



**EXHIBIT A**

LOT 32, WHITEWOOD ESTATES, ACCORDING TO THE OFFICIAL PLAT THEREOF, ON FILE  
AND OF RECORD IN THE OFFICE OF THE SALT LAKE COUNTY RECORDER, STATE OF  
UTAH.

TAX ID: 21-17-128-007

STATE OF UTAH  
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2023009946

Julie Etherington King

DECEDENT INFORMATION

Date of Death:	June 15, 2023	Time of Death:	22:20
City of Death:	Taylorsville	County of Death:	Salt Lake
Age:	81	Date of Birth:	March 23, 1942
Place of Birth:	Brigham City, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Divorced
Spouse's Name:		Usual Occupation:	Business Owner
Industry/Business:	Kite Manufacturing and Distribution	Education:	Bachelor's Degree
Residence:	Taylorsville, Utah	Father's Name:	James W Etherington
Mother's Name:	Gertrude M Bronson	Facility Type:	Daughter's Home
Facility or Address:	5442 South Appian Way Taylorsville Utah		

INFORMANT INFORMATION

Name:	Annessa K Penman	Relationship:	Daughter
Mailing Address:	5442 South Appian Way, Taylorsville, Utah 84129		

DISPOSITION INFORMATION

Method of Disposition: Donation  
Place of Disposition: University of Utah Body Donor Program, Salt Lake City, Utah  
Date of Disposition: June 15, 2023

FUNERAL HOME INFORMATION

Funeral Home: University of Utah Body Donor Program  
Address: 20 North 1900 East, Salt Lake City, Utah 84132  
Funeral Director: Blake A Yates

MEDICAL CERTIFICATION

Certifying Physician: Richard E Allen MD, St Marks Hospital, 1250 East 3900 South Suite 260, Salt Lake City, Utah 84124

CAUSE OF DEATH

Parkinson's Disease  
Tobacco Use: Did not Contribute  
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: June 20, 2023

Date Issued: June 23, 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 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  
Reg. 03/21



*Angela C. Dunn*  
Angela C. Dunn, MD, MPH  
Director/Health Officer  
County/District 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



**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					NOTARY SIGNATURE _____
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					NOTARY SIGNATURE _____