



WHEN RECORDED, MAIL TO:
Melissa Tonga
1333 West 600 North
Pleasant Grove, UT 84062

ENT 78469:2022 PG 1 of 4
ANDREA ALLEN
UTAH COUNTY RECORDER
2022 Jul 07 2:21 pm FEE 40.00 BY KR
RECORDED FOR TONGA, MELISSA

PERSONAL REPRESENTATIVE'S DEED

Mary Jane Whittaker (Payton) as personal representative of the Estate of Metta Jane Whittaker as evidenced by the attached Letters of Administration, grantor, hereby Conveys without warrant to Melissa Tonga, grantee of Utah County, Utah, for the sum of TEN and 00/100 (\$10.00) DOLLARS and other good and valuable consideration, the following described tract of land located at 1333 West 600 North, Utah County, State of Utah, and is more particularly described as follows:

LEGAL: LOT 15, PLAT A, STRAWBERRY POINTE SUBDV. AREA 0.161 AC
PARCEL: 52:387:0015

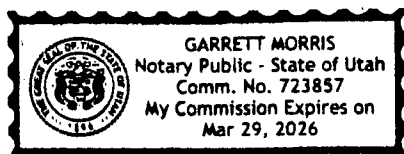
WITNESS the hand of said grantor, this 7 day of July, 2022

Mary Jane Whittaker Payton
Mary Jane Whittaker (Payton) as personal representative of the Estate of Metta Jane Whittaker as evidenced by the attached Letters of Administration

STATE OF UTAH)
ss.
COUNTY OF Utah)

On the 7 day of July, 2022 personally appeared before me Mary Jane Whittaker (Payton) as personal representative of the Estate of Metta Jane Whittaker as evidenced by the attached letters of administration, the signer of the foregoing instrument, who duly acknowledged to me that he executed the same.

Garrett Morris
Notary Public



ARTICLE TWO**Appointments**

I appoint Larry S. Whittaker, Mary Jane W. Peyton, as my Personal Representatives. In the event that either Larry S. Whittaker or Mary Jane W. Peyton fails to survive me, declines to serve, or for any reason fails or ceases to serve as my Personal Representatives, then I appoint Cynthia Ann W. Benton, Janette W. Anderson and Melissa Whittaker and the survivor(s) to serve as my Personal Representatives, with the original Personal Representative, the same power and authority.

ARTICLE THREE**Administration of Estate**

I authorize my Personal Representatives to sell, lease or encumber any portion of my estate without authority of any court and with or without notice. I further direct that my Personal Representatives may continue to hold, manage and operate any property or business interest that I may hold or own at the time of my death with all profits or losses to be chargeable to my estate as a whole and not to my Personal Representatives. My Personal Representatives may also sell or purchase any assets, or lend or borrow money to or from any trust created by me or by my husband. Such transactions shall be at fair market value and on such other terms as determined by my Personal Representatives and without court order or confirmation. My Personal Representatives shall not be liable for any good faith, non-negligent act or

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2017006566

Metta Jane Wilcock Whittaker

DECEDENT INFORMATION

Date of Death:	May 6, 2017	Time of Death:	04:22
City of Death:	St George	County of Death:	Washington
Age:	78	Date of Birth:	December 8, 1938
Place of Birth:	Panguitch, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:	Larry Sevy Whittaker (deceased)	Usual Occupation:	Secretary
Industry/Business:	Medical Office	Education:	Some College but No Degree
Residence:	Circleville, Utah	Parent or Father:	Leonard Wilcock
Parent or Mother:	Vera Schow	Facility Type:	Hospital Inpatient
Facility or Address:	Dixie Regional Medical Center		

INFORMANT INFORMATION

Name:	Mary Payton	Relationship:	Daughter
Mailing Address:	P.O. Box 263, Circleville, Utah 84723		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Circleville Cemetery, Circleville, Utah
Date of Disposition:	May 12, 2017

FUNERAL HOME INFORMATION

Funeral Home:	Magleby Mortuary - Richfield
Address:	50 South 100 West, Richfield, Utah 84701
Funeral Director:	Gary R Lewis

MEDICAL CERTIFICATION

Medical Professional: Alberto Brizolara MD, Southwest Cardiology, 1380 East Medical Center Drive #150, St George (Washington), Utah 84790

CAUSE OF DEATH

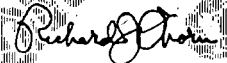
Acute Myocardial Infarction
Due to (or as a consequence of): Coronary Artery Disease
Due to (or as a consequence of): Diabetes Mellitus
Due to (or as a consequence of): Chronic Respiratory Disease
Tobacco Use: Non-user
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: May 16, 2017

Date Issued: May 16, 2017

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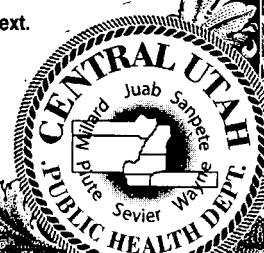
This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics. Security features of this official document include: High Resolution Border, V & R images in top cycloids, and microtext. This document displays the date, seal, and signature of the Utah State Registrar of Vital Records and Statistics.


Richard J. Oborn, MPA
State Registrar
Rev. 1/16



065728066


Nathan Selin
Interim Director



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

AFFIDAVIT TO AMEND A RECORD

Corrections to a vital record must be made by affidavit but an item on a birth record may be corrected by affidavit only once. A court order is required for subsequent changes. A court order is necessary to make any corrections to a Delayed Birth Certificate. This affidavit cannot be used to correct medical information. Please return any copies of the certificate with this affidavit completed. 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 or hand delivered.

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

Affidavit Instructions

Please print or type in black ink.
Items 1-6: Enter the facts as reported on the current vital record.
Item 7: Enter 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 on the record.
Item 9: Enter the reason the change is necessary.
Item 10: Enter the proofs used to support the change, if applicable. The proofs must match the asserted fact(s) exactly.
Items 11-22: Enter witness information.

Witness Instructions

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, or a person who is knowledgeable of the facts.

 BIRTH

 DEATH

 STILLBIRTH

STATE FILE NUMBER _____

NAME AS REPORTED ON REVERSE	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 STATED ON THE ORIGINAL RECORD			8b. CORRECT INFORMATION	
WHY IS CHANGE NECESSARY?	9a.					
	9b.					
DOCUMENTS USED TO AMEND RECORD	10a.					
	10b.					
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 & Sworn to before me this ____ day of _____ 20__
	11a. SIGNATURE OF WITNESS (Must be signed in front of a Notary)			11b. PRINTED NAME OF WITNESS		Notary Signature _____
	12. DATE SIGNED	13. AGE OF WITNESS	14. DAYTIME TELEPHONE OF WITNESS ()	15. RELATIONSHIP OF WITNESS		State _____
	16. ADDRESS OF WITNESS (Street, City, State, Zip)					County _____
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 & Sworn to before me this ____ day of _____ 20__
	17a. SIGNATURE OF WITNESS (Must be signed in front of a Notary)			17b. PRINTED NAME OF WITNESS		Notary Signature _____
	18. DATE SIGNED	19. AGE OF WITNESS	20. DAYTIME TELEPHONE OF WITNESS ()	21. RELATIONSHIP OF WITNESS		State _____
	22. ADDRESS OF WITNESS (Street, City, State, Zip)					County _____

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