

13990414 B: 11359 P: 3036 Total Pages: 5  
07/26/2022 04:03 PM By: bmeans Fees: \$40.00  
Rashelle Hobbs, Recorder, Salt Lake County, Utah  
Return To: PARR BROWN GEE AND LOVELESS  
101 SOUTH 200 EAST SUITE 700SALT LAKE CITY, UT 84111

When recorded, mail to:

Leslee Jorgensen  
P.O. Box 793  
Heber, AZ 85928

Mail tax notices to:

Leslee Jorgensen  
P.O. Box 793  
Heber, AZ 85928

DEED OF DISTRIBUTION  
BY PERSONAL REPRESENTATIVE

THIS DEED OF DISTRIBUTION is made by Leslee Jorgensen, as personal representative of the Estate of Sylvia S. Jorgensen, deceased (sometimes known as Sylvia Smith Jorgensen, as evidenced by Certificate of Death attached hereto), Grantor, to Leslee Jorgensen, of P.O. Box 793, Heber, AZ 85928, Grantee, as to an undivided 25% interest as a tenant in common, and to Patrick D. Jorgensen, of 31719 North 24<sup>th</sup> Drive, Phoenix, AZ 85085, Grantee, as to an undivided 25% interest as a tenant in common.

WHEREAS, Grantor is the duly qualified and appointed personal representative of said estate, filed as Probate Number 223700400, in Davis County, State of Utah, as evidenced by Letters Testamentary attached hereto;

WHEREAS, Grantees are entitled to distribution of the hereinafter described real property;

THEREFORE, for valuable consideration received, Grantor quitclaims, transfers and conveys to Grantees all of Grantor's 50% interest as a tenant in common in and to the following described lands situated in Salt Lake County, State of Utah:

Commencing 33.75 chains South of the Northeast Corner of the Northwest Quarter of Section 34, Township 3 South, Range 1 West, Salt Lake Meridian, and running thence South 1 chain; thence West 5 chains; thence North 1 chain; thence East 5 chains to the place of beginning.

Tax Parcel ID: 27-34-180-014-0000

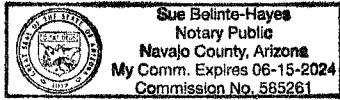
EXECUTED this 21<sup>st</sup> day of July, 2022.



Leslee Jorgensen, as personal representative  
of the Estate of Sylvia S. Jorgensen,  
deceased

STATE OF Arizona )  
COUNTY OF Navajo ) : SS

On the 21<sup>st</sup> day of July, 2022, personally appeared before me Leslee Jorgensen, as signer of the foregoing instrument, who duly acknowledged to me that she executed the same, as personal representative of the Estate of Sylvia S. Jorgensen, deceased.



  
\_\_\_\_\_  
Notary Public

**STATE OF UTAH**  
**CERTIFICATION OF VITAL RECORD**

**CERTIFICATE OF DEATH**

State File Number: 2022010569

**Sylvia Smith Jorgensen**

**DECEDENT INFORMATION**

Date of Death:	June 14, 2022	Time of Death:	16:22
City of Death:	Layton	County of Death:	Davis
Age:	77	Date of Birth:	October 15, 1944
Place of Birth:	Riverton, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:	David G Jorgensen (Deceased)	Usual Occupation:	Sales
Industry/Business:	Travel	Education:	Bachelor's Degree
Residence:	Fruit Heights, Utah	Father's Name:	John Jones Smith
Mother's Name:	Rayola Marie Simper	Facility Type:	Hospital Inpatient
Facility or Address:	Davis Hospital and Medical Center		

**INFORMANT INFORMATION**

Name:	Leslee Jorgensen	Relationship:	Daughter
Mailing Address:	P.O. Box 793, Heber, Arizona 85298		

**DISPOSITION INFORMATION**

Method of Disposition: Burial  
Place of Disposition: Larkin Sunset Lawn, Salt Lake City, Utah  
Date of Disposition: June 17, 2022

**FUNERAL HOME INFORMATION**

Funeral Home: Premier Funeral Services  
Address: 67 East 8000 South, Midvale, Utah 84047  
Funeral Director: Jared O M Fairbanks

**MEDICAL CERTIFICATION**

Certifying Physician: Jeffery L DeGrauw MD, 1580 West Antelope Drive #200, Layton, Utah 84041

**CAUSE OF DEATH**

Cerebrovascular Accident  
Due to (or as a consequence of): Acute Respiratory Failure  
Due to (or as a consequence of): Chronic Renal Failure  
Tobacco Use: Non-user  
Medical Examiner Contacted: No    Autopsy Performed: No    Manner of Death: Natural

Date Registered: June 22, 2022  
Date Issued: June 23, 2022


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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. Winger, MSW, LCSW  
State Registrar



\* 0 6 7 1 2 2 8 3 8 \*

  
Angela C. Dunn, MD, MPH  
Director/Health Officer  
County/District 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, 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		STATE _____ COUNTY _____
	12. DATE SIGNED	13. AGE OF WITNESS	14. DAYTIME TELEPHONE	15. RELATIONSHIP TO 1a.		NOTARY SIGNATURE _____
	16. ADDRESS OF WITNESS					S E A L
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					S E A L

The Order of the Court is stated below:

Dated: July 18, 2022  
01:39:08 PM

/s/ MARTHA GONZALEZ  
District Court Clerk



Stephen M. Sargent (7436)  
PARR BROWN GEE & LOVELESS, P.C.  
101 South 200 East, Suite 700  
Salt Lake City, Utah 84111  
Telephone: (801) 532-7840  
ssargent@parrbrown.com

*Attorneys for Personal Representative*

IN THE SECOND JUDICIAL DISTRICT COURT IN AND FOR  
DAVIS COUNTY, STATE OF UTAH

<p>IN THE MATTER OF THE ESTATE OF  SYLVIA S. JORGENSEN (also sometimes known as SYLVIA DEAN JORGENSEN,  Deceased.</p>	<p><b>LETTERS TESTAMENTARY</b>  Probate No. 223700400 Honorable Michael D. Direda</p>
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1. Leslee Jorgensen (formerly known as Leslee Meyer) was duly appointed and qualified as general personal representative of the estate of the above-named decedent by the Court, with all authority pertaining thereto.

2. Administration of the estate is unsupervised.

3. These letters are issued to evidence the appointment, qualification and authority of the above-described personal representative.

**Executed and entered by the Court as indicated by the date and seal at the top of the page.**

-----END OF ORDER-----

4883-9850-2182