

The Order of the Court is stated below:

Dated: December 14, 2023 /s/ MAGDALENA ALVARADO
09:21:38 AM District Court Clerk



Jennifer E. Decker (8802)
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Attorneys for Applicant

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

<p>IN THE MATTER OF THE ESTATE OF THOMAS CHRISTY MOORE A/K/A THOMAS C. MOORE A/K/A THOMAS MOORE, a deceased person.</p>	<p>LETTERS OF ADMINISTRATION Case No. 233902926 Judge Kent Holmberg</p>
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1. Kenneth Dean Moore was duly appointed and qualified as personal representative of the estate of the above-named decedent, by the Court, with all authority pertaining thereto.
2. Administration of the estate is unsupervised. These letters are issued to evidence the appointment, qualification, and authority of the personal representative.

[In accordance with the Utah State District Court's Efiling Standard No. 4.1, and URCP Rule 10(e), this Order does not bear the handwritten signature of the Judge, but instead displays an electronic signature at the upper right-hand corner of the first page of this Order.]

[END OF DOCUMENT]

STATE OF UTAH
CERTIFICATE OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2023010012

Thomas Christy Moore

DECEDENT INFORMATION

Date of Death:	November 14, 2023	Time of Death:	22:55
City of Death:	Salt Lake City	County of Death:	Salt Lake
Age:	69	Date of Birth:	December 21, 1953
Place of Birth:	Vernal, Utah	Sex:	Male
Armed Services:	Yes	Marital Status:	Widowed
Spouse's Name:		Usual Occupation:	Logistics Specialist
Industry/Business:	National Guard	Education:	Associate Degree
Residence:	West Jordan, Utah	Father's Name:	Lewis Henry Moore
Mother's Name:	Nora Gilman	Facility Type:	Nursing Home/Assisted Living
Facility or Address:	Meadow Peak Assisted Living		

INFORMANT INFORMATION

Name:	Kenneth Dean Moore	Relationship:	Son
Mailing Address:	5025 Candice Wood Circle, West Valley City, Utah 84120		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Larkin Sunset Gardens, Sandy, Utah
Date of Disposition:	November 21, 2023

FUNERAL HOME INFORMATION

Funeral Home:	McDougal Funeral Home
Address:	4330 South Rosewood Road, Salt Lake City, Utah 84123
Funeral Director:	Eric S Sjoberg

MEDICAL CERTIFICATION

Coroner Physician:	Frederick J Drexson DO, 2168 West Kimber Lane, Riverton, Utah 84003
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CAUSE OF DEATH

Cardiac Arrest
Due to (or as a consequence of): Fall
Due to (or as a consequence of): Subdural Hematoma
Other significant conditions: Protein Caloric Malnutrition, Renal Insufficiency, Respiratory Arrest
Tobacco Use: Non-user
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Accident

INJURY INFORMATION

Date of Injury:	September 1, 2023	Time of Injury:	Unknown
Injury at Work:	No	Place of Injury:	Unknown
Location of Injury:	Unknown, Unknown, Utah		
How Injury Occurred:	Ground Level Fall		
	Fell On Face		
Motor Vehicle Accident:	No		

Date Registered: November 21, 2023
Date Issued: November 22, 2023

This is an exact reproduction of the facts registered by the Utah State Office of Vital Records and Statistics.
Security features of this official document include: Inaglio Border, V & R Images in top corners, and Inaglio watermark.
This document displays the date, seal and signature of the Utah State Registrar of Vital Records and Statistics.



Linda S. Whitmer
Linda S. Whitmer, MPA, LCGM
State Registrar



Angela C. Dune
Angela C. Dune, MD, MPH
Deputy Health Officer
County/City 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 medical errors, require more information; please visit our website or contact our office. Please return any copies of the certificate with the completed affidavit and all supporting documentation. If corrected certificates are released 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, P.O. Box 141812 Salt Lake City, UT 84114-1012
Physical Address: Office of Vital Records and Statistics, 268 North 1400 West Salt Lake City, UT 84115
Contact Info: <http://vitalrecords.utah.gov> 801-538-8105 vroquest@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 _____	
INFORMATIONAL REPORTING ONLY REQUIRED	1a. FIRST NAME	1b. MIDDLE NAME		1c. LAST NAME	
	2. SEX	3. DATE OF BIRTH		4. PLACE OF BIRTH (City and County)	
	5. NAME OF PARENT 1 (Maiden name if applicable)			6. NAME OF PARENT 2 (Maiden name if applicable)	
STATEMENT OF AFFIDAVIT	7. ITEM NO. TO BE CORRECTED (Check one)			8. CORRECT INFORMATION	
WHY IS CHANGE NEEDED?	9. _____				
DOCU- MENTS USED	10. _____				
OATH OF FIRST WITNESS (MUST BE 18 OR OLDER)	I solemnly swear under penalty of perjury that I have personal knowledge of the above facts and that the information stated is true and correct.			I, _____, am sworn to before me this _____ day of _____, 20____.	
	THE SIGNATURE OF WITNESS (Must sign in front of me)			STATE _____ COUNTY _____	
	11. DATE OF BIRTH	12. SEX OF WITNESS	13. ADDRESS OF WITNESS	NOTARY SIGNATURE _____	
	14. ADDRESS OF WITNESS				
OATH OF SECOND WITNESS (MUST BE 18 OR OLDER)	I solemnly swear under penalty of perjury that I have personal knowledge of the above facts and that the information stated is true and correct.			I, _____, am sworn to before me this _____ day of _____, 20____.	
	THE SIGNATURE OF WITNESS (Must sign in front of me)			STATE _____ COUNTY _____	
	15. DATE OF BIRTH	16. SEX OF WITNESS	17. ADDRESS OF WITNESS	NOTARY SIGNATURE _____	
	18. ADDRESS OF WITNESS				