

AFFIDAVIT OF TERMINATION
OF JOINT TENANCY

STATE OF UTAH)
 :SS
COUNTY OF DAVIS)

DOROTHY WAGONER, spouse of the deceased, G. KEITH WAGONER, being first
duly sworn on oath, deposes and says:

1. I am the spouse of G. KEITH WAGONER, who died on January 16, 2018, in Davis
County, Utah.

2. At the death of G. KEITH WAGONER, on January 16, 2018, DOROTHY
WAGONER and G. KEITH WAGONER, as joint tenants, with full rights of survivorship, and
not as tenants in common, owned the following described real properties situated in Davis
County, State of Utah:

ALL OF LOT 43, HAPPY HOMES NO. 2, KAYSVILLE CITY,
DAVIS COUNTY, UTAH, ACCORDING TO THE OFFICIAL
PLAT THEREOF, ON FILE AND OF RECORD IN THE OFFICE
OF THE DAVIS COUNTY RECORDER.
Situated in Davis County, State of Utah.
Land Serial No. 08-092-0043

having been originally conveyed by Warranty Deed on April 29, 2013, recorded in the Davis
County Recorder's Office, Book 5762, Page 563, Entry No. 2738128.

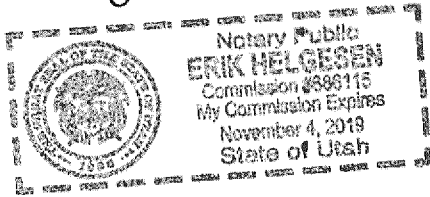
3. G. KEITH WAGONER, as one of the named Grantees is one and the same as the
GAIL KEITH WAGONER who died on January 16, 2018, in Davis County, Utah, and whose
Certificate of Death, File Number 2018000926, is attached hereto and by reference made a part
hereof.

4. This Affidavit is given to terminate the interest of G. KEITH WAGONER in the joint tenancy heretofore existing in the real property situated in Davis County, Utah.

Dorothy Wagoner
DOROTHY WAGONER

STATE OF UTAH)
 :SS
COUNTY OF DAVIS)

Subscribed and sworn to before me by DOROTHY WAGONER, this 28 day of February, 2018.



[Signature]
NOTARY PUBLIC

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2018000926

3078638

BK 6961 PG 1569

Gail Keith Wagoner

DECEDENT INFORMATION

Date of Death:	January 16, 2018	Time of Death:	01:33
City of Death:	Ogden	County of Death:	Weber
Age:	74	Date of Birth:	January 2, 1944
Place of Birth:	Ogden, Utah	Sex:	Male
Armed Services:	Yes	Marital Status:	Married
Spouse's Name:	Dorothy Lynn Riches	Usual Occupation:	Electronic Technician
Industry/Business:	Government	Education:	Some College but No Degree
Residence:	Kaysville, Utah	Parent or Father:	Claude Gail Wagoner
Parent or Mother:	LaVon Holbrook	Facility Type:	Nursing Home/Assisted Living
Facility or Address:	George E Wahlen Veterans Home		

INFORMANT INFORMATION

Name:	Dorothy Lynn Riches Wagoner	Relationship:	Wife
Mailing Address:	296 South 300 West, Kaysville, Utah 84037		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Utah Veterans Memorial Park, Bluffdale, Utah
Date of Disposition:	January 22, 2018

FUNERAL HOME INFORMATION

Funeral Home:	Independent Funeral Service
Address:	2746 South State Street, Salt Lake City, Utah 84115
Funeral Director:	V Frank Coon

MEDICAL CERTIFICATION

Medical Professional:	Nadya P Wayment MD, Mountainstar Primary Care, 5405 South 500 East Suite 100, Ogden (Weber), Utah 84405
-----------------------	---

CAUSE OF DEATH

Cardiac Event
Due to (or as a consequence of): Diabetes Mellitus Type 2, Coronary Artery Disease, Hypercholesterolemia
Other significant conditions: Atrial Fibrillation
Tobacco Use: Unknown if User
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

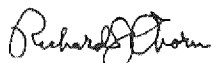
Date Registered: January 23, 2018

Date Issued: January 31, 2018

AMENDMENT HISTORY

01/31/2018 Spouse Last Name from Richins to Riches
01/31/2018 Informant Middle Name from Lynn Richins to Lynn Riches

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.

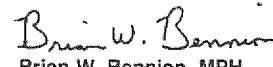


Richard J. Oborn, MPA
State Registrar

Rev. 1/16



065772650



Brian W. Bennion, MPH
Director/Health Officer
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 must be made by affidavit but an item on a birth record may be corrected by affidavit only once. A court order is required for subsequent changes. A court order is necessary to make any corrections to a Delayed Birth Certificate. This affidavit cannot be used to correct medical information. Please return any copies of the certificate with this affidavit completed. 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 or hand delivered.

Mailing Address
Office of Vital Records and Statistics
PO Box 141012
Salt Lake City, UT 84114-1012

3078638
BK 6961 PG 1570

Physical Address
Office of Vital Records and Statistics
288 North 1460 West
Salt Lake City, UT 84116

Affidavit Instructions

Please print or type in black ink.
 Items 1-6: Enter the facts as reported on the current vital record.
 Item 7: Enter 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 on the record.
 Item 9: Enter the reason the change is necessary.
 Item 10: Enter the proofs used to support the change, if applicable. The proofs must match the asserted fact(s) exactly.
 Items 11-22: Enter witness information.

Witness Instructions

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, or a person who is knowledgeable of the facts.

 BIRTH

 DEATH

 STILLBIRTH

STATE FILE NUMBER _____

NAME AS REPORTED ON REVERSE	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 STATED ON THE ORIGINAL RECORD			8b. CORRECT INFORMATION	
WHY IS CHANGE NECESSARY?	9a.					
	9b.					
DOCUMENTS USED TO AMEND RECORD	10a.					
	10b.					
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 & Sworn to before me this ____ day of _____ 20 ____
	11a. SIGNATURE OF WITNESS (Must be signed in front of a Notary)			11b. PRINTED NAME OF WITNESS		Notary Signature _____
	12. DATE SIGNED		13. AGE OF WITNESS	14. DAYTIME TELEPHONE OF WITNESS ()	15. RELATIONSHIP OF WITNESS	
	16. ADDRESS OF WITNESS (Street, City, State, Zip)					State _____
						County _____
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 & Sworn to before me this ____ day of _____ 20 ____
	17a. SIGNATURE OF WITNESS (Must be signed in front of a Notary)			17b. PRINTED NAME OF WITNESS		Notary Signature _____
	18. DATE SIGNED		19. AGE OF WITNESS	20. DAYTIME TELEPHONE OF WITNESS ()	21. RELATIONSHIP OF WITNESS	
	22. ADDRESS OF WITNESS (Street, City, State, Zip)					State _____
						County _____