

When Recorded mail to:
Lani Rounds
975 East 6600 South # 54
Uintah, UT 84405



E# 3326766 PG 1 OF 3
Leann H. Kiltz, WEBER COUNTY RECORDER
24-May-24 12:13 PM FEE \$40.00 DEP SD
REC FOR: COTTONWOOD TITLE INSURANCE AGENCY, I
ELECTRONICALLY RECORDED

File No.: 178843-JGP

**AFFIDAVIT
DEATH OF A JOINT TENANT**

I, Lani Rounds, being of legal age and being first duly sworn, depose and state as follows:

Troy Lynn Oliver, the decedent in the attached certificate of death or other document witnessing death is the same person as Troy Lynn Oliver, named as a party in the document dated November 8, 2022 recorded November 17, 2022 as Entry 3264041, records of the Weber County Recorder, Utah.

This Affidavit is given to provide notice of the termination of the decedent's interest as a joint tenant in the following described property located in Weber County, State of Utah:

The North 100 feet of Lot 6, Block 4, Parcel H, Washington Terrace, according to the official plat thereof as recorded in the office of the Weber County Recorder.

TAX ID NO.: 25-042-0006 **BST** PCV **BT**

Dated 24 day of May, 2024 **BST R**

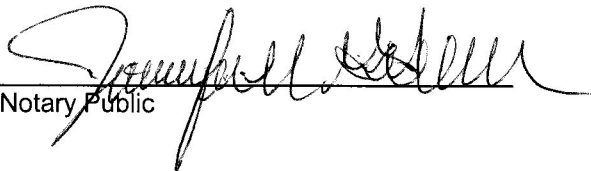


Lani Rounds

STATE OF UTAH

COUNTY OF ~~WEBER~~ *Davis*

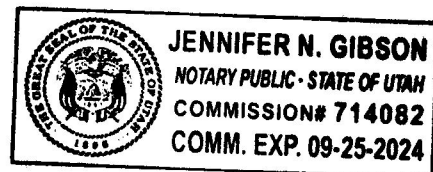
Subscribed to and sworn before me this 24th day of May, 2024 by Lani Rounds.



Notary Public

COURTESY RECORDING ONLY

Cottonwood Title disclaims any liability as to the condition of title and as to the content, validity, or effects of this document.



CERTIFICATE OF DEATH

State File Number: 2024007403

Troy Lynn Oliver

DECEDENT INFORMATION

Date of Death:	April 26, 2024 (Found)	Time of Death:	14:55 (Found)
City of Death:	Ogden	County of Death:	Weber
Age:	72	Date of Birth:	August 23, 1951
Place of Birth:	Ogden, Utah	Sex:	Male
Armed Services:	No	Marital Status:	Divorced
Spouse's Name:		Usual Occupation:	Safety Manager
Industry/Business:	Aerospace	Education:	9th Through 12th Grade
Residence:	Ogden, Utah	Father's Name:	Eugene L Oliver
Mother's Name:	Phyllis M Smith	Facility Type:	Home
Facility or Address:	1629 East 1350 South		

INFORMANT INFORMATION

Name:	Tori Semyonova	Relationship:	Daughter
Mailing Address:	17 East 400 North, West Bountiful, Utah 84010		

DISPOSITION INFORMATION

Method of Disposition: Cremation
Place of Disposition: Leavitt's Crematory, Ogden, Utah
Date of Disposition: April 30, 2024

FUNERAL HOME INFORMATION

Funeral Home: Leavitts Mortuary
Address: 836 36th Street, Ogden, Utah 84403
Funeral Director: Jace Clark

MEDICAL CERTIFICATION

Certifying Physician: Brandy M Tafoya APRN, Brandy Marie Family & Aesthetic Care, 1448 North 2000 West #3, Clinton, Utah 84015

CAUSE OF DEATH

Emphysema & Heart Failure
Tobacco Use: Non-user
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: April 30, 2024
Date Issued: May 14, 2024

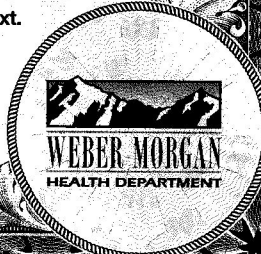
This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics. Security features of this official document include: Intaglio Border, V & R images in top cycloids, and intaglio microtext. This document displays the date, seal and signature of the Utah State Registrar of Vital Record and Statistics.



Linda S. Winger
Linda S. Winger, MSW, LCSW
State Registrar



Brian Cowan
Brian Cowan, MPH, LEHS
Director/Health Officer
County Health Department



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 name changes after the age of one year. This form is not used with a court order. A court order is necessary to make any corrections to a Delayed Birth Certificate. This affidavit cannot be used to correct medical information. Many changes, including marital status, require more information; 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.



online instructions

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

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 and an immediate family member, or two immediate family members, must sign as a witness. 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 the 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 the change is needed	9					
Documents used	10					
Oath of first witness	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. Telephone number	15. Relationship to 1a.		Notary signature _____
	16. Address of witness					
Oath of second witness	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. Telephone number	21. Relationship to 1a.		Notary signature _____
	22. Address of witness					