

**MAIL ALL TAX INFO TO:**

Subrina Boehlendorf  
2413 North 475 West  
Sunset, UT 84015

3572719  
BK 8509 PG 818

E 3572719 B 8509 P 818-821  
RICHARD T. MAUGHAN  
DAVIS COUNTY, UTAH RECORDER  
5/23/2024 2:34 PM  
FEE 40.00 Pgs: 4  
DEP. AAM REC'D FOR LABARON  
& JENSEN P C

**PERSONAL REPRESENTATIVE'S DEED**

**THIS DEED, made by Subrina Boehlendorf, as Personal Representative of the Estate of Andreas Boehlendorf; who most recently took title as Andreas Boehlendorf in that certain Warranty Deed recorded December 22, 1994, Entry No. 1158350, Book 1833, Page 842, in the records of the Davis County Recorder's Office, Grantor, hereby conveys all right, title and interest of the Decedent, Andreas Boehlendorf, at the time of his death, and all right, title and interest that the Grantor has as Personal Representative of the Estate, to**

**Subrina Boehlendorf, GRANTEE.**

WHEREAS, Grantee is the qualified Personal Representative of said estate, filed as Probate Case No. 243700245, the Honorable Ronald Russell presiding, in the Second Judicial District Court in and for the State of Utah, Farmington Department, Davis County, Utah.

THEREFORE, GRANTOR, CONVEYS TO GRANTEE THE FOLLOWING DESCRIBED TRACT OF LAND IN DAVIS COUNTY, STATE OF UTAH:

**ALL OF LOT 48, MARSHALL HEIGHTS, A SUBDIVISION OF PART OF SECTION 18, TOWNSHIP 4 NORTH, RANGE 1 WEST, SALT LAKE MERIDIAN, according to the official plat thereof.**

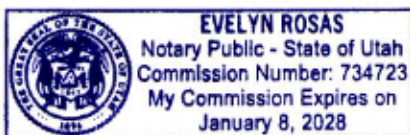
**TAX I.D. NO. 10-062-0048**

WITNESS, THE HAND OF SAID GRANTOR, THIS 17<sup>th</sup> DAY OF MAY, 2024.

*Subrina Boehlendorf*  
**Subrina Boehlendorf, as Personal Representative  
of the Estate of Andreas Boehlendorf**

STATE OF UTAH            )  
                                      :SS  
COUNTY OF DAVIS        )

ON THIS 17<sup>th</sup> DAY OF MAY 2024, PERSONALLY APPEARED BEFORE ME, A NOTARY PUBLIC IN AND FOR THE STATE OF UTAH, **SUBRINA BOEHLENDORF**, THE SIGNER OF THIS INSTRUMENT, WHO DULY ACKNOWLEDGED TO ME THAT HE EXECUTED THE SAME.



*Evelyn Rosas*  
**NOTARY PUBLIC**



**L. MILES LEBARON (#8982)**  
**LEBARON & JENSEN, P.C.**  
**1241 N. Main Street, Suite 200**  
**Layton, Utah 84041**  
**Telephone: (801) 773-9488**  
**Facsimile: (801) 773-9489**

<b>IN THE SECOND JUDICIAL DISTRICT COURT IN AND FOR DAVIS COUNTY, STATE OF UTAH, PROBATE DEPARTMENT</b>	
<b>In the matter of the Estate of  ANDREAS BOEHLENDORF,  Deceased.</b>	<b>LETTERS OF ADMINISTRATION  Civil No. 243700245  Honorable Ronald Russell</b>

The Estate of Andreas Boehlendorf, now deceased, is being probated intestate in the Second Judicial District Court, Davis County, Utah. Subrina Boehlendorf has been appointed as Personal Representative, which authorizes Subrina Boehlendorf to administer the Estate of Andreas Boehlendorf, deceased, as Personal Representative, according to law.

In testimony to the foregoing, I, Martha Gonzalez, Clerk of the Second Judicial District Court, Davis County, Utah, give my signature with the seal of the court affixed.

-----END OF ORDER-----

**In accordance with the Utah State District Courts e-filing Standard No. 4, and URCP Rule 10(e), this Order does not bear the handwritten signature of the Judge, but instead displays an electronic signature at the upper right-hand corner of the first page of this Order.**

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

3572719  
BK 8509 PG 820

**CERTIFICATE OF DEATH**

State File Number: 2024005579

**Andreas Boehlendorf**

**DECEDENT INFORMATION**

Date of Death:	March 27, 2024	Time of Death:	17:35
City of Death:	Sunset	County of Death:	Davis
Age:	66	Date of Birth:	May 5, 1957
Place of Birth:	Soltau, Germany	Sex:	Male
Armed Services:	No	Marital Status:	Divorced
Spouse's Name:		Usual Occupation:	Quality Control
Industry/Business:	Department of Defense	Education:	High School or GED
Residence:	Layton, Utah	Father's Name:	Gunter Karl Boehlendorf
Mother's Name:	Erika Christa Kochig	Facility Type:	Daughters home
Facility or Address:	2413 North 275 West Sunset, Utah		

**INFORMANT INFORMATION**

Name:	Subrina Boehlendorf	Relationship:	Daughter
Mailing Address:	2413 North 475 West, Sunset, Utah 84015		

**DISPOSITION INFORMATION**

Method of Disposition:	Cremation
Place of Disposition:	Premier Cremation Services, Midvale, Utah
Date of Disposition:	April 2, 2024

**FUNERAL HOME INFORMATION**

Funeral Home:	Premier Funeral Services
Address:	67 East 8000 South, Midvale, Utah 84047
Funeral Director:	Jennifer L Estes

**MEDICAL CERTIFICATION**

Certifying Physician: Kirsten Novak MD, Silverton Community Care, 5097 South 900 East Suite 100, Murray, Utah 84098

**CAUSE OF DEATH**

Cerebrovascular disease [Onset: 1 Year]  
Tobacco Use: Non-user  
Medical Examiner Contacted: Yes    Autopsy Performed: No    Manner of Death: Natural

Date Registered: April 1, 2024

Date Issued: April 1, 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. Winger, MSW, LCSW  
State Registrar





Eric S. Edwards, MPA, MCHES  
Executive Director  
Utah County Health Department

  
Utah County  
HEART OF UTAH  
Health Department



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. 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.



online instructions

Mailing Address: Office of Vital Records and Statistics PO Box 141012 Salt Lake City, UT 84114-1012  
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						
DOCUMENT 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						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		STATE _____ COUNTY _____		
	18. DATE SIGNED	19. AGE OF WITNESS	20. DAYTIME TELEPHONE		21. RELATIONSHIP TO 1a.		
	22. ADDRESS OF WITNESS						S E A L