

RECORDED AT THE REQUEST OF,
AND AFTER RECORDING RETURN TO:
Robert P. Lunt, Esq.
2536 E Kensington Ave
Salt Lake City, UT 84108-2418

E 3563713 B 8456 P 996-1002
RICHARD T. MAUGHAN
DAVIS COUNTY, UTAH RECORDER
3/11/2024 4:49 PM
FEE 40.00 Pgs: 7
DEP IC REC'D FOR ROBERT
P LUNT

RETURNED

MAR 11 2024

MAIL TAX NOTICE TO:
Robert P. Lunt
2536 E Kensington Ave
Salt Lake City, UT 84108-2418

Space Above for Recorder's Use
Tax Parcel #: 07-112-0024

PERSONAL REPRESENTATIVE'S DEED

THIS DEED is made by **ROBERT P. LUNT**, as **Personal Representative of the Estate of Christopher T. Lunt, deceased**, "*Grantor*", to **ROBERT P. LUNT**, a **single man**, 2536 E Kensington Ave, Salt Lake City, UT 84108-2418, "*Grantee*."

WHEREAS, Grantor is the qualified Personal Representative of the above estate, filed as Probate No. 233900338, in Salt Lake County, Utah.

THEREFORE, for valuable consideration received, Grantor conveys to Grantee all interest of Grantor in and to the following described real property located in Davis County, State of Utah (the "*Property*"):

ALL OF LOT 24-B, WOODLAND SPRINGS SUB PLAT B. CONT. 0.36 ACRES, more or less.

[Davis County Assessor Tax Parcel No. 071120024]

TOGETHER WITH all buildings and improvements located thereon and all easements and other rights benefitting the foregoing property; and

SUBJECT TO current year's real property taxes, all easements and other rights burdening the foregoing property and all matters of record or discernible by an inspection of the property.

[Balance of Page Intentionally Left Blank]

EXECUTED this 11th day of March, 2024.

Robert P Lunt

ROBERT P. LUNT, as Personal Representative
of the Estate of **Christopher T. Lunt**, deceased
2536 E Kensington Ave
Salt Lake City, UT 84108-2418

STATE OF UTAH)
 : ss.
COUNTY OF SALT LAKE)

On the 11th day of March, 2024, personally appeared before me **ROBERT P. LUNT**, as Personal Representative of the Estate of Christopher T. Lunt, the signer of the above instrument, who duly acknowledged to me that he executed the same.



Sierra Merryweather

NOTARY PUBLIC
My Commission Expires: 07/21/2026

24-3-550Woodland, v. 1

FILED DISTRICT COURT
Third Judicial District

FEB 06 2023

In the District Court of Utah

SALT LAKE COUNTY

Third Judicial District Salt Lake County

By _____ Deputy Clerk

Court Address 450 South State St, P.O. Box 1860, Salt Lake City, UT. 84114-1860

In the Matter of the Estate of

Letters of Administration

Christopher Thomas Lunt
Deceased

233900338

Case Number

OLIVER

Judge

1. The appointed personal representative is: Robert P. Lunt.

2. The personal representative is:

not supervised.

supervised. The personal representative may not make any distribution of the estate or exercise the following powers without prior order of the court:

February 6, 2023
Date

Signature ▶

N. Phipps

Printed Name of Clerk or Registrar

N. PHIPPS



I CERTIFY THAT THIS IS A TRUE COPY OF AN ORIGINAL DOCUMENT ON FILE IN THE THIRD DISTRICT COURT, SALT LAKE COUNTY, STATE OF UTAH.
DATE: February 6, 2023

DEPUTY COURT CLERK



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2023001829

Christopher Thomas Lunt

3563713
BK 8456 PG 999

DECEDENT INFORMATION

Date of Death:	January 28, 2023	Time of Death:	22:59 (Found)
City of Death:	Fillmore	County of Death:	Millard
Age:	29	Date of Birth:	December 9, 1993
Place of Birth:	Salt Lake City, Utah	Sex:	Male
Armed Services:	No	Marital Status:	Never Married
Spouse's Name:		Usual Occupation:	Owner / Manager
Industry/Business:	Information System Management	Education:	Bachelor's Degree
Residence:	Salt Lake City, Utah	Father's Name:	Robert Petty Lunt
Mother's Name:	Ellen Gay Gertsch	Facility Type:	Hospital ER
Facility or Address:	Fillmore Community Hospital		

INFORMANT INFORMATION

Name:	Robert Petty Lunt	Relationship:	Father
Mailing Address:	2536 E Kensington Ave, Salt Lake City, Utah 84108		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Wasatch Lawn Memorial Park, Millcreek, Utah
Date of Disposition:	February 5, 2023

FUNERAL HOME INFORMATION

Funeral Home:	Olpin Stevens Funeral Home
Address:	55 West 200 South, Fillmore, Utah 84631
Funeral Director:	Ryan T. Stevens

MEDICAL CERTIFICATION

Certifying Physician:	Kevin M. Lougee DO, 4451 South 2700 West, Taylorsville, Utah 84129
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CAUSE OF DEATH

Drowning
Tobacco Use: Unknown if User
Medical Examiner Contacted: Yes Autopsy Performed: Yes Autopsy Available: Yes Manner of Death: Accident

INJURY INFORMATION

Date of Injury:	January 28, 2023	Time of Injury:	21:30
Injury at Work:	No	Place of Injury:	Outdoor Area
Location of Injury:	Meadow Hot Pools, Rural, Utah		
How Injury Occurred:	Drown in hot spring		
Motor Vehicle Accident:	Accidental Drowning		

Date Registered: January 31, 2023

Date Issued: March 2, 2023

Page 1 of 2 - Amendment History on Page 2

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

Linda S. Winger, MSW, LCSW
State Registrar



067081881

Angela C. Dunn

Angela C. Dunn, MD, MPH
Director/Health Officer
County/District Health Department



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		
	12. DATE SIGNED		13. AGE OF WITNESS	14. DAYTIME TELEPHONE		15. RELATIONSHIP TO 1a.
	18. 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		
	18. DATE SIGNED		19. AGE OF WITNESS	20. DAYTIME TELEPHONE		21. RELATIONSHIP TO 1a.
	22. ADDRESS OF WITNESS					

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

3563713
BK 8456 PG 1001

Christopher Thomas Lunt

AMENDMENT HISTORY

- 02/14/2023 Found at this Time from (blank) to X
- 02/14/2023 Immediate Cause of Death from Pending to Drowning
- 02/14/2023 Manner Of Death from Pending to Accident
- 02/14/2023 Injury from N to Y
- 02/14/2023 Date of Injury from (blank) to 01/28/2023
- 02/14/2023 Time of Injury from (blank) to 21:30
- 02/14/2023 Injury Street from (blank) to Meadow Hot Pots
- 02/14/2023 Injury City from (blank) to Rural
- 02/14/2023 Injury State from (blank) to Utah
- 02/14/2023 Injury Country from (blank) to United States
- 02/14/2023 Injury Place from (blank) to Outdoor Area
- 02/14/2023 Injury At Work from Unknown to No
- 02/14/2023 Motor Vehicle Injury from (blank) to Other
- 02/14/2023 Motor Vehicle Injury Specify from (blank) to Accidental Drowning
- 02/14/2023 Injury Description from (blank) to Drown in hot spring

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Linda S. Wninger

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State Registrar



067081882

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Director/Health Officer
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BIRTH DEATH STILLBIRTH

STATE FILE NUMBER: _____

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	11a. SIGNATURE OF WITNESS (Must sign in front of Notary)			11b. PRINTED NAME OF WITNESS		STATE _____ COUNTY _____
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