

EXHIBIT A

**ALL OF LOT 120, PEACEFIELD P.U.D. PHASE 1, LAYTON CITY, DAVIS COUNTY,
UTAH.**

APN: 11-458-0120

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

3493694
BK 8076 PG 224

CERTIFICATE OF DEATH

State File Number: 2022010907

Jerome Paul Hauber

DECEDENT INFORMATION

Date of Death:	June 19, 2022	Time of Death:	07:30
City of Death:	Layton	County of Death:	Davis
Age:	83	Date of Birth:	October 26, 1938
Place of Birth:	Kansas City, Missouri	Sex:	Male
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Maria Cardoso Da Silva	Usual Occupation:	Credit Manager
Industry/Business:	Finance	Education:	Master's Degree
Residence:	Layton, Utah	Father's Name:	John Hauber
Mother's Name:	Catherine Hartman	Facility Type:	Hospital Inpatient
Facility or Address:	Davis Hospital and Medical Center		

INFORMANT INFORMATION

Name:	Maria Da Silva	Relationship:	Wife
Mailing Address:	568 Peregrine Cove, Layton, Utah 84040		

DISPOSITION INFORMATION

Method of Disposition:	Cremation
Place of Disposition:	Lindquist's Ogden Crematory, Ogden, Utah
Date of Disposition:	July 7, 2022

FUNERAL HOME INFORMATION

Funeral Home:	Lindquist Mortuary - Layton
Address:	1867 North Fairfield Road, Layton, Utah 84041
Funeral Director:	Matthew C Yardley

MEDICAL CERTIFICATION

Certifying Physician: Abdulelah Abuqare MD, 1600 West Antelope Drive, Layton, Utah 84041

CAUSE OF DEATH

Sepsis
Due to (or as a consequence of): Paraplegia
Due to (or as a consequence of): Spinal Hematoma
Due to (or as a consequence of): Clostridium Difficile
Other significant conditions: Atrial Fibrillation
Tobacco Use: Did not Contribute
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Accident

INJURY INFORMATION

Date of Injury:	June 7, 2022	Time of Injury:	Unknown
Injury at Work:	No	Place of Injury:	Residence
Location of Injury:	568 Peregrine Cove, Layton, Utah		
How Injury Occurred:	Ground Level Fall		
Motor Vehicle Accident:	No		

Date Registered: June 29, 2022

Date Issued: June 29, 2022

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, MSW, LCSW
State Registrar
REV 12/00



* 0 6 6 8 6 1 0 6 5 *



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.	
	16. ADDRESS OF WITNESS					
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.	
	22. ADDRESS OF WITNESS					

S
E
A
L