

**AFFIDAVIT**  
**RE: Death of Joint Tenant**

STATE OF UTAH )  
  :SS  
COUNTY OF UTAH )

**ROBERT DREW MAJOR, BEING FIRST DULY SWORN, DEPOSES AS FOLLOWS:**

- 1. THAT **MARY LYNN MAJOR DIED** IN UTAH COUNTY, UTAH ON JANUARY 8, 2023.
- 2. THAT THE SAID **MARY LYNN MAJOR**, WAS A JOINT TENANT WITH **ROBERT DREW MAJOR** WITH RESPECT TO THE FOLLOWING DESCRIBED REAL PROPERTY LOCATED IN UTAH COUNTY, UTAH:

**Lot 1, Plat B, Hillside Acres Subdivision, Orem City, Utah County, Utah, according to the official plat of record in the Utah County Recorder’s Office, Utah. (41:229:0001)**

- 3. THAT THE DEED ESTABLISHING SAID JOINT TENANCY WAS DATED **FEBRUARY 21, 1986** AND RECORDED **FEBRUARY 26, 1986**, AS ENTRY NO. **5704**, IN BOOK **2284**, AT PAGE **105**, OF THE RECORDS OF THE COUNTY RECORDER OF UTAH COUNTY UTAH.
- 4. THAT THE SAID **MARY LYNN MAJOR**, THE JOINT TENANT IN THE ABOVE WARRANTY DEED REFERRED TO IS THE SAME AS **MARY LYNN MAJOR** WHO DIED AND WHOSE DEATH CERTIFICATED BEARS REGISTRAR NO. 202300473.

DATED THIS 23 DAY OF January, 2023.

Robert Drew Major  
ROBERT DREW MAJOR

On the 23 Day of January, 2023, personally appeared before me, Robert Drew Major, signer of the within instrument, who duly acknowledged to me that he executed the same

Robin McLaren Aubrey  
NOTARY PUBLIC



STATE OF UTAH  
CERTIFICATE OF VITAL RECORD

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CERTIFICATE OF DEATH

State File Number: 2023000473

Mary Lynn Major  
(AKA Mary L Major)

DECEDENT INFORMATION

Date of Death:	January 8, 2023	Time of Death:	15:15
City of Death:	Provo	County of Death:	Utah
Age:	65	Date of Birth:	November 15, 1957
Place of Birth:	Sacramento, California	Sex:	Female
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Robert Drew Major	Usual Occupation:	Homemaker
Industry/Business:	Own Home	Education:	Bachelor's Degree
Residence:	Orem, Utah	Father's Name:	John William Burr
Mother's Name:	Yvonne Chamberlain	Facility Type:	Hospital Inpatient
Facility or Address:	Utah Valley Regional Medical Center		

INFORMANT INFORMATION

Name:	Robert Drew Major	Relationship:	Husband
Mailing Address:	863 West 600 South, Orem, Utah 84058		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Orem City Cemetery, Orem, Utah
Date of Disposition:	January 14, 2023

FUNERAL HOME INFORMATION

Funeral Home:	Sundberg-Olpin Mortuary
Address:	495 South State, Orem, Utah 84058
Funeral Director:	Curtis B Willkey

MEDICAL CERTIFICATION

Certifying Physician: Jeffrey McNally MD, Intermountain Homecare, 11520 South Redwood Road, South Jordan, Utah 84095

CAUSE OF DEATH

Pneumonia  
Due to (or as a consequence of): Aspiration  
Other significant conditions: Cerebrovascular Disease, Breast Cancer  
Tobacco Use: Non-user  
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: January 10, 2023

Date Issued: January 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  
Rev. 12/26



\*067206017\*

*Eric S. Edwards*

Eric S. Edwards, MPA, MCHES  
Executive Director  
Utah County Health Department

Utah County  
HEART of UTAH  
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: \_\_\_\_\_

<b>INFORMATION AS REPORTED ON RECORD</b>	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)		
<b>STATEMENT OF AMENDMENTS</b>	7. ITEM NO.	8a. FACTS EXACTLY AS ON ORIGINAL RECORD		8b. CORRECT INFORMATION		
<b>WHY IS CHANGE NEEDED?</b>	9. _____					
<b>DOCUMENTS USED</b>	10. _____					
<b>OATH OF FIRST WITNESS (MUST BE 18 OR OLDER)</b>	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		
	12. DATE SIGNED		13. AGE OF WITNESS	14. DAYTIME TELEPHONE		15. RELATIONSHIP TO 1a.
	16. ADDRESS OF WITNESS					
<b>OATH OF SECOND WITNESS (MUST BE 18 OR OLDER)</b>	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		
	18. DATE SIGNED	19. AGE OF WITNESS	20. DAYTIME TELEPHONE		21. RELATIONSHIP TO 1a.	
	22. ADDRESS OF WITNESS					