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Rashelle Hobbs, Recorder, Salt Lake County, Utah  
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## AFFIDAVIT OF DEATH

STATE OF UTAH

COUNTY OF SALT LAKE

I, **BEVERLY FLETCHER**, of legal age, being first duly sworn, deposes and says:

1. **ROGER W FLETCHER** and I were Joint Tenants with Rights of Survivorship as owners of certain real property in Iron County, evidenced by a certain Quit Claim Deed filed in the aforementioned county and identified as Entry Number 4973729, Book 6258, and Page 541.
2. The property is further identified as Parcel Number **14-28-354-004-0000**, with the legal description as follows:  
**See Attached Legal Description as "Exhibit A."**
3. **ROGER W FLETCHER** is the same person as Roger Wesley Fletcher who died on January 26, 2020, evidenced by the attached Certificate of Death.
4. As a result of **ROGER W FLETCHER's** death, he is no longer an owner of the aforementioned real property.
5. I declare under penalty of perjury that the foregoing is true and correct.

Executed this the 17 day of May, 2023.

Beverly L. Fletcher  
**BEVERLY FLETCHER**

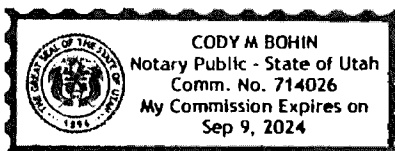
STATE OF UTAH )

) ss.:

COUNTY OF SALT LAKE )

On this 17 day of May, 2023, before me, Cody Bohin, a Notary Public in and for said State and County, personally appeared **BEVERLY FLETCHER**, proved on the basis of satisfactory evidence to be the people whose names are subscribed to this instrument, and acknowledge they executed the same.

Witness my hand and official seal.



[Signature]  
Signature of Notary

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

**CERTIFICATE OF DEATH**

State File Number: 2020001500

**Roger Wesley Fletcher**

**DECEDENT INFORMATION**

Date of Death:	January 26, 2020	Time of Death:	15:20 (Found)
City of Death:	Salt Lake City	County of Death:	Salt Lake
Age:	85	Date of Birth:	July 18, 1934
Place of Birth:	Fort Riley, Kansas	Sex:	Male
Armed Services:	Yes	Marital Status:	Married
Spouse's Name:	Beverly Sue Hassell	Usual Occupation:	Cartographer
Industry/Business:	Federal Government	Education:	Bachelor's Degree
Residence:	Salt Lake City, Utah	Father's Name:	Walter Lesley Fletcher
Mother's Name:	Florence Rose Lemmons	Facility Type:	Nursing Home/Assisted Living
Facility or Address:	St Joseph's Villa		

**INFORMANT INFORMATION**

Name:	Beverly Sue Fletcher	Relationship:	Wife
Mailing Address:	451 East Bishop Federal Lane #2251, Salt Lake City, Utah 84115		

**DISPOSITION INFORMATION**

Method of Disposition: Burial  
Place of Disposition: Utah Veterans Memorial Park, Bluffdale, Utah  
Date of Disposition: January 30, 2020

**FUNERAL HOME INFORMATION**

Funeral Home: Wiscombe Memorial LLC  
Address: 47 South Orange Street, Suite B5, Salt Lake City, Utah 84116  
Funeral Director: Janna Markland

**MEDICAL CERTIFICATION**

Certifying Physician: Frederick J Dressen DO, 2168 West Kimber Lane, Riverton, Utah 84065

**CAUSE OF DEATH**

Acute Respiratory Failure

Due to (or as a consequence of): Acute Renal Failure

Due to (or as a consequence of): Protein Calorie Malnutrition

Due to (or as a consequence of): Congestive Heart Failure

Other significant conditions: Dementia

Tobacco Use: Non-user

Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: January 29, 2020

Date Issued: June 16, 2023

**AMENDMENT HISTORY**

01/29/2020 Found on this Date from X to (blank)

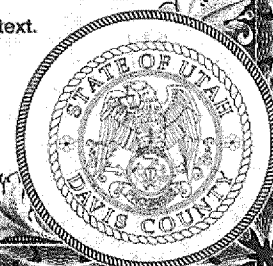
This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics.  
Security features of this official document include: Intaglio Border, V & R images in top cycloids, and intaglio microtext.  
This document displays the date, seal and signature of the Utah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



*Linda S. Winger*  
Linda S. Winger, MSW, LCSW  
State Registrar  
Rev 12/20



*Brian Hatch*  
Brian Hatch  
Director/Health Officer



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# 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: \_\_\_\_\_

<b>INFORMATION AS REPORTED ON RECORD</b>	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)		
<b>STATEMENT OF AMENDMENTS</b>	7. ITEM NO.	8a. FACTS EXACTLY AS ON ORIGINAL RECORD			8b. CORRECT INFORMATION	
<b>WHY IS CHANGE NEEDED?</b>	9. _____					
	10. _____					
<b>DOCUMENTS USED</b>						
<b>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.				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		
	12. DATE SIGNED		13. AGE OF WITNESS	14. DAYTIME TELEPHONE	15. RELATIONSHIP TO 1a.	
	16. ADDRESS OF WITNESS				STATE _____ COUNTY _____	
					NOTARY SIGNATURE _____	
<b>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.				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		
	18. DATE SIGNED	19. AGE OF WITNESS	20. DAYTIME TELEPHONE	21. RELATIONSHIP TO 1a.		
	22. ADDRESS OF WITNESS				STATE _____ COUNTY _____	
					NOTARY SIGNATURE _____	

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