

WHEN RECORDED MAIL TO:

Mark Senefsky
757 W- 1900 S.
Woods Cross, UT 84087

File Number: MA-9877-HT-SJ
Tax ID Number: 06-073-0006

PERSONAL REPRESENTATIVES DEED

THIS DEED made by Dan Casey Mattes, as Personal Representative of the Estate of Beatrice Christenson Mattes aka Beatrice C. Mattes, deceased in Davis County, State of Utah, Probate Case No. 173700611, as their interest may appear deceased, Grantor, to Mark ~~X~~ Senefsky, as Grantee.

, married man
WHEREAS, Grantor, Dan Casey Mattes is the qualified Personal Representative of said estate, filed in the Letters Testamentary of Probate Case Number 173700611, in Judicial Court of Davis County, Utah.

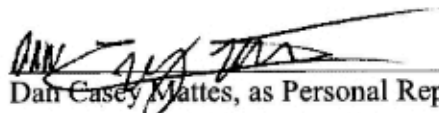
THEREFORE, for valuable consideration received, Grantor sells and conveys to Grantee the following described real property in Davis County, Utah:

See Exhibit A, attached by this reference and made a part hereof.

Commonly Known As: 757 West 1900 South, Woods Cross, UT 84087

EXECTUTED this 30th day of September, 2021.

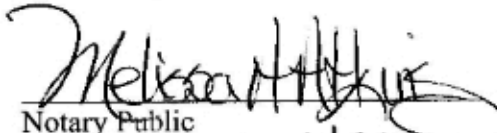
In Witness Whereof, Dan Casey Mattes, as Personal Representatice of the Estate of Beatrice Christenson Mattes, aka Beatrice C. Mattes, the said, **Grantor**, hereunto set by hands and seals this 30th day of August, 2021.

 personal representative
Dan Casey Mattes, as Personal Representative

State of Utah
STATE OF UTAH
COUNTY OF SALT LAKE

On this 3rd day of September, 2021, before me Melissa A. Atkins, a notary public, personally appeared Dan Casey Mattes, Personal Representative of the Estate of Beatrice Christenson Mattes, aka Beatrice C. Mattes, proved on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to this instrument, and acknowledged he/she/they executed the same.

Witness my hand and official seal


Notary Public
Commission Expires: 14 Jan 2024
Residing At: 50 Jordan, Utah



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2017015746

3417222
BK 7841 PG 387

Beatrice Christenson Mattes

DECEDENT INFORMATION

Date of Death:	November 5, 2017	Time of Death:	23:30
City of Death:	Woods Cross	County of Death:	Davis
Age:	77	Date of Birth:	January 28, 1940
Place of Birth:	Salt Lake City, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:	Richard Paul Mattes (Deceased)	Usual Occupation:	Manager
Industry/Business:	Retail	Education:	Some College but No Degree
Residence:	Woods Cross, Utah	Parent or Father:	Vigil Alfred Christenson
Parent or Mother:	Beatrice Joy Flosa	Facility Type:	Home
Facility or Address:	757 West 1900 South		

INFORMANT INFORMATION

Name:	Dan Casey Mattes	Relationship:	Designated Representative
Mailing Address:	1996 South 1000 East, Salt Lake City, Utah 84105		

DISPOSITION INFORMATION

Method of Disposition:	Cremation
Place of Disposition:	Kramer Crematory, West Valley City, Utah
Date of Disposition:	November 7, 2017

FUNERAL HOME INFORMATION

Funeral Home:	Kramer Family Funeral Services		
Address:	2500 South Decker Lake Blvd., Suite , Salt Lake City, Utah 84119		
Funeral Director:	Jonathan P Herrick		

MEDICAL CERTIFICATION

Medical Professional:	Norah Henry MD, University of Utah Hospital, 1950 Circle of Hope Drive, Salt Lake City, Utah 84112		
-----------------------	--	--	--

CAUSE OF DEATH

Metastatic Breast Cancer [Onset: 18 Months]		
Tobacco Use: Did not contribute		
Medical Examiner Contacted: Yes	Autopsy Performed: No	Manner of Death: Natural

Date Registered: November 7, 2017

Date Issued: November 7, 2017

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.



065742588

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

Brian Hatch
Brian Hatch
Director/Health Officer

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**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 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		State _____
	16. ADDRESS OF WITNESS (Street, City, State, Zip)					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		State _____
	22. ADDRESS OF WITNESS (Street, City, State, Zip)					County _____

EXHIBIT A

File No.: MA-9877-HT-SJ

LEGAL DESCRIPTION

All of Lot 6, Nelhoca Place Subdivision, Plat "A", a subdivision of part of Sections 25 and 36, Township 2 North, Range 1 West, Salt Lake Meridian, in the city of Woods Cross, according to the Official Plat thereof.

Tax ID Number: 06-073-0006