

Mail Tax Notices to:

Cheryl L. Thacker
1594 Little Sweden Rd.
Heber City, Utah 84032

AFFIDAVIT OF SURVIVING JOINT TENANT

Cheryl L. Thacker, of Heber City, Utah, having been duly sworn, attests as follows:

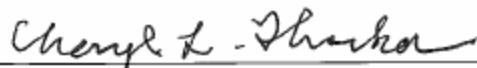
1. I was married to Lynn D. Thacker until the date of his death.
2. Lynn D. Thacker was listed as a Grantee along with myself on that certain Quit Claim Deed recorded on August 23, 1996 Entry No. 00188941 Book 00330 Page 00064 with the Wasatch County Recorder, describing real property located in Heber City, Utah as follows:

Commencing West 789.69 feet from the North one quarter of Section 21, Township 4 South, Range 5 East, Salt Lake Base and Meridian; and running thence South 259.80feet; thence West 184.14 feet; thence North 4° West 260.43 feet; thence East 202.31 feet to the point of beginning.

PARCEL NO: 00-0020-7675

3. Lynn D. Thacker died on July 19, 2021, as shown on Death Certificate, attached hereto as Exhibit A.
4. I am therefore the surviving joint tenant on the subject property and therefore it is my signature alone which is required on any document pertaining to said property.

WITNESS, the hand of said Affiant, this 9th day of October, 2023


Cheryl L. Thacker

STATE OF UTAH :
ss.
COUNTY OF UTAH :

On the 9th day of October, 2023, personally appeared before me, Cheryl L. Thacker the signer of the foregoing instrument, who having been duly sworn by me, acknowledged that her executed the same, with right and authority as implied therein.




NOTARY PUBLIC

EXHIBIT "A"
(Death Certificate)

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2021011940

Lynn D Thacker

Ent 537772 Bk 1456Pg 890

DECEDENT INFORMATION

Date of Death:	July 19, 2021	Time of Death:	07:00
City of Death:	Heber City	County of Death:	Wasatch
Age:	87	Date of Birth:	August 16, 1933
Place of Birth:	Heber City, Utah	Sex:	Male
Armed Services:	Yes	Marital Status:	Married
Spouse's Name:	Cheryl Lou Thacker	Usual Occupation:	Contractor
Industry/Business:	Construction	Education:	Bachelor's Degree
Residence:	Heber City, Utah	Father's Name:	Ralph Alonzo Thacker
Mother's Name:	Ethel Jemima Jacklin	Facility Type:	Nursing Home/Assisted Living
Facility or Address:	Rocky Mountain Care - Heber		

INFORMANT INFORMATION

Name:	Cheryl Lou Thacker	Relationship:	Spouse
Mailing Address:	1594 Little Sweden Road, Heber City, Utah 84032		

DISPOSITION INFORMATION

Method of Disposition:	Cremation
Place of Disposition:	Probst Family Funeral Home and Cremation, Midway, Utah
Date of Disposition:	July 27, 2021

FUNERAL HOME INFORMATION

Funeral Home:	Probst Family Funerals and Cremations
Address:	79 East Main Street, Midway, Utah 84049
Funeral Director:	Jeff Biddulph

MEDICAL CERTIFICATION

Certifying Physician:	Michael J Farrell DO, Senior Health, 598 West 900 South, Bountiful, Utah 84010
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CAUSE OF DEATH

Cardiac Arrest
Due to (or as a consequence of): Traumatic Brain Injury
Due to (or as a consequence of): Cerebrovascular Accident and Chronic Kidney Disease Stage 4
Tobacco Use: Unknown if User
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Accident

INJURY INFORMATION

Date of Injury:	May 3, 2021	Time of Injury:	Unknown
Injury at Work:	No	Place of Injury:	Residence
Location of Injury:	1594 Little Sweden Road, Heber City, Utah		
How Injury Occurred:	Ground level fall		
Motor Vehicle Accident:	No		

Date Registered: July 28, 2021

Date Issued: July 28, 2021

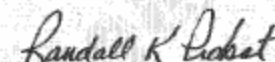
Page 1 of 2 - Amendment History on Page 2

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: High Resolution Border, V & R images in top cycloids, and microtext. This document displays the date, seal, and signature of the Utah State Registrar of Vital Records and Statistics.


Linda S. Winger LCSW
State Registrar
Rev. 4/19



066623872


Randall K. Probst
Director/Health Officer
County/District Health
Department



STATE OF UTAH - DEPARTMENT OF HEALTH - OFFICE OF VITAL RECORDS AND STATISTICS

AFFIDAVIT TO AMEND A RECORD

Ent 537772 Bk 1456Pg 891

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 and proof of ID.

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					S E A L	
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					S E A L		