

When Recorded mail to:
Kim Trujillo
1011 West 1290 South
Syracuse, UT 84075

File No.: 164190-LMF

**AFFIDAVIT
DEATH OF A JOINT TENANT**

I, Kim Trujillo, being of legal age and being first duly sworn, depose and state as follows:

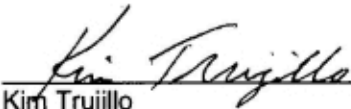
Josesito Lucas Trujillo AKA Jody Trujillo, the decedent in the attached certificate of death or other document witnessing death is the same person as Josesito L. Trujillo, named as a party in the document dated January 17, 1979 recorded January 18, 1979 as Entry 520625, records of the Davis County Recorder, 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 Davis County, State of Utah:

All of Lot 10, AMENDED RHOADES LANE SUBDIVISION, according to the official plat thereof as recorded in the office of the Davis County Recorder.

TAX ID NO.: 12-064-0010

Dated November 21, 2022



Kim Trujillo

STATE OF UTAH

COUNTY OF DAVIS

Subscribed to and sworn before me this 21 day of November, 2022 by Kim Trujillo.



Notary Public



ACCOMMODATION RECORDING ONLY.
COTTONWOOD TITLE INSURANCE AGENCY,
INC. MAKES NO REPRESENTATION AS TO
CONDITION OF TITLE, NOR DOES IT ASSUME
ANY RESPONSIBILITY FOR VALIDITY,
SUFFICIENCY OR EFFECTS OF DOCUMENT.

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

3508381
BK 8138 PG 1036

CERTIFICATE OF DEATH

State File Number: 2022012096

Josesito Lucas Trujillo
(AKA Jody Trujillo)

DECEDENT INFORMATION

Date of Death:	July 7, 2022	Time of Death:	21:20
City of Death:	Layton	County of Death:	Davis
Age:	65	Date of Birth:	October 26, 1956
Place of Birth:	Ogden, Utah	Sex:	Male
Armed Services:	Yes	Marital Status:	Married
Spouse's Name:	Kim Layton	Usual Occupation:	Electrical Technician
Industry/Business:	Department of Defense	Education:	Some College but No Degree
Residence:	Syracuse, Utah	Father's Name:	Jose Adolfo Trujillo
Mother's Name:	Lilia Silvia Trujillo	Facility Type:	Hospital Inpatient
Facility or Address:	Davis Hospital and Medical Center		

INFORMANT INFORMATION

Name:	Kim Trujillo	Relationship:	Wife
Mailing Address:	1011 West 1290 South, Syracuse, Utah 84075		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Syracuse City Cemetery, Syracuse, Utah
Date of Disposition:	July 16, 2022

FUNERAL HOME INFORMATION

Funeral Home:	Lindquist's Syracuse Mortuary
Address:	869 South 2000 West, Syracuse, Utah 84075
Funeral Director:	Maryl K Wallace

MEDICAL CERTIFICATION

Certifying Physician: Anderson, MD, Chris, Ogden Regional Medical Center, 5475 South 500 East, Ogden, Utah 84405

CAUSE OF DEATH

Myocardial Infarction [Onset: 3 Days]
Due to (or as a consequence of): Atherosclerosis [Onset: 15 Years]
Due to (or as a consequence of): Hypertension [Onset: 20 Years]
Other significant conditions: Congestive Heart Failure
Tobacco Use: Probably Contributed
Medical Examiner Contacted: Unknown Autopsy Performed: No Manner of Death: Natural

Date Registered: July 12, 2022

Date Issued: July 12, 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



* 0 6 6 8 6 1 9 5 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					