

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



14357444 B: 11556 P: 1790 Total Pages: 4
03/13/2025 11:56 AM By: vanguyen Fees: \$40.00
Rashelle Hobbs, Recorder, Salt Lake County, Utah
Return To: COTTONWOOD TITLE INSURANCE AGENCY, INC.
1996 EAST 6400 SOUTH SUITE 120SALT LAKE CITY, UT 84121

File No.: 186796-DWP

PERSONAL REPRESENTATIVE'S DEED

This Deed made by **Riedeman Eman Mackay**, as Personal Representative of the Estate of **Sandra Swensen Riedeman a/k/a Sandra Rose Riedeman** (also known as **Sandra S. Riedeman** and is known on the attached Death Certificate as **Sandra Rose Riedeman**),

GRANTOR(S), of Albuquerque, State of New Mexico,

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 253900259 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:

Lot 510, COLONY WEST NO. 5, according to the official plat thereof as recorded in the office of the Salt Lake County Recorder.

TAX ID NO.: 21-06-329-011 (for reference purposes only)

SUBJECT TO: Property taxes for the year 2025 and thereafter; covenants, conditions, restrictions and easements of record; and all applicable zoning laws and ordinances.

Dated this 13th day of March, 2025.

The Estate of Sandra Swensen Riedeman aka
Sandra Rose Riedeman

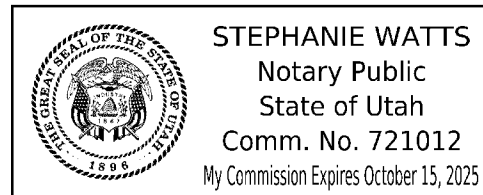
BY: *Ried Eman Mackay*
Signed with **Stavvy**
Riedeman Eman Mackay
Personal Representative

STATE OF UTAH

COUNTY OF DAVIS

On this 13th day of March, 2025, before me, personally appeared Riedeman Eman Mackay, proved on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and acknowledged before me that he/she/they executed the same on behalf of The Estate of Sandra Swensen Riedeman aka Sandra Rose Riedeman.

Stephanie Watts
Signed with **Stavvy**
Notary Public



Notarized remotely via audio/video communication using Stavvy

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2024015186

Sandra Rose Riedeman

DECEDENT INFORMATION

Date of Death:	September 4, 2024	Time of Death:	15:52
City of Death:	Murray	County of Death:	Salt Lake
Age:	82	Date of Birth:	July 30, 1942
Place of Birth:	Magna, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:	Lawrence William Riedeman (deceased)	Usual Occupation:	Homemaker
Industry/Business:	Own Home	Education:	High School or GED
Residence:	West Valley City, Utah	Father's Name:	Maxwell Swensen
Mother's Name:	Della Ardella Petersen	Facility Type:	Hospital Inpatient
Facility or Address:	Intermountain Medical Center		

INFORMANT INFORMATION

Name:	Nikki Haywood	Relationship:	Daughter
Mailing Address:	4445 S 4560 W, West Valley City, Utah 84120		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Valley View Memorial Park, West Valley, Utah
Date of Disposition:	September 11, 2024

FUNERAL HOME INFORMATION

Funeral Home:	Valley View Funeral Home
Address:	4335 West 4100 South, West Valley City, Utah 84120
Funeral Director:	Tyler C Moffitt

MEDICAL CERTIFICATION

Certifying Physician:	Jeffrey McNally MD, Intermountain Homecare, 11520 South Redwood Road, South Jordan, Utah 84095
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CAUSE OF DEATH

Acute renal failure
Due to (or as a consequence of): Shock
Other significant conditions: Chronic kidney disease, diabetes
Tobacco Use: Non-user
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: September 9, 2024
Date Issued: September 9, 2024

14357444 B: 11556 P: 1792 Page 3 of 4

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



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)		STATE _____ COUNTY _____	
	11b. PRINTED NAME OF WITNESS		NOTARY SIGNATURE _____	
	12. DATE SIGNED	13. AGE OF WITNESS	14. DAYTIME TELEPHONE	
	15. RELATIONSHIP TO 1a.			
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)			STATE _____ COUNTY _____
	17b. PRINTED NAME OF WITNESS			NOTARY SIGNATURE _____
	18. DATE SIGNED	19. AGE OF WITNESS		20. DAYTIME TELEPHONE
	21. RELATIONSHIP TO 1a.			
22. ADDRESS OF WITNESS			S E A L	