

AFTER RECORDING RETURN TO:

**527 East Indian Springs Road
Bountiful, UT 84010**

TG File No. 33976-JM

AFFIDAVIT DEATH OF A JOINT TENANT

I, 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, DAVIS County, State of UTAH:

That I was well and personally acquainted with Kristy Clark one of the grantees in that certain WARRANTY DEED recorded September 3, 2015 as Entry No.2890965, Book 6344 at Page 120-121 in the records of the Recorder of DAVIS County, Utah.

That I know of my own knowledge that Kristy Clark in the said deed and Kristin Ann Jones Clark mentioned in the attached copy of Certificate of Death was one and the same person.

This affidavit is executed in connection with the termination of the joint tenancy of and with respect to the following described property, situated in DAVIS County, State of Utah:

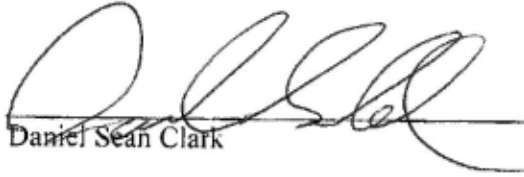
Beginning at a point South 0°10' East 108.00 feet along the Section line and South 25°28' East 279.32 feet and South 58°04' East 242.60 feet and South 44°53'45" East 412.50 feet from the Northwest corner of Section 5, Township 1 North, Range 1 East, Salt Lake Base and Meridian, and running thence South 3°49' East 174.16 feet to a point South 1,077.22 feet and East 516.11 feet and North 42°48' East 166.81 feet from said Northwest corner; thence South 1°23'30" East 104.58 feet; thence South 8°36'25" East 86.33 feet; thence South 34°29' East 71.00 feet; thence South 3°30' East 90.09 feet; thence North 55°04' West 111.56 feet; thence South 29°25'50" East 167.16 feet; thence South 29°25'50" East, a distance of 48.00 feet; thence North 40°47'33" East, a distance of 152.39 feet; thence North 33°19'18" East, a distance of 181.21 feet; thence North 33°06'45" West 5.98 feet; thence North 9°59'20" West 22.69 feet; thence North 26°20'40" West 22.05 feet; thence North 22°25'41" West 111.81 feet; thence North 39°35'23" West 131.63 feet; thence North 54°27'01" West 102.25 feet; thence North 45°56'10" West 82.65 feet to the Point of Beginning.

Situated in Davis County, State of Utah.

Tax Serial No. 01-005-0043


Also knows as: 527 East Indian Springs Road, Bountiful, UT 84010

Dated: June 7, 2021

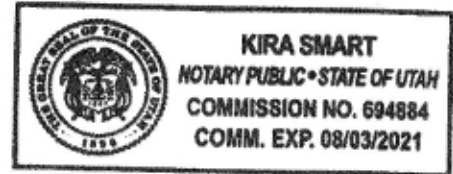

Daniel Sean Clark

STATE OF UTAH)
)SS.
County of DAVIS)

On 7 of June, 2021 before me, the undersigned Notary Public, personally appeared Daniel Sean Clark, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his authorized capacity(s) and that by his signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2016015579

Kristin Ann Jones Clark

DECEDENT INFORMATION

Date of Death:	November 5, 2016	Time of Death:	11:29
City of Death:	Bountiful	County of Death:	Davis
Age:	47	Date of Birth:	March 16, 1969
Place of Birth:	Bountiful, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Daniel Sean Clark	Usual Occupation:	Homemaker
Industry/Business:	Own Home	Education:	High School or GED
Residence:	Bountiful, Utah	Parent or Father:	Eugene R Jones
Parent or Mother:	Barbara Ann Ray	Facility Type:	Hospital ER
Facility or Address:	Lakeview Hospital		

INFORMANT INFORMATION

Name:	Daniel Sean Clark	Relationship:	Husband
Mailing Address:	527 Indian Springs Road, Bountiful, Utah 84010		

DISPOSITION INFORMATION

Method of Disposition: Burial
 Place of Disposition: Bountiful City Cemetery, Bountiful, Utah
 Date of Disposition: November 11, 2016

FUNERAL HOME INFORMATION

Funeral Home: Russon Brothers Mortuary - Bountiful
 Address: 295 North Main Street, Bountiful, Utah 84010
 Funeral Director: Chad B Russon

MEDICAL CERTIFICATION

Medical Professional: Michael Belenky MD, Office of the Medical Examiner, 48 Mario Capecchi Drive, Salt Lake City, Utah 84113

CAUSE OF DEATH

Undetermined
 Tobacco Use: Unknown if User
 Medical Examiner Contacted: Yes Autopsy Performed: Yes Autopsy Available: Yes Manner of Death: Not Determined

Date Registered: November 8, 2016

Date Issued: February 1, 2018

AMENDMENT HISTORY

10/01/2017 Immediate Cause of Death from Pending to Undetermined
 10/01/2017 Manner Of Death from Pending to Not Determined

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



065746541

Brian Hatch
 Brian Hatch
 Director/Health Officer



**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

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 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