3567196 BK 8478 PG 143

RETURN RECORDED COPY TO:

Sandberg, Stettler, & Bloxham 1330 Flint Meadow Dr. Kaysville, Utah 84037 E 3567196 B 8478 P 143-145
RICHARD T. MAUGHAN
DAVIS COUNTY, UTAH RECORDER
04/10/2024 11:00:11 AM
FEE: \$40.00 Pgs: 3
DEP eCASH REC'D FOR: SANDBERG, STETTLER,
& BLOXHAM (SSB LAW)

AFFIDAVIT OF DEATH

STATE OF UTAH COUNTY OF DAVIS

- I, HARRY A. WESCHE, of legal age, being first duly sworn, deposes and says:
 - LANA D. WESCHE and I were owners of certain real property in Davis County, evidenced by a certain Special Warranty Deed filed in the aforementioned county and identified as Entry Number 2999909, Book 6695, and Page 803-804.
 - The property is further identified as Parcel Number 11-782-0310, with the legal description as follows:
 - Lot 310, OLD FARM AT PARKWAY PHASE 3, according to the official plat thereof as recorded in the office of the Davis County Recorder, State of Utah.
 - 3. LANA D. WESCHE is the same person as Lana Dee Wesche who died on February 17, 2024 evidenced by the attached Death Certificate.
 - As a result of LANA D. WESCHE's death, they are no longer an owner of the aforementioned real property.
 - 5. I declare under penalty of perjury that the foregoing is true and correct.

Executed this the 27th day of March, 2024.

HARRY A. WESCHE

STATE OF UTAH

) ss.:

COUNTY OF DAVIS

On this 27th day of March, 2024, before me, Casey Brian Stettler, a Notary Public in and for said State and County, personally appeared HARRY A. WESCHE, proved on the basis of satisfactory evidence to be the people whose names are subscribed to this instrument, and acknowledge they executed the same.

Witness my hand and official seal.

CASEY BRIAN STETTLER
Notary Public - State of Utah
Comm. No. 724658
My Commission Expires on
Jul 7, 2026

Signature of Notary



CERTIFICATION OF VITAL RECORD

3567196 BK 8478 PG 144

11:05

Davis

Female

Married

Home

July 10, 1940

Registered Nurse

Bachelor's Degree

Harold Joseph Tolman

CERTIFICATE OF DEATH

State File Number: 2024003233

Lana Dee Wesche

Time of Death:

Date of Birth:

Marital Status:

Father's Name:

Facility Type:

Education:

Usual Occupation:

Sex:

County of Death:

DECEDENT INFORMATION

Date of Death: February 17, 2024

City of Death: Layton Age: 83

Place of Birth: Bell, California

Armed Services: No

Spouse's Name: Harry Albert Wesche

Industry/Business: Hospital

Residence: Layton, Utah Mother's Name: Pearl Stewart

Facility or Address: 765 West Farming Way

INFORMANT INFORMATION

Name: Scott Wesche Relationship: So

Mailing Address: 790 West Farming Way, Layton, Utah 84041

DISPOSITION INFORMATION

Method of Disposition: Burial

Place of Disposition: Wasatch Lawn Memorial Park, Millcreek, Utah

Date of Disposition: February 23, 2024

FUNERAL HOME INFORMATION

Funeral Home: Russon Mortuary Farmington

Address: 1941 North Main, Farmington, Utah 84025

Funeral Director: Matthew J Cope

MEDICAL CERTIFICATION

Certifying Physician: Russell, APRN Halley, 1477 North 2000 West, Clinton, Utah 84015

CAUSE OF DEATH

Complications of Cardiovascular Disease

Due to (or as a consequence of): Type 2 Diabetes, Hyperlipidemia

Other significant conditions: Hodgkin's Lymphoma

Tobacco Use: Unknown if User

Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: February 22, 2024 Date Issued: February 22, 2024

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. Wininger, MSW, LCSW

State Registrar

067388106

Brian Hatch Director/Health Officer

STATE OF UTAH - DEPARTMENT OF HEALTH - OFFICE OF VITAL RECORDS AND STATISTICS 3567196 AFFIDAVIT TO AMEND A RECORD

BK 8478 PG.145

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

	1a. FIRST NAME		[]DEAT	1b. MIDDLE NAME	ILLBIRTH		STATE FILE NUMB	EK	
Š .									
INFORMATION AS REPORTED ON RECORD	2. SEX	3. DATE OF	EVENT		4. PLACE	OF OCCURRE	NCE (City and County)		***
	5. NAME OF PAR	RENT 1 (Malder	name if applic	cable)	6. NAME	OF PARENT 2 (Maiden name if applicable)		
STATEMENT OF AMENDMENTS	7. ITEM NO. 8s. FACTS EXACTLY AS ON ORIGINAL RECORD					Bb. CORRECT INFORMATION			
			1			200	<u> </u>	1	
		/	- '						
							×C		4
₹						1	1	- 200	
		A.				1			
YIS	9.	- 0.				1			
NGE DED?									
DOCU- MENTS USED	10.								
		· · · · · · · · · · · · · · · · · · ·							
	I hereby certify u	inder penalty o	f perjury, that	I have personal knowl	ledge of the abov	ve facts	Subscribed to and Sworr	to before me this _	day of20
œ	I hereby certify u and that the info 11a. SIGNATURE OF	inder penalty o rmation given i WITNESS (Must sign	f perjury, that is true and co in front of Notary)	I have personal knowl rrect. 116. PRINTED NAME OF WIT	ledge of the abov	ve facts	(A) (M)		
LDER)	I hereby certify u and that the Info 11a. SIGNATURE OF	inder penalty o rmation given i WITNESS (Must sign	f perjury, that is true and co in front of Notary)	I have personal knowl mect. 116. PRINTED NAME OF WIT	ledge of the above	ve facts	STATE	_ COUNTY	
OR OLDER)	I hereby certify u and that the info 11a. SIGNATURE OF 1 12. DATE SIGNED	rmation given i WITNESS (Must sign	f perjury, that is true and col in front of Notary)	TRUTED NAME OF WIT	TNESS	ve facts	(A) (M)	_ COUNTY	
18 OR OLDER)	and that the Info	rmation given i WITNESS (Must sign	s true and co	TRUTED NAME OF WIT	TNESS	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	STATE	_ COUNTY	
r BE 18 OR OLDER)	and that the Info	mation given i WITNESS (Must sign 13. AGE OF WITNESS	s true and co	TRUTED NAME OF WIT	TNESS	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	STATE	_ COUNTY	
AUST BE 18 OR OLDER)	and that the Info 11a. SIGNATURE OF 1 12. DATE SIGNED	mation given i WITNESS (Must sign 13. AGE OF WITNESS	s true and co	TRUTED NAME OF WIT	TNESS	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	STATE	_ COUNTY	
(MUST BE 18 OR OLDER)	and that the Info 11a. SIGNATURE OF 1 12. DATE SIGNED	mation given i WITNESS (Must sign 13. AGE OF WITNESS	s true and co	TRUTED NAME OF WIT	TNESS	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	STATE	_ COUNTY	
(MUST BE 18 OR OLDER)	and that the Info 11a. SIGNATURE OF 1 12. DATE SIGNED 16. ADDRESS OF WITH	rmation given agri WITNESS (Must sign 13. AGE OF WITNESS	Is true and colon in front of Notary)	TRECT. 111b. PRINTED NAME OF WITH	TNESS	NSHIP TO 1a.	STATENOTARY SIGNATURE _	_ COUNTY	
	and that the Info 11a. SIGNATURE OF 1 12. DATE SIGNED 16. ADDRESS OF WITH	mation given again witness (Must sign 13). Age of Witness NESS	s true and colon in front of Notary) 14. DAYTIME TO	THE PRINTED NAME OF WITH	15. RELATION	NSHIP TO 1a.	STATENOTARY SIGNATURE	_ COUNTY	day of 20
	and that the Info 11a. SIGNATURE OF 1 12. DATE SIGNED 16. ADDRESS OF WITH	mation given again witness (Must sign 13). Age of Witness NESS	s true and colon in front of Notary) 14. DAYTIME TO	TRECT. 111b. PRINTED NAME OF WITH	15. RELATION	NSHIP TO 1a.	STATENOTARY SIGNATURE _	_ COUNTY	day of 20
	and that the Info 11a. SIGNATURE OF 1 12. DATE SIGNED 16. ADDRESS OF WITH	mation given again witness (Must sign 13). Age of Witness NESS	s true and colon in front of Notary) 14. DAYTIME TO	THE PRINTED NAME OF WITH	15. RELATION	NSHIP TO 1a.	STATE	to before me this	day of 20
	and that the Info 11a. SIGNATURE OF 1 12. DATE SIGNED 16. ADDRESS OF WITH	13. AGE OF WITNESS (Must sign WITNESS (Must sign WITNESS WITNESS WITNESS WITNESS (Must sign WITNESS (Must sign	s true and colon in front of Notary) 14. DAYTIME TO	THE PRENTED NAME OF WITH THE PRENTED NAME OF W	15. RELATION	NSHIP TO 1a.	STATENOTARY SIGNATURE	to before me this	day of 20
	and that the info	mation given i	s true and colors in front of Notary) 14. DAYTIME TO f perjury, that is true and colors front of Notary)	THE PRENTED NAME OF WITH THE PRENTED NAME OF W	15. RELATION	NSHIP TO 16.	STATE	to before me this	day of 20
(MUST BE 18 OR OLDER) (MUST BE 18 OR OLDER)	and that the info	Inder penalty of matters (Must signature SS) 13. AGE OF WITNESS Inder penalty of matter penalty of matters (Must signature SS) 19. AGE OF WITNESS	s true and colors in front of Notary) 14. DAYTIME TO f perjury, that is true and colors front of Notary)	THE PRENTED NAME OF WITH THE PRENTED NAME OF W	15. RELATION	NSHIP TO 16.	STATE	to before me this	day of 20