

3543100
BK 8332 PG 314

E 3543100 B 8332 P 314-316
RICHARD T. MAUGHAN
DAVIS COUNTY, UTAH RECORDER
09/07/2023 11:58:40 AM
FEE: \$40.00 Pgs: 3
DEP eCASH REC'D FOR: COTTONWOOD TITLE
INSURANCE AGENCY, INC.

When Recorded mail to:
Christie A. Thorbs
9783 Calliope Creek Court
Las Vegas, Nevada 89148

File No.: 171564-DWP

AFFIDAVIT DEATH OF OWNER

I, Christie A. Thorbs, being of legal age and being first duly sworn, depose and state as follows:

Haywood Britt Thorbs Sr, the decedent in the attached Certificate of Death, is the same person as Haywood B. Thorbs, Sr., named as the owner in that certain Revocable Transfer on Death Deed (the "**TOD Deed**") recorded August 15, 2022 as Entry 3492728 in the records of the Davis County Recorder.

This affidavit is given to terminate the decedent's interest in the following described property (the "**Property**") located in Davis, State of Utah:

All of Lot 227, VALHALLA ESTATES NO. 7, according to the official plat thereof as recorded in the office of the Davis County Recorder.

TAX ID NO.: 09-027-0227

Pursuant to the TOD Deed, the Property is now owned by the primary beneficiary identified in the TOD Deed.

Dated August 30th, 2023.

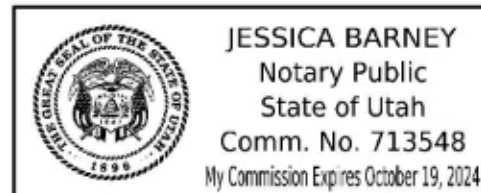
Signed with Stavvy:
Christie Alexandra Thorbs
Christie A. Thorbs

STATE OF UTAH

COUNTY OF DAVIS

Subscribed to and sworn before me this 30th day of August, 2023 by Christie A. Thorbs.

Signed with Stavvy:
Jessica Barney
Notary Public



Notarized remotely via audio/video communication using Stavvy

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

3543100
BK 8332 PG 315

CERTIFICATE OF DEATH
State File Number: 2023002691
Haywood Britt Thorbs Sr

DECEDENT INFORMATION

Date of Death:	February 11, 2023	Time of Death:	17:13
City of Death:	Clearfield	County of Death:	Davis
Age:	75	Date of Birth:	January 19, 1948
Place of Birth:	Memphis, Tennessee	Sex:	Male
Armed Services:	Yes	Marital Status:	Widowed
Spouse's Name:		Usual Occupation:	Master Sergeant
Industry/Business:	United States Air Force	Education:	Bachelor's Degree
Residence:	Clearfield, Utah	Father's Name:	Andrew Lee Thorbs Sr
Mother's Name:	Katherine Alexander	Facility Type:	Home
Facility or Address:	1296 East 1300 South		

INFORMANT INFORMATION

Name:	Christie A. Thorbs	Relationship:	Daughter
Mailing Address:	9783 Calliope Creek Court, Las Vegas, Nevada 89148		

DISPOSITION INFORMATION

Method of Disposition:	Cremation
Place of Disposition:	Lindquist's Crematory, Ogden, Utah
Date of Disposition:	February 20, 2023

FUNERAL HOME INFORMATION

Funeral Home:	Lindquist Mortuary - Layton
Address:	1867 North Fairfield Road, Layton, Utah 84041
Funeral Director:	Craig J McMillan

MEDICAL CERTIFICATION

Certifying Physician:	Joshua B Oaks MD, 520 Medical Drive , Suite 300, Bountiful, Utah 84010
-----------------------	--

CAUSE OF DEATH

End Stage Renal Disease
Tobacco Use: Unknown
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: February 15, 2023
Date Issued: February 15, 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. Wininger
Linda S. Wininger, MSW, LCSW
State Registrar



Brian Hatch
Brian Hatch
Director/Health Officer



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

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.		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					