

14255828 B: 11499 P: 8024 Total Pages: 6
06/24/2024 12:46 PM By: dkilpack Fees: \$40.00
Rashelle Hobbs, Recorder, Salt Lake County, Utah
Return To: COTTONWOOD TITLE INSURANCE AGENCY, INC.
1996 EAST 6400 SOUTH SUITE 120 SALT LAKE CITY, UT 84121

WHEN RECORDED, MAIL TO:
Opendoor Property Trust I, a Delaware Statutory Trust
C/O OS National, LLC
Attn: Bernicia Stewart
3097 Satellite Blvd, Bldg. 700, Ste 400
Duluth, GA 30096

MAIL TAX NOTICES TO:
Opendoor Property Trust I
410 N. Scottsdale Rd, Ste 1600
Tempe, AZ, 85288



File No.: 179121-DWP

PERSONAL REPRESENTATIVE'S DEED

This Deed made by **Shelley A. Beacco**, as Personal Representative of the Estate of **Elaine Searle Koontz** (also known as **Elaine S. Koontz** and is known on the attached Death Certificate as Elaine Searle Koontz),

GRANTOR(S), of South Salt Lake, State of Utah,

to **Opendoor Property Trust I, a Delaware Statutory Trust dated February 8, 2019,**

GRANTEE(S), of Tempe, State of Arizona

Whereas, Grantor is the qualified personal representative of said estate as shown in the Letters of Administration or Letters Testamentary, filed as Probate Number 24300685 in the Third District Court, Utah:

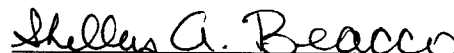
Therefore, for valuable consideration received, Grantor sells and conveys to Grantee the following described real property in **Salt Lake** County, State of Utah:

All of Lot 419, ELAINE GARDEN NO. 4, according to the official plat thereof as recorded in the office of the Salt Lake County Recorder.

TAX ID NO.: 16-31-427-004 (for reference purposes only)

SUBJECT TO: Property taxes for the year 2024 and thereafter; covenants, conditions, restrictions and easements of record; and all applicable zoning laws and ordinances.

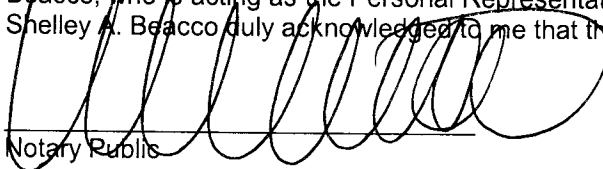
Dated this 24th day of June, 2024.

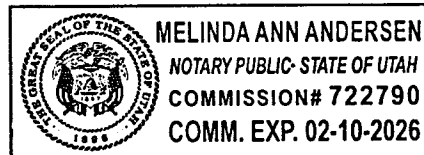

Shelley A. Beacco,
Personal Representative of the Estate of Elaine
Searle Koontz

STATE OF UTAH

COUNTY OF DAVIS

On this 24 day of July, 2024, personally appeared before me Shelley A. Beacco, who is acting as the Personal Representative of the Estate of Elaine Searle Koontz, and that Shelley A. Beacco duly acknowledged to me that they executed the same.


Notary Public



The Order of the Court is stated below:

Dated: April 03, 2024
08:49:38 AM

/s/ MAGDALENA ALVARADO
District Court Clerk



PENNIANN J. SCHUMANN, #6904
2150 South 1300 East, Suite 500
Salt Lake City, Utah, 84106
Tel: (801) 631-7811
Fax: (801) 606-7229
Email: pjlaw@me.com

Attorney for Shelley A. Beacco

**IN THE THIRD JUDICIAL DISTRICT COURT
OF SALT LAKE COUNTY, STATE OF UTAH**

<p>IN THE MATTER OF THE ESTATES OF</p> <p>WELLYN LAVAR KOONTZ and ELAINE SEARLE KOONTZ,</p> <p>Deceased.</p>	<p>LETTERS TESTAMENTARY</p> <p>Probate No.: 243900685</p> <p>Judge: Keith Kelly</p>
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- Shelley A. Beacco was duly appointed and qualified as Personal Representative of the estates of the above-named decedents, by the Court, with all authority pertaining thereto.
- Administration of the estate is unsupervised.

These letters are issued to evidence the appointment, qualification, and authority of the said personal representative.

THE COURT'S ELECTRONIC SIGNATURE AND SEAL APPEAR AT THE TOP OF THE FIRST PAGE OF THIS DOCUMENT WHEN SIGNED AND ENTERED BY THE COURT

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2024003174

Elaine Searle Koontz

DECEDENT INFORMATION

Date of Death:	February 18, 2024	Time of Death:	11:45
City of Death:	Salt Lake City	County of Death:	Salt Lake
Age:	85	Date of Birth:	April 8, 1938
Place of Birth:	Salt Lake City, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:	Wellyn Lavar Koontz (Deceased)	Usual Occupation:	Home Maker
Industry/Business:	Own Home	Education:	High School or GED
Residence:	Salt Lake City, Utah	Father's Name:	Kenneth Bryce Searle
Mother's Name:	Mary Elizabeth Ashton	Facility Type:	Nursing Home/Assisted Living
Facility or Address:	Life Care Center Of Salt Lake City		

INFORMANT INFORMATION

Name:	Shelley A Beacco	Relationship:	Daughter
Mailing Address:	784 Park Shadows Circle, Bountiful, Utah 84010		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Lake Hills Memorial Park, Sandy, Utah
Date of Disposition:	March 2, 2024

FUNERAL HOME INFORMATION

Funeral Home:	Lake Hills Memorial Mortuary
Address:	10055 South State, Sandy, Utah 84070
Funeral Director:	Lacey S Anderson

MEDICAL CERTIFICATION

Certifying Physician: Grant Hawkins MD, Internal Medicine Associates, 9844 South 1300 East Suite 200, Sandy, Utah 84094

CAUSE OF DEATH

Liver Cancer

Due to (or as a consequence of): Malignant Neoplasm of the Gall Bladder

Tobacco Use: Unknown if User

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

Date Registered: February 20, 2024

Date Issued: February 20, 2024

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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
Linda S. Winger, MSW, LCSW
State Registrar
Rev. 07/21



Angela C. Dunn
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



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 _____

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