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E 3526887 B 8245 P 927-930  
RICHARD T. MAUGHAN  
DAVIS COUNTY, UTAH RECORDER  
5/1/2023 3:23 PM  
FEE 40.00 Pgs: 4 40.00 Pgs: 4  
Parcel 14-066-0007  
DEP CTA REC'D FOR STEVENSON  
SMITH HOOD KNUDSON

**AFFIDAVIT OF SURVIVORSHIP**

14-066-0007

JoLynn M. Marcusen, being first duly sworn, deposes and says:

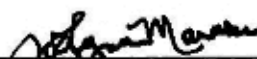
1. I am a citizen of the United States of America, over the age of 21 years, and a resident of Clinton, Davis County, Utah.
2. I am the widow of Vincent K. Marcusen.
3. My husband, Vincent K. Marcusen, is the same Vincent K. Marcusen named in the records of the Recorder of Davis County, Utah, relating to Parcel No. 14-066-0007.
4. The interest of Vincent K. Marcusen in Parcel No. 14-066-0007 was created by that certain Warranty Deed recorded on November 2, 1994, as Entry No. 1150656, records of the Davis County Recorder.
5. I know of my own knowledge that Vincent K. Marcusen in the same records of the Recorder and Vincent K. Marcusen mentioned in the Certificate of Death attached hereto and by this reference made a part hereof, was one and the same person.
6. This affidavit is being executed to terminate the interest of Vincent K. Marcusen with respect to the following described parcel of property, situated in Davis County, State of Utah:

Parcel No. 14-066-0007

ALL OF LOT 7, THE PARSON'S PLACE SUBDIVISION PLAT 1,  
CLINTON CITY, DAVIS COUNTY, UTAH, ACCORDING TO THE  
OFFICIAL PLAT THEREOF.

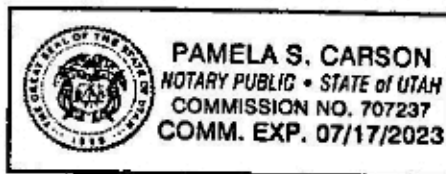
SITUATE IN DAVIS COUNTY, STATE OF UTAH

DATED this 19<sup>th</sup> day of April, 2023.

  
JoLynn M. Marcusen

STATE OF UTAH                                 )  
  :ss.  
County of Weber                                 )

On the 19<sup>th</sup> day of April, 2023, personally appeared before me, JoLynn M. Marcusen, the signer of the within instrument, who duly acknowledged to me that she executed the same.



Pamela S Carson  
NOTARY PUBLIC

**STATE OF UTAH**  
**CERTIFICATION OF VITAL RECORD**

3526887  
BK 8245 PG 929

**CERTIFICATE OF DEATH**

State File Number: 2023003306

**Vincent Kelly Marcusen**

**DECEDENT INFORMATION**

Date of Death:	February 19, 2023	Time of Death:	11:05
City of Death:	Layton	County of Death:	Davis
Age:	65	Date of Birth:	August 11, 1957
Place of Birth:	Salt Lake City, Utah	Sex:	Male
Armed Services:	No	Marital Status:	Married
Spouse's Name:	JoLynn McCarthy	Usual Occupation:	Management
Industry/Business:	Customer Service/Hospitality	Education:	High School or GED
Residence:	Clinton, Utah	Father's Name:	George Marcusen
Mother's Name:	Bonnie Perry	Facility Type:	Hospital Inpatient
Facility or Address:	Davis Hospital and Medical Center		

**INFORMANT INFORMATION**

Name:	JoLynn Marcusen	Relationship:	Spouse
Mailing Address:	1103 West 950 North, Clinton, Utah 84015		

**DISPOSITION INFORMATION**

Method of Disposition: Cremation  
Place of Disposition: Myers Crematory, Ogden, Utah  
Date of Disposition: March 2, 2023

**FUNERAL HOME INFORMATION**

Funeral Home: Provident Funeral Home  
Address: 3800 South Washington Blvd, Ogden, Utah 84403  
Funeral Director: James Quigley

**MEDICAL CERTIFICATION**

Certifying Physician: Michael S Nielsen MD, Intermountain Layton Clinic, 2075 University Park Blvd, Layton, Utah 84041

**CAUSE OF DEATH**

Pulmonary Embolism [Onset: 4 Weeks]  
Due to (or as a consequence of): Type 2 Diabetes [Onset: 10 Years]  
Tobacco Use: Non-user  
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: March 1, 2023

Date Issued: March 1, 2023

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.

*U. S. Winger*

Uinda S. Winger, MSW, LCSW  
State Registrar



\* 0 6 7 3 5 6 3 6 5 \*

*Brian Cowan*

Brian Cowan, MPH, LEHS  
Director/Health Officer  
County Health Department



# STATE OF UTAH - DEPARTMENT OF HEALTH - OFFICE OF VITAL RECORDS AND STATISTICS

## AFFIDAVIT TO AMEND A RECORD

3526887  
BK 8245 PG 930

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](mailto: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		
	12. DATE SIGNED		13. AGE OF WITNESS	14. DAYTIME TELEPHONE		15. RELATIONSHIP TO 1a.	
	16. ADDRESS OF WITNESS					NOTARY SIGNATURE _____	
						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		
	18. DATE SIGNED		19. AGE OF WITNESS	20. DAYTIME TELEPHONE		21. RELATIONSHIP TO 1a.	
	22. ADDRESS OF WITNESS					NOTARY SIGNATURE _____	
						S E A L	