

14304920 B: 11527 P: 7336 Total Pages: 3
10/24/2024 04:43 PM By: csummers Fees: \$40.00
Rashelle Hobbs, Recorder, Salt Lake County, Utah
Return To: TITLE ONE
9065 S 1300 ESANDY, UT 840943134

When Recorded Mail To:
Clyde L. White

File No.: 24-96727

AFFIDAVIT DEATH OF A JOINT TENANT

I, Clyde L. White, being of legal age and being first duly sworn on oath, deposes and states as follows:

Dayle White, the decedent in the attached certificate of death State File No 2020021667 or other document witnessing death, is the same person as Dayle White, named as a party in the document dated November 28, 1967, recorded November 28, 1967 as Entry No. 2224668, records of the Salt Lake County Recorder, Utah.

This affidavit is given to terminate the decedent's interest in the following described property located in Salt Lake County, State of Utah:

Lot 22, Block "A", AMENDED PLAT OF Blocks "A" and "B", GILMER PARK, according to the official plat thereof on file and of record in the office of the County Recorder, of Salt Lake County, Utah.

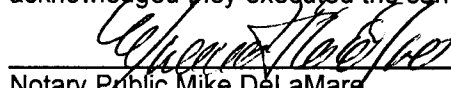
TAX ID NO.: 16-08-258-004

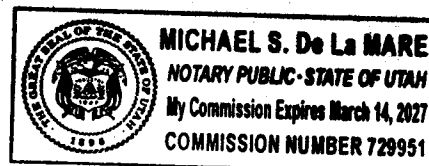
Dated: 23rd day of October, 2024


Clyde L. White

State of Utah
County of Salt Lake

Subscribed and sworn to before me this 23rd day of October, 2024, by Clyde L. White, who acknowledged they executed the same with authority.


Notary Public Mike DeLaMare
My commission expires: 3-14-2027



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2020021667

Dayle White

DECEDENT INFORMATION

Date of Death:	December 24, 2020	Time of Death:	11:30
City of Death:	Orem	County of Death:	Utah
Age:	80	Date of Birth:	June 27, 1940
Place of Birth:	Salt Lake City, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Clyde Lund White	Usual Occupation:	Homemaker
Industry/Business:	Own Home	Education:	High School or GED
Residence:	Salt Lake City, Utah	Father's Name:	Floyd E Duncan
Mother's Name:	Edna Bennett	Facility Type:	Hospital Inpatient
Facility or Address:	Timpanogos Regional Hospital		

INFORMANT INFORMATION

Name:	Clyde Lund White	Relationship:	Husband
Mailing Address:	1120 Gilmer Drive, Salt Lake City, Utah 84105		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Wasatch Lawn Memorial Park, Millcreek, Utah
Date of Disposition:	December 30, 2020

FUNERAL HOME INFORMATION

Funeral Home:	Wasatch Lawn Mortuary
Address:	3401 South Highland Drive, Millcreek, Utah 84106
Funeral Director:	Laura Nydegger

MEDICAL CERTIFICATION

Certifying Physician:	Jay S Cowen MD, 5505 South 900 East #240, Murray, Utah 84117
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CAUSE OF DEATH

Hypercarbic Respiratory Failure
Due to (or as a consequence of): Obesity Hypoventilation Syndrome
Due to (or as a consequence of): Morbid Obesity
Tobacco Use: Non-user
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural


Date Registered: January 5, 2021

Date Issued: January 6, 2021

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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: High Resolution Border, V & R images in top cycloids, and microtext.
This document displays the date, seal, and signature of the Utah State Registrar of Vital Records and Statistics.


Linda S. Wininger LCSW
State Registrar
Rev. 4/19



066414538


Gary L. Edwards
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 and proof of ID.

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					S E A L
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					S E A L

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