

File No.: MA16455  
Parcel Number: 16-15-378-015

AFFIDAVIT OF IDENTITY  
DEATH OF TRUSTEE

STATE of UTAH )  
 ) ss.  
COUNTY of SALT LAKE )

Brenda Halton Wilson, being first duly sworn, deposes and says:

1. She is the daughter of Milton Armstrong Halton, deceased.
2. At the time of his death, Milton A. Halton, held title to certain real property and improvements located in Salt Lake County, State of UT in his capacity as the Trustee of The Milton A. Halton Trust dated April 18, 1991. The real property and improvements are described as follows:  
  
Lot 26, Block 2, Bonneville Garden, according to the Official Plat thereof on file and of record in the Salt Lake County Recorder’s Office.
3. Milton Armstrong Halton, died in Salt Lake City, Utah on September 28, 2013, and a certified copy of his death certificate is attached hereto as Exhibit “A” and by this reference is made a part hereof.
4. Affiant knows of her own personal knowledge that the Milton A. Halton, that held title to the above-described real property as the Trustee of The Milton A. Halton Trust dated April 18, 1991,,is one and the same person as the Milton Armstrong Halton, named in the Exhibit “A”.
5. Affiant now has all authority to act as Trustee of The Milton A. Halton Trust dated April 18, 1991

EXECUTED by Brenda Halton Wilson in Salt Lake City, Utah, on July 26, 2023.

Brenda Halton Wilson

Brenda Halton Wilson

SUBSCRIBED AND SWORN to before me on this 26<sup>th</sup> day of July 2023.

Kelli Okabe

Notary Public



STATE OF UTAH  
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2013012626

Milton Armstrong Halton

DECEDENT INFORMATION

Date of Death: September 28, 2013  
City of Death: Salt Lake City  
Age: 81  
Place of Birth: Salt Lake City, Utah  
Armed Services: Yes  
Spouse's Name:  
Industry/Business: Mountain Bell Corporation  
Residence: Salt Lake City, Utah  
Mother's Name: Dorothy Armstrong  
Facility or Address: 2237 East Hollywood Ave

Time of Death: 14:00 (Found)  
County of Death: Salt Lake  
Date of Birth: April 7, 1932  
Sex: Male  
Marital Status: Divorced  
Usual Occupation: Civil Engineer  
Education: Some College but No Degree  
Father's Name: Milton Vern Halton  
Facility Type: Home

INFORMANT INFORMATION

Name: Brenda Wilson Relationship: Daughter  
Mailing Address: 325 West 4650 North, Provo, Utah 84604

DISPOSITION INFORMATION

Method of Disposition: Burial  
Place of Disposition: Wasatch Lawn Memorial Park, Salt Lake City, Utah  
Date of Disposition: October 8, 2013

FUNERAL HOME INFORMATION

Funeral Home: Wasatch Lawn Mortuary  
Address: 3401 South Highland Drive, Salt Lake City, Utah 84106  
Funeral Director: Daniel F Seron

MEDICAL CERTIFICATION

Certifying Physician: Reid B Hales MD, 389 S. 900 E., Salt Lake City, Utah 84102

CAUSE OF DEATH

Incident To Old Age  
Other significant conditions: Hypertension, Diabetes Mellitus Type 2, Hyperlipidemia  
Tobacco Use: Non-user  
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: October 7, 2013  
Date Issued: July 21, 2023

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 cyclolds, and intaglio microtext. This document displays the date, seal and signature of the Utah State Registrar of Vital Record and Statistics.



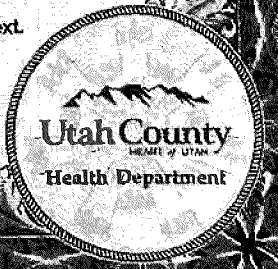
*Linda S. Winger*

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



\* 0 6 7 5 7 1 7 1 2 \*

*Eric S. Edwards*  
Eric S. Edwards, MPA, MCHES  
Executive Director  
Utah County Health Department



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

# 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. |  |
|  | 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. |  |
|  | 22. ADDRESS OF WITNESS   |   |                       |   |                         |  |