

When recorded mail to:
Justin Thomas Nabor
696 East Hillock Court
Draper, Utah 84020

13429184
10/16/2020 4:36:00 PM \$40.00
Book - 11040 Pg - 6358-6360
RASHELLE HOBBS
Recorder, Salt Lake County, UT
MOUNTAIN VIEW TITLE & ESCROW
BY: eCASH, DEPUTY - EF 3 P.

AFFIDAVIT

Justin Thomas Nabor, being first duly sworn on oath, deposes and say that **Kira Noel Ellis**, who is named in that State of Utah Certificate of Death which bears file number **2020009748** a copy of which is attached hereto and referenced as Exhibit "A", and who died in **Draper, Utah**, on **June 20, 2020** and that affiant knows of his/her own knowledge that said **Kira Noel Ellis**, is one and the same person as that **Kira Noel Ellis**, who is named in that certain deed wherein **Elgin Place, LLC**, as Grantor, conveyed title to **Justin Thomas Nabor and Kira Noel Ellis**, as Grantees, as joint tenants with full rights of survivorship. Said Deed was recorded in the Office of the **Salt Lake County Recorder**, as Entry Number **12482150**. Said real property is described as follows:

LOT 2, ELGIN PLACE SUBDIVISION, ACCORDING TO THE OFFICIAL PLAT THEREOF AS RECORDED IN THE OFFICE OF THE SALT LAKE COUNTY RECORDER.

Serial Number: 28-29-103-037

Dated this 16 day of October 2020

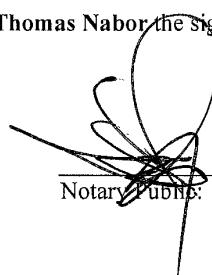


Justin Thomas Nabor

State of Utah)
County of Salt Lake)

On the 16 day of October 2020 personally appeared before me **Justin Thomas Nabor** the Signer of the within instrument, who duly acknowledged that he executed the same.



Notary Public:

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

Exhibit 'A'

CERTIFICATE OF DEATH

State File Number: 2020009748

Kira Noel Ellis

DECEDENT INFORMATION

Date of Death:	June 20, 2020	Time of Death:	12:56 (Found)
City of Death:	Draper	County of Death:	Salt Lake
Age:	30	Date of Birth:	December 5, 1989
Place of Birth:	Bountiful, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Justin Thomas Nabor	Usual Occupation:	Assistant Manager
Industry/Business:	Retail	Education:	Associate Degree
Residence:	Draper, Utah	Father's Name:	Kevin J Ellis
Mother's Name:	Donna Marie Smith	Facility Type:	Home
Facility or Address:	696 East Hillock Court		

INFORMANT INFORMATION

Name:	Donna Ellis	Relationship:	Mother
Mailing Address:	847 South 800 East, Centerville, Utah 84014		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Centerville City Cemetery, Centerville, Utah
Date of Disposition:	June 27, 2020

FUNERAL HOME INFORMATION

Funeral Home:	Russon Brothers Mortuary, Bountiful
Address:	295 North Main Street, Bountiful, Utah 84010
Funeral Director:	Todd G Russon

MEDICAL CERTIFICATION

Certifying Physician: Jason G Lozano MD, Office of the Medical Examiner, 4451 South 2700 West, Taylorsville, Utah 84129

CAUSE OF DEATH

Hanging
Tobacco Use: Unknown if User
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Suicide

INJURY INFORMATION

Date of Injury:	June 20, 2020	Time of Injury:	Unknown
Injury at Work:	No	Place of Injury:	Home
Location of Injury:	696 East Hillock Court, Draper, Utah		
How Injury Occurred:	Hung self		
Motor Vehicle Accident:	No		

Date Registered: June 25, 2020

Date Issued: June 25, 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. Wninger LCSW
State Registrar
Rev. 4/19



066353921

ANY ALTERATION OR ERASURE Voids THIS CERTIFICATE


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


SLC
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.

	<input type="checkbox"/> BIRTH	<input type="checkbox"/> DEATH	<input type="checkbox"/> 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_____ STATE _____ COUNTY _____ NOTARY SIGNATURE _____ S E A L	
	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_____ STATE _____ COUNTY _____ NOTARY SIGNATURE _____ S E A L	
	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				