

When Recorded mail to:  
Daniel Shelly  
472 South 340 West  
Spanish Fork, UT 84660

File No.: 173854-EDM

**AFFIDAVIT  
DEATH OF A JOINT TENANT**

I, Daniel Eric Shelly, being of legal age and being first duly sworn, depose and state as follows:

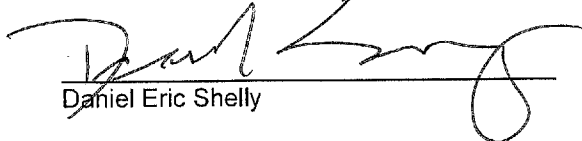
Betty Shelley, the decedent in the attached certificate of death or other document witnessing death is the same person as Betty J. Shelley, named as a party in the document dated September 27, 2016 recorded September 30, 2016 as Entry 96328: 2016, records of the Utah County Recorder, Utah.

This Affidavit is given to provide notice of the termination of the decedent's interest as a joint tenant in the following described property located in Utah County, State of Utah:

Lot 17, PLAT "B", SPANISH TRAILS TOWNHOMES SUBDIVISION, according to the official plat thereof on file and of record in the office of the Utah County Recorder.

TAX ID NO.: 66-298-0017

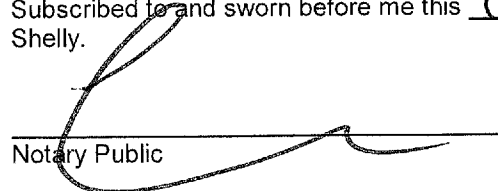
Dated December 8<sup>th</sup>, 2023

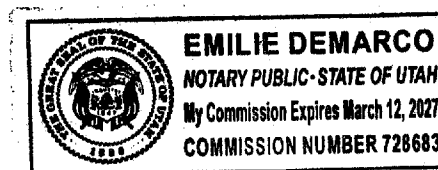
  
Daniel Eric Shelly

STATE OF UTAH

COUNTY OF UTAH

Subscribed to and sworn before me this 8 day of December, 2023, by Daniel Eric Shelly.

  
Notary Public



STATE OF UTAH  
CERTIFICATION OF VITAL RECORD

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CERTIFICATE OF DEATH

State File Number: 2020011186

Betty Shelley

DECEDENT INFORMATION

Date of Death:	July 14, 2020	Time of Death:	04:30
City of Death:	Spanish Fork	County of Death:	Utah
Age:	76	Date of Birth:	January 16, 1944
Place of Birth:	Mt Pleasant, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Dwight Eugene Shelley	Usual Occupation:	Homemaker
Industry/Business:	Own Home	Education:	9th Through 12th Grade
Residence:	Spanish Fork, Utah	Parent or Father:	Ervin Wesley Johnson
Parent or Mother:	Winnie Velera Moss	Facility Type:	Home
Facility or Address:	472 South 340 West		

INFORMANT INFORMATION

Name:	Dwight Shelley	Relationship:	Husband
Mailing Address:	472 South 340 West, Spanish Fork, Utah 84660		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Spanish Fork City Cemetery, Spanish Fork, Utah
Date of Disposition:	July 17, 2020

FUNERAL HOME INFORMATION

Funeral Home:	Nelson Family Mortuary
Address:	4780 North University Avenue, , Provo, Utah 84604
Funeral Director:	Lance Nelson

MEDICAL CERTIFICATION

Medical Professional: Troy Lunceford MD, Central Utah Clinic, 1120 East 100 North #1, Payson, Utah 84651


CAUSE OF DEATH

End: Stage Renal Disease [Onset: 3 Years]  
Due to (or as a consequence of): Coronary Artery Disease [Onset: 3 Years]  
Tobacco Use: Did not Contribute  
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: July 17, 2020


Date Issued: July 17, 2020

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



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Ralph Clegg, EHS, MPA  
Executive Director  
Utah County Health  
Department

  
Utah County  
HEALTH 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 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					ENT 79244:2023 PG 3 of 3
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					

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