

3270744
BK 7553 PG 605

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RICHARD T. MAUGHAN
DAVIS COUNTY, UTAH RECORDER
7/14/2020 10:55:00 AM
FEE \$40.00 Pgs: 3
DEP eCASH REC'D FOR COTTONWOOD TITLE INS A

When Recorded mail to:
David and Karen Caldwell
555 South 1625 West
Layton, UT 84041

File No.: 127443-KAP

**AFFIDAVIT
DEATH OF A JOINT TENANT**

I, Karen K. Caldwell, being of legal age and being first duly sworn, depose and state as follows:

James R. Kostoff, the decedent in the attached certificate of death or other document witnessing death is the same person as James R. Kostoff, named as a party in the document dated March 13, 2014 recorded March 14, 2014 as Entry ~~3794315~~ 2794315, records of the Davis County Recorder, Utah.

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

Lot 237, PHEASANT PLACE SUBDIVISION PHASE 2, according to the official plat thereof as recorded in the office of the Davis County Recorder.

TAX ID NO.: 11-627-0237

Dated July 9, 2020

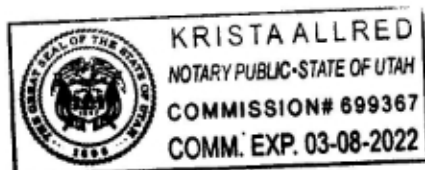
Karen K. Caldwell
Karen K. Caldwell

STATE OF UTAH

COUNTY OF DAVIS

Subscribed to and sworn before me this 9 day of JULY, 2020 by Karen K. Caldwell.

KRISTA ALLRED
Notary Public



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

3270744
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CERTIFICATE OF DEATH

State File Number: 2016006201

James R Kostoff

DECEDENT INFORMATION

Date of Death:	April 26, 2016	Time of Death:	09:26
City of Death:	Layton	County of Death:	Davis
Age:	83	Date of Birth:	June 16, 1932
Place of Birth:	Grand Rapids, Michigan	Sex:	Male
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:		Usual Occupation:	Attorney at Law
Industry/Business:	Law	Education:	Bachelor's Degree
Residence:	Layton, Utah	Parent or Father:	George Kostoff
Parent or Mother:	Edith Shaw	Facility Type:	Home
Facility or Address:	555 S. 1625 W.		

INFORMANT INFORMATION

Name:	Karen Caldwell	Relationship:	Daughter
Mailing Address:	555 S. 1625 W., Layton, Utah 84041		

DISPOSITION INFORMATION

Method of Disposition: Cremation
Place of Disposition: Lindquist's Crematory, Ogden, Utah
Date of Disposition: May 2, 2016

FUNERAL HOME INFORMATION

Funeral Home: Lindquist Mortuary - Layton
Address: 1867 North Fairfield Road, Layton, Utah 84041
Funeral Director: Daniel R Jackson

MEDICAL CERTIFICATION

Medical Professional: Jeffery L DeGrauw MD, 1580 West Antelope Drive #200, Layton, Utah 84041

CAUSE OF DEATH

Pneumonia
Due to (or as a consequence of): Congestive Heart Failure
Tobacco Use: Did not Contribute
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: April 27, 2016
Date Issued: April 27, 2016

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
Richard J. Oborn, MPA
State Registrar
Rev. 1/16



065122942

Brian Hatch
Brian Hatch
Interim Health Director



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

3270744
BK 7553 PG 607

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 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 ()		State _____
	15. RELATIONSHIP OF WITNESS					County _____
	16. ADDRESS OF WITNESS (Street, City, State, Zip)					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 & 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 ()		State _____
	21. RELATIONSHIP OF WITNESS					County _____
	22. ADDRESS OF WITNESS (Street, City, State, Zip)					S E A L