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6/27/2019 11:44:00 AM \$40.00
Book - 10796 Pg - 7936-7940
RASHELLE HOBBS
Recorder, Salt Lake County, UT
MONUMENT TITLE INS. CO.
BY: eCASH, DEPUTY - EF 5 P.

NO. 191236AJE

MAIL TAX NOTICE TO
ROBERT A. SPANGLER
1573 E WATERBURY DRIVE #D
SLC, UT 84121

PERSONAL REPRESENTATIVE'S DEED

THIS DEED, made June 26, 2019 by **ROBERT A SPANGLER** as Personal Representative for the Estate of **KAREN JOHNSON**, deceased of Salt lake County, State of Utah, as Grantor to **DEANN GILSON AND JOSHUA GILSON, WIFE AND HUSBAND, AS JOINT TENANTS** as Grantees of Salt Lake County

Whereas Grantor is the qualified Personal Representative of said estate, filed as Probate No. 193900355 in the **3rd District** Court in and for Salt Lake County, State of Utah.

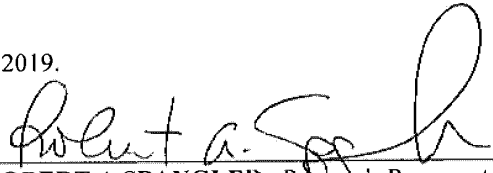
THEREFORE, for the sum of Ten Dollars and other Good and Valuable Consideration received Grantor hereby convey and warrant to Grantee all of the estate's interest in the following described real property located in Salt Lake County, State of Utah:

see Exhibit 'A'

Tax Parcel No. : 22-16-152-101

Subject to easements, restrictions, and rights of way appearing of record or enforceable in law and equity and general property taxes for the year **2019** and thereafter.

WITNESS, the hand(s) of said Grantor(s), this 26th day of June, 2019.



ROBERT A SPANGLER, Personal Representative
of the Estate of **KAREN JOHNSON**

STATE OF UTAH
COUNTY OF **Salt Lake**

On the 26th day of June, 2019, personally appeared before me Robert A. Spangler, Personal Representative of the Estate of Karen Johnson, the signer of the within instrument who acknowledged to me that he executed the same.

NOTARY PUBLIC

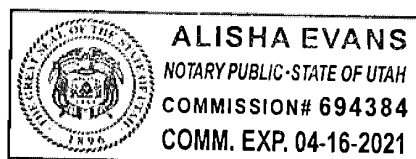


EXHIBIT A

UNIT NO. D, IN BUILDING 26T, WATERBURY OPEN SPACE COMMUNITY, A UTAH
CONDOMINIUM PROJECT, ACCORDING TO THE OFFICIAL PLAT THEREOF, ON FILE AND
OF RECORD IN THE OFFICE OF THE SALT LAKE COUNTY RECORDER, STATE OF UTAH.

TOGETHER WITH AN UNDIVIDED INTEREST IN THE COMMON AREAS AND FACILITIES AS
PROVIDED IN THE DECLARATION OF CONDOMINIUM OF WATERBURY OPEN SPACE
COMMUNITY.

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

BK 10796 PG 7938

CERTIFICATE OF DEATH

State File Number: 2019000699

Karen Johnson

DECEDENT INFORMATION

Date of Death:	January 14, 2019	Time of Death:	02:20
City of Death:	Salt Lake City	County of Death:	Salt Lake
Age:	66	Date of Birth:	January 31, 1952
Place of Birth:	Salt Lake City, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Never Married
Spouse's Name:		Usual Occupation:	Librarian
Industry/Business:	Librarian Sciences	Education:	Master's Degree
Residence:	Murray, Utah	Parent or Father:	John Johnson
Parent or Mother:	Clora Mills	Facility Type:	Hospital Inpatient
Facility or Address:	University of Utah Hospital		

INFORMANT INFORMATION

Name:	Jana Johnson Spangler	Relationship:	Niece
Mailing Address:	2013 Lincoln Circle, Holladay, Utah 84124		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Mountain View Memorial Estates, Salt Lake City, Utah
Date of Disposition:	January 18, 2019

FUNERAL HOME INFORMATION

Funeral Home:	Mountain View Memorial Mortuary
Address:	7800 South 3115 East, Salt Lake City, Utah 84121
Funeral Director:	Brittany A Painter

MEDICAL CERTIFICATION

Medical Professional:	Jason B Young MD, University of Utah Hospital, 30 North 1900 East Room 3B-110, Salt Lake City, Utah 84106
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CAUSE OF DEATH

Cardiopulmonary Arrest
Due to (or as a consequence of): Septic Shock
Due to (or as a consequence of): Rule Out Anastomotic Leak
Due to (or as a consequence of): Perforated Sigmoid Colon
Other significant conditions: Immunosuppression
Tobacco Use: Unknown if User
Medical Examiner Contacted: Unknown Autopsy Performed: No Manner of Death: Natural

Date Registered: January 17, 2019


Date Issued: January 18, 2019

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



065514896


Gary L. Edwards
Director/Health Officer
County/District Health
Department


SALT LAKE
COUNTY
HEALTH
DEPARTMENT

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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		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		State _____
	22. ADDRESS OF WITNESS (Street, City, State, Zip)					County _____

FILED DISTRICT COURT
Third Judicial District

FEB 20 2019

By: _____
Salt Lake County
Deputy Clerk

In the District Court of Utah

____ 3rd ____ Judicial District ____ Salt Lake ____ County

Court Address ____ 450 S. State Stree, PO Box 1860, Salt Lake City, UT 84114 ____

In the Matter of the Estate of

____ Karen Johnson ____
Deceased

Letters Testamentary

____ 193900355 ____
Case Number

____ Faust ____
Judge

1. The will of the decedent was admitted to probate. The appointed personal representative is:


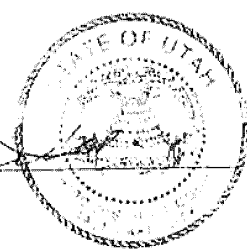
____ Robert A. Spangler ____ (name).

2. The personal representative is:

not supervised.

supervised. The personal representative may not make any distribution of the estate or exercise the following powers without prior order of the court:

Date Feb. 20, 2019

Clerk or Registrar _____





I CERTIFY THAT THIS IS A TRUE COPY OF
AN ORIGINAL DOCUMENT ON FILE IN THE
THIRD DISTRICT COURT, SALT LAKE
COUNTY, STATE OF UTAH.

DATE 2/20/19

DEPUTY COURT CLERK