

File No. 100265



Mail Tax Notices to:
323 South 800 East
Alpine, UT 84004

AFFIDAVIT

I, QUINN K. GOECKERITZ, being first duly sworn on oath, depose and say:

That I am a citizen of the United States of America over the age of 21 years, and a resident of Utah.

That I was well and personally acquainted with KLAUS J. GOECKERITZ in that certain Warranty Deed recorded as Filing No. 73063:2019, in the office of the Recorder of Utah County, Utah.

That I know of my own knowledge that KLAUS J. GOECKERITZ in the said deed and KLAUS JOCHEN GOECKERITZ mentioned in the attached Certified Copy of Certificate of Death was one and the same person.

This affidavit is intended to terminate the joint tenancy of said KLAUS J. GOECKERITZ in the following described property:

Lots 1 and 2, GOECKERITZ ESTATES PLAT "C" AMENDED, according to the official plat thereof, on file and of record in the office of the Recorder of Utah County, Utah.

Tax Roll No. 40:533:0001 and 40:533:0002

Dated this February 2, 2021

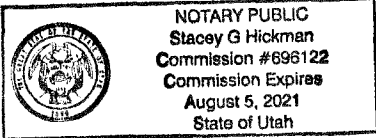
Quinn K. Goeckeritz
QUINN K. GOECKERITZ

INDIVIDUAL ACKNOWLEDGMENT

STATE OF UTAH)
 SS
County of Salt Lake)

On the February 2, 2021 personally appeared before me QUINN K. GOECKERITZ the signer of the within instrument, who duly acknowledged to me that he executed the same.

Stacey G. Hickman
Notary Public



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

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CERTIFICATE OF DEATH

State File Number: 2020009672

Klaus Jochen Goeckeritz

DECEDENT INFORMATION

Date of Death:	June 20, 2020	Time of Death:	05:45
City of Death:	Alpine	County of Death:	Utah
Age:	78	Date of Birth:	June 25, 1941
Place of Birth:	Germany	Sex:	Male
Armed Services:	Yes	Marital Status:	Married
Spouse's Name:	Constance Cram	Usual Occupation:	Auto Mechanic
Industry/Business:	Automobiles	Education:	Some College but No Degree
Residence:	Alpine, Utah	Parent or Father:	Georg Walter Goeckeritz
Parent or Mother:	Hildegard Fischer	Facility Type:	Home
Facility or Address:	323 South 800 East		

INFORMANT INFORMATION

Name:	Amy G Ahlander	Relationship:	Daughter
Mailing Address:	3840 W. Mountaintop Circle, Cedar Hills, Utah 84062		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Alpine City Cemetery, Alpine, Utah
Date of Disposition:	June 25, 2020

FUNERAL HOME INFORMATION

Funeral Home:	Cannon Mortuary
Address:	2460 East Bengal Blvd, , Salt Lake City, Utah 84121
Funeral Director:	Brett W Cannon

MEDICAL CERTIFICATION

Medical Professional: Robert W Slack DO, 10968 Alpine Highway, Highland (Utah), Utah 84003

CAUSE OF DEATH

Congestive Heart Failure [Onset: 5 Minutes]
Due to (or as a consequence of): Cardiopulmonary Arrest [Onset: 15 Minutes]
Due to (or as a consequence of): Severe Obstructive Sleep Apnea [Onset: 6 Months]
Due to (or as a consequence of): Chronic Obstructive Pulmonary Disease, Hypertension [Onset: 15 Years]
Other significant conditions: Hypothyroid
Tobacco Use: Non-user
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: June 24, 2020

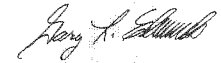
Date Issued: June 24, 2020

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. Winger LCSW
State Registrar
Rev. 4/19



066353801


Gary L. Edwards
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 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 _____					
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 _____					

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