



**AFFIDAVIT EVIDENCING DEATH OF TRUSTEE**

STATE OF Utah )  
 ) ss  
COUNTY OF Davis )

The undersigned, being first duly sworn, says:

I am the surviving Trustee of the Spencer and Janet Hawkins Living Trust dated January 14, 2021

(Decedent) died on December 4, 2021

At the time of death, decedent was the owner, as Co-Trustees of said Trust, with me in the following described real property:

See attached exhibit A

Said property was conveyed to said Trust by Deed recorded on 01/21/2021 in

in the Recorder's Office of Davis County, Utah at Instrument #3338793

at Pages \_\_\_\_\_  
or Instrument #  
\_\_\_\_\_

This Affidavit is made from my own knowledge, and I will testify positively to the truth of the same in any court whenever called upon for that purpose.

A certified copy of the Certificate of Death of decedent is attached hereto.

Date 28 March 22

Spencer E Hawkins

Spencer E Hawkins

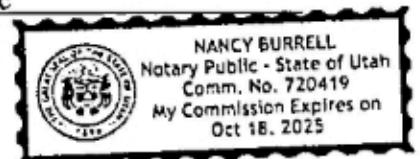
SUBSCRIBED AND SWORN TO before me on

March 28, 2022

My Commission Expires:

10-18-2025

Nancy Burrell  
Notary Public



## **EXHIBIT "A"**

The following land located in the County of Davis, State of Utah, described as follows:

Lot 408, CARRIAGE PARK SUBDIVISION NO 4, according to the Official Plat thereof as recorded in the Office of the Davis County Recorder, State of Utah

Commonly Known As: 586 West 225 S, Layton, UT 84041  
Parcel ID: 11-445-0408

STATE OF UTAH  
CERTIFICATION OF VITAL RECORD

3470378  
BK 7988 PG 716

CERTIFICATE OF DEATH

State File Number: 2021021579

Janet Ahrens Hawkins

DECEDENT INFORMATION

Date of Death:	December 4, 2021	Time of Death:	02:30
City of Death:	Layton	County of Death:	Davis
Age:	80	Date of Birth:	October 31, 1941
Place of Birth:	Logan, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Spencer Eli Hawkins	Usual Occupation:	Homemaker
Industry/Business:	Own Home	Education:	High School or GED
Residence:	Layton, Utah	Father's Name:	Rulon D Ahrens
Mother's Name:	Emma Ila Larsen	Facility Type:	Home
Facility or Address:	586 West 225 South		

INFORMANT INFORMATION

Name:	Spencer Eli Hawkins	Relationship:	Husband
Mailing Address:	586 West 225 South, Layton, Utah 84041		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Logan City Cemetery, Logan, Utah
Date of Disposition:	December 11, 2021

FUNERAL HOME INFORMATION

Funeral Home:	Lindquist Mortuary - Layton
Address:	1867 North Fairfield Road, Layton, Utah 84041
Funeral Director:	Craig J McMillan

MEDICAL CERTIFICATION

Certifying Physician:	Mark D Johnson MD, 6321 South Redwood Road Suite 201, Taylorsville, Utah 84123
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CAUSE OF DEATH

Interstitial Pulmonary Disease  
Tobacco Use: Non-user  
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural


Date Registered: December 8, 2021

Date Issued: December 8, 2021

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. Wininger, MSW, LCSW  
State Registrar



  
Brian Hatch  
Director/Health Officer

## 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		
	12. DATE SIGNED		13. AGE OF WITNESS	14. DAYTIME TELEPHONE		15. RELATIONSHIP TO 1a.
	16. ADDRESS OF WITNESS					
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		
	18. DATE SIGNED		19. AGE OF WITNESS	20. DAYTIME TELEPHONE		21. RELATIONSHIP TO 1a.
	22. ADDRESS OF WITNESS					