

AFFIDAVIT



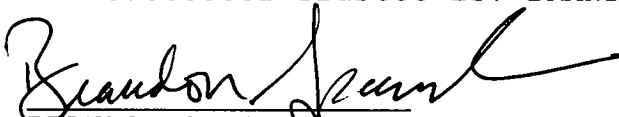
ENT 42489:2023 PG 1 of 4  
ANDREA ALLEN  
UTAH COUNTY RECORDER  
2023 Jun 30 11:51 am FEE 40.00 BY AR  
RECORDED FOR SPACKMAN, BRANDON

STATE OF UTAH )  
 :ss  
COUNTY OF UTAH )

BRANDON SPACKMAN, being first sworn upon oath, deposes and says: that he is a citizen of the U.S.A., and is over the age of twenty-one years; that he knows of his own knowledge that ANNETTE PHYLLIS SPACKMAN (AKA ANNETTE SPACKMAN) who appears on the certified copy of the death certificate attached hereto, is the same person who appears as the Trustee of the ANNETTE SPACKMAN TRUST dated September 22, 2004 recorded on deed with entry number 85471:2011 on the following described parcel of property located in Utah County, State of Utah.

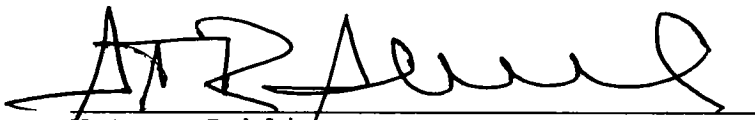
SEE ATTACHED EXHIBIT "A" LEGAL DESCRIPTION

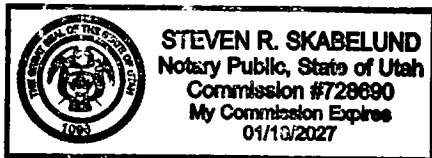
The successor Trustee is: BRANDON SPACKMAN

  
BRANDON SPACKMAN

STATE OF UTAH )  
 :ss  
COUNTY OF UTAH )

Subscribed and sworn to before me, a Notary Public, this 30 day of June, 2023.

  
Notary Public



**EXHIBIT "A"**  
**LEGAL DESCRIPTION**

THE SURFACE RIGHTS ONLY IN AND TO THE FOLLOWING: UNIT 2, PHASE IV, CONTAINED WITHIN RIDGEVIEW CONDOMINIUMS, A CONDOMINIUM PROJECT, LOCATED IN OREM, UTAH, AS THE SAME IS IDENTIFIED IN THE RECORD OF SURVEY MAP, RECORDED IN THE OFFICE OF THE UTAH COUNTY RECORDER, AS ENTRY NO. 88151, AND MAP FILING NO. 5280, (AS SAID RECORD OF SURVEY MAP MAY HAVE HERETOFORE BEEN AMENDED OR SUPPLEMENTED) AND IN THE DECLARATION OF CONDOMINIUM OF RIDGEVIEW CONDOMINIUMS, RECORDED IN THE OFFICE OF THE UTAH COUNTY RECORDER, AS ENTRY NO. 54634, IN BOOK 3018, AT PAGE 556, OF OFFICIAL RECORDS (AS SAID DECLARATION MAY HAVE HERETOFORE BEEN AMENDED OR SUPPLEMENTED). TOGETHER WITH THE UNDIVIDED OWNERSHIP INTEREST IN AND TO THE COMMON AREAS AND FACILITIES WHICH IS APPURTENANT TO SAID UNIT AS MORE PARTICULARLY DESCRIBED IN SAID DECLARATION (AS SAID DECLARATION MAY HAVE HERETOFORE BEEN AMENDED OR SUPPLEMENTED). SPECIFICALLY RESERVING AND EXCEPTING THEREFROM ALL MINERALS, COAL, CARBONS, HYDROCARBONS, OIL, GAS, CHEMICAL ELEMENTS AND COMPOUNDS WHETHER IN SOLID, LIQUID, OR GASEOUS FORM, AND ALL STEAM AND OTHER FORMS OF THERMAL ENERGY.

CERTIFICATE OF DEATH

State File Number: 2023010220

Annette Phyllis Spackman

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DECEDENT INFORMATION

Date of Death:	June 20, 2023	Time of Death:	11:05
City of Death:	Orem	County of Death:	Utah
Age:	82	Date of Birth:	December 1, 1940
Place of Birth:	Chicago, Illinois	Sex:	Female
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:		Usual Occupation:	Homemaker
Industry/Business:	Own Home	Education:	Associate Degree
Residence:	Orem, Utah	Father's Name:	James Palmer Hawker
Mother's Name:	Phyllis Marjorie Pickering	Facility Type:	Home
Facility or Address:	212 South Ridgeview Dr		

INFORMANT INFORMATION

Name:	Brandon Spackman	Relationship:	Son
Mailing Address:	99 Bordeaux Ln, Alpine, Utah 84004		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Orem City Cemetery, Orem, Utah
Date of Disposition:	June 24, 2023

FUNERAL HOME INFORMATION

Funeral Home:	Premier Funeral Services
Address:	67 East 8000 South, Midvale, Utah 84047
Funeral Director:	David L Milius

MEDICAL CERTIFICATION

Certifying Physician: Richard E Allen MD, St Marks Hospital , 1250 East 3900 South Suite 260, Salt Lake City, Utah 84124

CAUSE OF DEATH

Pancreatic Cancer  
Tobacco Use: Non-user  
Medical Examiner Contacted: No    Autopsy Performed: No    Manner of Death: Natural

Date Registered: June 26, 2023

Date Issued: June 27, 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



\* 0 6 7 4 7 6 4 2 6 \*

*Angela C. Dunn*

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](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					ENT 42489:2023 PG 4 of 4
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					S E A L