

When recorded mail to:
4497 S. Adonis Drive
Salt Lake City, UT 84124
File No. 16054

14001698 B: 11365 P: 1339 Total Pages: 5
08/17/2022 01:59 PM By: aallen Fees: \$40.00
Rashelle Hobbs, Recorder, Salt Lake County, Utah
Return To: BENCHMARK TITLE INSURANCE AGENCY, LLC
4516 S 700 E STE 260SALT LAKE CITY, UT 841078317

SURVIVORSHIP AFFIDAVIT

STATE OF UTAH, County of Salt Lake

We, Janice M. Rolan and Jill M. Wiggins, upon being duly sworn and upon oath do say and depose as follows:

1. That we are the Successor Trustees of The Joan Kay Womack Trust dated the 27th day of August, 2012.
2. That the property located at 4497 S. Adonis Drive, Salt Lake City, UT 84124 is being sold. Currently, title to the property is held in the name of Joan Kay Womack, Trustee of the Joan Kay Womack Trust dated August 27, 2012. The subject property is situated in the County of Salt Lake, State of Utah, more particularly described as follows:

See Exhibit "A" attached hereto

Property Tax ID #: 22-01-331-002

3. That Joan Kay Womack has died, as evidenced by the attached Death Certificate. The attached Death Certificate identifies the deceased as Joan Kay Nelson Womack, she is one and the same as Joan Kay Womack.

This Affidavit is given as an inducement to Benchmark Title Insurance Agency and or their Underwriter(s) to issue its policy or policies of title insurance affecting the land described herein.

FURTHER THE AFFIANT SAYETH NAUGHT.



Janice M. Rolan

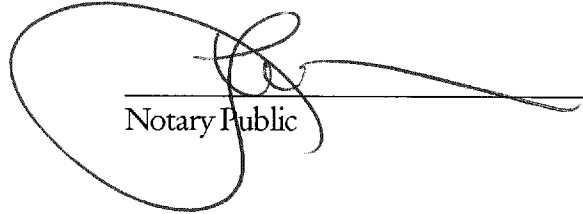


Jill M. Wiggins

State of Utah)
): ss
County of Salt Lake)

On the 11th day of August, 2022, personally appeared before me Janice M. Rolan and Jill M. Wiggins, the signer of the within and foregoing instrument who duly acknowledged to me that she executed the same.





Notary Public

EXHIBIT "A"

All of Lot 1317, Mt. Olympus Hills No. 13 Subdivision, according to the Plat thereof, as recorded in the Office of the County Recorder of said County. Excepting therefrom the following described property: Beginning at the most Southerly corner of said Lot 1317, and running thence along the Lot line common to Lot 1317 and 1316, North $48^{\circ}00'$ West 150.65 feet, to a point on a 175 foot radius curve (the center of which bears North $16^{\circ}30'$ West); thence Northeasterly along said curve to the left, through a central angle of $11^{\circ}43'25''$, a distance of 35.81 feet; thence South $39^{\circ}37'40''$ East 69.49 feet; thence South $29^{\circ}36'04''$ East 70.03 feet to the point of beginning.

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2021022814

Joan Kay Nelson Womack

DECEDENT INFORMATION

Date of Death:	December 21, 2021	Time of Death:	01:52
City of Death:	Murray	County of Death:	Salt Lake
Age:	81	Date of Birth:	February 24, 1940
Place of Birth:	Los Angeles, California	Sex:	Female
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:		Usual Occupation:	Elementary School Teacher
Industry/Business:	Education	Education:	Master's Degree
Residence:	Millcreek, Utah	Father's Name:	Mathew Nelson
Mother's Name:	Bessie J Silver	Facility Type:	Daughter's Home
Facility or Address:	1216 Castlecreek Drive		

INFORMANT INFORMATION

Name:	Jill Wiggins	Relationship:	Daughter
Mailing Address:	1216 Castlecreek Drive, Murray, Utah 84117		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Wasatch Lawn Memorial Park, Millcreek, Utah
Date of Disposition:	December 28, 2021

FUNERAL HOME INFORMATION

Funeral Home:	Wasatch Lawn Mortuary
Address:	3401 South Highland Drive, Millcreek, Utah 84106
Funeral Director:	Reg V Ecker

MEDICAL CERTIFICATION

Certifying Physician: Daniel Yarrish MD, 1160 East 3900 South Suite 1000, Salt Lake City, Utah 84124

CAUSE OF DEATH

Coronary Artery Disease
Other significant conditions: Hypertensive Heart Disease With Heart Failure, Atrial Fibrillation, Metabolic Encephalopathy
Tobacco Use: Non-user
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: January 3, 2022

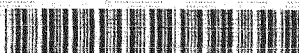
Date Issued: January 3, 2022

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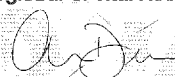
This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics. Security features of this official document include: Intaglio Border, V & R images in top cycloids, and intaglio microtext. This document displays the date, seal and signature of the Utah State Registrar of Vital Record and Statistics.



Linda S. Winger, MSW, LCSW
State Registrar



* 0 6 6 9 0 5 9 3 7 *



Angela C. Dunn, MD, MPH
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, 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



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 _____					
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 _____					