

WHEN RECORDED MAIL TO  
**Christopher Arndt**  
727 S Post Street  
Salt Lake City, UT 84104  
File No. AB-20-1966

13302186  
6/18/2020 2:55:00 PM \$40.00  
Book - 10963 Pg - 5293-5299  
RASHELLE HOBBS  
Recorder, Salt Lake County, UT  
STEED TITLE INSURANCE AGENCY  
BY: eCASH, DEPUTY - EF 7 P.

### PERSONAL REPRESENTATIVE'S DEED

THIS DEED, made by **Dona Kim and Helen Vigil** as Personal Representative for the Estate of **Leopoldo J Vigil and Viola Vigil**, deceased as Grantor(s) to **Christopher Arndt, single man** as Grantee(s)

Whereas Grantor is the qualified Personal Representative of said estate, filed as Probate No. **203900948** in the **Third** District Court in and for **Salt Lake** County, State of Utah.

THEREFORE, for value consideration received Grantor(s) hereby sells and conveys to Grantee(s) the following described real property located in **Salt Lake** County, State of Utah:

*"see attached legal"*

EXECUTED this 18 day of June, 2020

Estate of **Leopoldo J. Vigil and Viola Vigil**

By: *Dona Kim*  
Dona Kim, Personal Representative

By: *Helen Vigil*  
Helen Vigil, Personal Representative

State of Utah            }  
                                      } ss  
County of Salt Lake    }

On this 18 day of June, 2020, personally appeared before me, **Dona Kim and Helen Vigil, Personal Representatives of Estate of Leopoldo J. Vigil and Viola Vigil**, the signer(s) of the above instrument, who duly acknowledged before me that he/she/they executed the same.

Witness my hand and official seal

*[Signature]*  
Notary Public



FILED DISTRICT COURT  
Third Judicial District  
MAY 12 2020  
SALT LAKE COUNTY

By \_\_\_\_\_ Deputy Clerk

In the District Court of Utah

Third District Court Judicial District Salt Lake County

Court Address 450 South State P.O. Box 1860 Salt Lake City, UT 84114-1860

In the Matter of the Estate of  
Leopoldo J. Vigil 6/30/1925  
Viola Vigil 12/11/1934  
Deceased

Letters Testamentary

203900948  
Case Number  
FAUST  
Judge

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

Dona Kim + Helen Vigil (name).

2. The personal representative is:

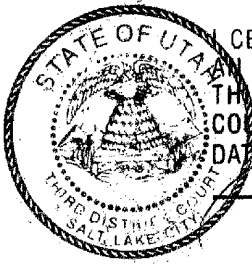
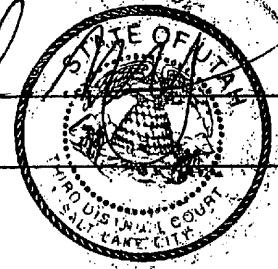
[X] not supervised.

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

\_\_\_\_\_  
\_\_\_\_\_

X 5-12-2020  
Date

Signature [Signature] Printed Name of Clerk or Registrar



I CERTIFY THAT THIS IS A TRUE COPY OF ORIGINAL DOCUMENT ON FILE IN THE THIRD DISTRICT COURT, SALT LAKE COUNTY, STATE OF UTAH.  
DATE: 5/15/2020  
[Signature]  
DEPUTY COURT CLERK

STATE OF UTAH  
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2011011681

Leopoldo J Vigil

BK 10963 PG 5295

DECEDENT INFORMATION

Date of Death:	September 28, 2011	Time of Death:	17:50
City of Death:	Salt Lake City	County of Death:	Salt Lake
Age:	86	Date of Birth:	June 30, 1925
Place of Birth:	El Rito, New Mexico	Sex:	Male
Armed Services:	Yes	Marital Status:	Married
Spouse's Name:	Viola Gonzales	Usual Occupation:	Automotive Technician
Industry/Business:	Automotive	Education:	High School or GED
Residence:	Salt Lake City, Utah	Father's Name:	Antonio Vigil
Mother's Name:	Eduvijen Gallegos	Facility Type:	Home
Facility or Address:	727 Post Street		

INFORMANT INFORMATION

Name:	Viola Vigil	Relationship:	Wife
Mailing Address:	727 Post Street, Salt Lake City, Utah 84104		

DISPOSITION INFORMATION

Method of Disposition:	Cremation
Place of Disposition:	Neil O'Donnell & Sons Crematory, Salt Lake City, Utah
Date of Disposition:	September 30, 2011

FUNERAL HOME INFORMATION

Funeral Home:	Neil O'Donnell & Sons Mortuary
Address:	372 East 100 South, , Salt Lake City, Utah 84111
Funeral Director:	Michael P O'Donnell

MEDICAL CERTIFICATION

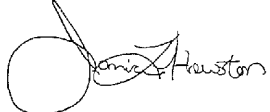
Medical Professional:	Gregory J Miller, Utah Cancer Specialists, 3838 South 700 East Suite #100, Salt Lake City, Utah 84117
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CAUSE OF DEATH

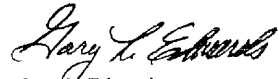
metastatic colon carcinoma [Onset: 1 Year]  
Tobacco Use: Unknown if User  
Medical Examiner Contacted: Yes    Autopsy Performed: No    Manner of Death: Natural

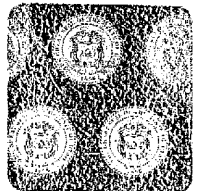
Date Issued: October 4, 2011

This is an exact reproduction of the document registered in the State Office of Vital Statistics. Security features of this official document include: Intaglio Border, V & R images in top cycloids, ultra violet fibers and hologram image of the Utah State Seal, over the words "State of Utah". This document displays the date, seal and signature of the State Registrar and the County/District Health Officer.

  
Janice L. Houston, State Registrar  
Office of Vital Statistics



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



# AFFIDAVIT FOR CORRECTION

This is a legal document. Complete in black ink and do not alter.

## ANY CHANGES MADE BELOW VOID THIS CERTIFICATE. A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

All vital records are registered as received. Corrections must be made by affidavit. An item on the birth or death certificate may be corrected by affidavit only once; a court order will be required for subsequent corrections.

There is no processing fee for affidavits registered within one year of the date of the event. After one year from the date of the event, there is a fee for filing the affidavit which includes one replacement copy. Affidavits completed **within 90 days of issuance** may be given credit for monies previously paid. (Multiple copies may require an additional fee.)

**PLEASE RETURN ALL COPIES WITH ONE COMPLETED AFFIDAVIT WITHIN 90 DAYS FOR REPLACEMENT TO:  
UTAH DEPARTMENT OF HEALTH, OFFICE OF VITAL RECORDS AND STATISTICS, PO BOX 141012,  
SALT LAKE CITY, UTAH 84114-1012. FOR SAME DAY SERVICE, PLEASE BRING COPIES AND COMPLETED  
AFFIDAVIT TO OUR OFFICE AT 288 NORTH 1460 WEST, SALT LAKE CITY, UTAH.**

### BIRTH CERTIFICATES

- List the facts exactly as stated on the reverse side. Opposite each item, correct the information as it should have been stated at the time of the birth.
- Who may sign the affidavit for corrections: If the person listed on the record is under 18, both parents listed on the record. If the person listed on the record is 18 he/she **must** sign as one of the witnesses, unless mentally incompetent or physically incapacitated. Parents are the preferred witnesses for the second signature. If no father is listed on the record, a relative of the mother may sign if s/he is of legal age. The signatures **must be notarized**.
- The parent(s) may add or correct the surname from that listed on the record until the child's first birthday without proofs. The first, and/or middle name can be corrected or added without proofs until the child's sixth birthday.
- If the child is under the age of six and there is no father listed on the record, the child's surname may be corrected to match the mother's maiden name without documentation.
- Minor corrections in spelling or parents' information may be corrected anytime. Some corrections may require documentary proof.
- This affidavit cannot be used to add a father to or correct medical information on a birth certificate.

### DEATH CERTIFICATES

- Corrections to non-medical information may be made by the Funeral Home, or 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. Corrections to marital status must be approved and processed by the State Office of Vital Records and Statistics. Contact our office for assistance. Replacements within 90 days may be charged a replacement fee.
- The medical information (Cause of Death) may only be corrected **WITH A MEDICAL AFFIDAVIT COMPLETED** by the certifying health care provider or the Utah Office of the Medical Examiner.

LOCAL FILE NUMBER

BIRTH

DEATH

STILLBIRTH

STATE FILE NUMBER

NAME AS REPORTED ON REVERSE	1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME
STATEMENT OF CORRECTIONS	2a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD	2b. CORRECT INFORMATION	
WHY IS CHANGE NECESSARY?	3.		
PROOFS USED TO AMEND RECORD	4.		
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__
	5. SIGNATURE OF WITNESS		Notary Public _____
	6. DATE SIGNED		My Commission expires _____
	7. AGE OF WITNESS	8. DAYTIME TELEPHONE # OF WITNESS	S E A L
	9. ADDRESS OF WITNESS (Street, City, State, Zip)		
10. RELATIONSHIP TO PERSON IN 1a: Self Parent/Guardian Spouse Funeral Director Informant Other(Specify)			
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__
	11. SIGNATURE OF WITNESS		Notary Public _____
	12. DATE SIGNED		My Commission expires _____
	13. AGE OF WITNESS	14. DAYTIME TELEPHONE # OF WITNESS	S E A L
	15. ADDRESS OF WITNESS (Street, City, State, Zip)		
16. RELATIONSHIP TO PERSON IN 1a: Self Parent/Guardian Spouse Funeral Director Informant Other(Specify)			

STATE OF UTAH  
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2020005076

Viola Vigil

BK 10963 PG 5297

DECEDENT INFORMATION

Date of Death:	March 28, 2020	Time of Death:	21:50
City of Death:	Salt Lake City	County of Death:	Salt Lake
Age:	85	Date of Birth:	December 11, 1934
Place of Birth:	El Rito, New Mexico	Sex:	Female
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:		Usual Occupation:	Cook
Industry/Business:	Nursing Home	Education:	8th Grade or Less
Residence:	Salt Lake City, Utah	Parent or Father:	Celestino Gonzales
Parent or Mother:	Thomasita Martinez	Facility Type:	Home
Facility or Address:	727 Post Street		

INFORMANT INFORMATION

Name:	Helen Vigil	Relationship:	Daughter
Mailing Address:	1524 South Brava Street, Salt Lake City, Utah 84104		

DISPOSITION INFORMATION

Method of Disposition:	Cremation
Place of Disposition:	Care Center of Utah, Salt Lake City, Utah
Date of Disposition:	March 31, 2020

FUNERAL HOME INFORMATION

Funeral Home:	Neil O'Donnell & Sons Mortuary
Address:	372 East 100 South, , Salt Lake City, Utah 84111
Funeral Director:	Michael P O'Donnell

MEDICAL CERTIFICATION

Medical Professional:	Matthew Agresta MD, 3580 West 9000 South, West Jordan, Utah 84088
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CAUSE OF DEATH

Severe Protein Calorie Malnutrition  
Due to (or as a consequence of): Adult Failure To Thrive  
Due to (or as a consequence of): Congestive Heart Failure  
Other significant conditions: Alzheimer's Dementia With Behavioral Disturbances  
Tobacco Use: Non-user  
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: March 31, 2020

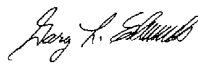
Date Issued: March 31, 2020

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



066116690

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

  
SALT LAKE  
COUNTY  
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)	<b>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.</b>					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	
	16. ADDRESS OF WITNESS					
OATH OF SECOND WITNESS (MUST BE 18 OR OLDER)	<b>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.</b>					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	
	22. ADDRESS OF WITNESS					

**BK 10963 PG 5298**

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E  
A  
L

Escrow No.: AB-20-1966

**EXHIBIT "A"**  
**LEGAL DESCRIPTION**

All of lots 8 and 9, Block 5, SEVENTH SOUTH SUBDIVISION, according to the plat thereof as recorded in the office of the Salt lake County Recorder.

Tax ID No.: 15-11-205-009-0000