THE DISEASE, INJURY, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DEATH, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. <b>PENDING INVESTIGATION</b> IMMEDIATE CAUSE (Final disease or condition resulting in death) A. _____ DUE TO (OR AS A CONSEQUENCE OF) B. _____ C. _____ DUE TO (OR AS A CONSEQUENCE OF) E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____ M. _____ N. _____ O. _____ P. _____ Q. _____ R. _____ S. _____ T. _____ U. _____ V. _____ W. _____ X. _____ Y. _____ Z. _____		
32. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1		
33a. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT <input type="checkbox"/> 1. Probably contributed to the cause of death <input type="checkbox"/> 2. Was the underlying cause of death <input type="checkbox"/> 3. Did not contribute to the cause of death <input type="checkbox"/> 4. Is unknown in relation to the cause of death		
33b. NON-USER <input type="checkbox"/> 5. NON-USER <input type="checkbox"/> 6. UNKNOWN IF USER		
33c. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		
33d. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF THIS DEATH CERTIFICATE? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		
34. MANNER OF DEATH <input type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Suicide <input checked="" type="checkbox"/> 4. Pending Investigation <input type="checkbox"/> 5. Undetermined if injury <input type="checkbox"/> 6. Pending Investigation if injury <input type="checkbox"/> 7. Purpose of <input type="checkbox"/> 8. Accidentality	35a. DATE OF INJURY (Mo., Day, Yr.) <b>Unknown</b>	35b. TIME OF INJURY (24 Hour Clock) <b>Unknown</b>
35c. LOCATION (Street or rural route number, city or town, county and state) <b>310 South 50 West, Kaysville, Davis County, Utah</b>		35d. PLACE OF INJURY AT HOME, WORK, STREET, FACTORY, OFFICE, BUILDING, ETC. (Specify) <b>Residence</b>
35e. DESCRIBE HOW INJURY OCCURRED (Enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31) <b>Consummed excessive medication</b>		
31. PART 1 ENTER THE DISEASE, INJURY, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DEATH, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. <b>DRUG POISONING (DOXYLAMINE, ASPIRIN)</b> IMMEDIATE CAUSE (Final disease or condition resulting in death) A. _____ DUE TO (OR AS A CONSEQUENCE OF) B. _____ C. _____ DUE TO (OR AS A CONSEQUENCE OF) E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____ M. _____ N. _____ O. _____ P. _____ Q. _____ R. _____ S. _____ T. _____ U. _____ V. _____ W. _____ X. _____ Y. _____ Z. _____		
32. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1		
33a. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT <input type="checkbox"/> 1. Probably contributed to the cause of death <input type="checkbox"/> 2. Was the underlying cause of death <input type="checkbox"/> 3. Did not contribute to the cause of death <input type="checkbox"/> 4. Is unknown in relation to the cause of death		
33b. NON-USER <input type="checkbox"/> 5. NON-USER <input type="checkbox"/> 6. UNKNOWN IF USER		
33c. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		
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35c. LOCATION (Street or rural route number, city or town, county and state) <b>310 South 50 West, Kaysville, Davis County, Utah</b>		35d. PLACE OF INJURY AT HOME, WORK, STREET, FACTORY, OFFICE, BUILDING, ETC. (Specify) <b>Residence</b>
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56. I, THE CERTIFYING PHYSICIAN OR MEDICAL EXAMINER HAVING PERSONAL KNOWLEDGE OF SUPPLEMENTAL INFORMATION WHICH MODIFIES THE INFORMATION ORIGINALLY REPORTED, DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE	6a. SIGNATURE OF PHYSICIAN OR MEDICAL EXAMINER <b>Maureen J Frikke</b>	6b. DATE SIGNED <b>JAN 12, 2005</b>
57. NAME OF PHYSICIAN OR MEDICAL EXAMINER (Print or type) <b>Maureen J. Frikke, M.D., Asst. Med. Examiner</b>	7a. ADDRESS - Street, City and State and Zip Code <b>48 N Medical Dr., Salt Lake City, UT 84113</b>	
58. MEDICAL EXAMINER CASE NUMBER <b>200401773</b>	7b. DATE ACCEPTED <b>JAN 14 2005</b>	
59. OFFICE OF STATE OR LOCAL REGISTRAR <b>Barry E. Hanger</b>	8b. DATE ACCEPTED <b>JAN 14 2005</b>	

DATE ISSUED  
AUGUST 10, 2023

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*Linda S. Winger*  
Linda S. Winger, MSW, LCSW  
State Registrar



UTAH DEPARTMENT OF HEALTH  
Office of Vital Records & Statistics  
Salt Lake City, Utah

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**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



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**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		NOTARY SIGNATURE _____
	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		NOTARY SIGNATURE _____
	22. ADDRESS OF WITNESS					