

When Recorded mail to:
Cottonwood Title
1544 N. Woodland Park Dr.
Suite 300, Layton, UT 84041

File No.: 131174-JCP

**AFFIDAVIT
DEATH OF A JOINT TENANT**

I, Con L. Wilcox, being of legal age and being first duly sworn, depose and state as follows:

Lynn James Wilcox, the decedent in the attached certificate of death or other document witnessing death is the same person as Lynn J. Wilcox, named as a party in the document dated December 12, 1960 recorded December 14, 1960 as Entry 215581, 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:

Beginning at a point 868 feet North from the Southwest corner of the Southwest quarter of Section 11, Township 4 North, Range 2 West, Salt Lake Base and Meridian; and running thence East 159 feet; thence North 22 feet; thence East 190 feet; thence North 123 feet; thence West 349 feet; thence South 145 feet to the point of beginning.

TAX ID NO.: 12-065-0005

Dated this 30th day of July, 2021

Con L Wilcox
Con L. Wilcox

STATE OF UTAH

COUNTY OF DAVIS

Subscribed to and sworn before me this 30th day of July, 2021 by Con L. Wilcox.

[Signature]
Notary Public



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

3404860
BK 7812 PG 2187

CERTIFICATE OF DEATH

State File Number: 2007006207

Lynn James Wilcox

DECEDENT INFORMATION

Date of Death:	June 13, 2007	Time of Death:	10:26
City of Death:	Clearfield	County of Death:	Davis
Age:	93	Date of Birth:	December 3, 1913
Place of Birth:	Syracuse, Utah	Sex:	Male
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Bernice Criddle	Usual Occupation:	Teacher/Principal
Industry/Business:	Education	Education:	Bachelor's Degree
Residence:	Clearfield, Utah	Father's Name:	William H Wilcox
Mother's Name:	Emily Barber	Facility Type:	Home
Facility or Address:	1525 South 1000 West		

INFORMANT INFORMATION

Name:	Bernice Criddle Wilcox	Relationship:	Spouse
Mailing Address:	1525 South 1000 West, Clearfield, Utah 84015		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Syracuse City Cemetery, Syracuse, Utah
Date of Disposition:	June 23, 2007

FUNERAL HOME INFORMATION

Funeral Home:	Myers Mortuary - Roy
Address:	5865 South 1900 West, Roy, Utah 84067
Funeral Director:	Stephen K Johnston

MEDICAL CERTIFICATION

Certifying Physician:	Peter C Clemens MD, 5495 S. 500 E. Ste 100, Ogden, Utah 84405
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CAUSE OF DEATH

Natural causes due to age
Tobacco Use: Unknown if User
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: June 27, 2007
Date Issued: July 30, 2021

AMENDMENT HISTORY

06/27/2007 Immediate Cause of Death from Natural causes to Natural causes due to age
06/27/2007 Immediate Interval from 001 to (blank)
06/27/2007 Immediate Interval Unit from Days to Years

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. Wninger, MSW, LCSW
State Registrar



* 0 6 6 6 9 0 2 9 7 *



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 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 marital status, require more information; please 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.

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
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 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: _____

INFORMATION AS REPORTED ON 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 IS CHANGE NEEDED?	9. _____					
DOCUMENTS USED	10. _____					
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 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. DAYTIME TELEPHONE	15. RELATIONSHIP TO 1a.		NOTARY SIGNATURE _____
	16. ADDRESS OF WITNESS					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 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. DAYTIME TELEPHONE	21. RELATIONSHIP TO 1a.		NOTARY SIGNATURE _____
	22. ADDRESS OF WITNESS					S E A L