

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

3567196
BK 8478 PG 144

CERTIFICATE OF DEATH

State File Number: 2024003233

Lana Dee Wesche

DECEDENT INFORMATION

| | | | |
|----------------------|----------------------|-------------------|----------------------|
| Date of Death: | February 17, 2024 | Time of Death: | 11:05 |
| City of Death: | Layton | County of Death: | Davis |
| Age: | 83 | Date of Birth: | July 10, 1940 |
| Place of Birth: | Bell, California | Sex: | Female |
| Armed Services: | No | Marital Status: | Married |
| Spouse's Name: | Harry Albert Wesche | Usual Occupation: | Registered Nurse |
| Industry/Business: | Hospital | Education: | Bachelor's Degree |
| Residence: | Layton, Utah | Father's Name: | Harold Joseph Tolman |
| Mother's Name: | Pearl Stewart | Facility Type: | Home |
| Facility or Address: | 765 West Farming Way | | |

INFORMANT INFORMATION

| | | | |
|------------------|--|---------------|-----|
| Name: | Scott Wesche | Relationship: | Son |
| 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

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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



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Brian Hatch
Director/Health Officer



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

3567196
 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 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: _____

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|---|--|---|--------------------|---|--|-------------------------|
| 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 | |
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| 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 | | | | | |
| 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 | | | | | |