

E 3583998 B 8569 P 64-67
RICHARD T. MAUGHAN
DAVIS COUNTY, UTAH RECORDER
8/22/2024 9:42 AM
FEE 40.00 Pgs: 4
DEP JMF REC'D FOR KEN
U GHEEM

Office of the Davis County Recorder



Davis
COUNTY

RETURNED

AUG 22 2024

Recorder
Richard T. Maughan
Chief Deputy
Laile H. Lomax

THE UNDERLYING DOCUMENT ATTACHED HERETO IS AN ORIGINAL DOCUMENT SUBMITTED FOR RECORDING IN THE OFFICE OF THE COUNTY RECORDER OF DAVIS COUNTY, UTAH. THE DOCUMENT HAS INSUFFICIENT MARGIN SPACE FOR THE REQUIRED RECORDING ENDORSMENT STAMP. THIS PAGE BECOMES THE FRONT PAGE OF THE DOCUMENT FOR RECORDING PURPOSES.

THE DOCUMENT HEREIN RECORDED IS A Affidavit of Death
(Document Type)

07-285-0303
Tax Serial Number(s)

AFFIDAVIT OF SURVIVORSHIP

I, **Ken U. Gheem**, being of legal age and being first duly sworn, depose and state as follows:

Marillyn M. Gheem, the decedent in the attached certificate of death is the same person as **Marillyn M. Gheem** in the document dated **February 18, 2015** as entry **2848847** in book **6206**, page **76** in the records of the Davis County Recorder.

This affidavit is given to terminate of record the decedent's interest of a joint tenancy in the following described property located in Davis County, State of Utah:

All of Lot 303, contained within Orchard Farms P.R.U.D. Phase 3, a Utah Planned Residential Unit Development, as the same is identified in the Record of Plat Map recorded in Davis County, Utah as Entry No. 2702025 in Book 5652 at Page 1185 (as said Record of Plat Map may have heretofore been amended or supplemented) and in the Neighborhood Declaration of Covenants, Conditions, Restrictions and Reservations of Easements for Orchard Farms Single Family Residences, recorded in Davis County, Utah as Entry No 2598885 in Book 5274 at Page 464 (as said Declaration may have heretofore been amended or supplemented.)

Together with a membership in the Sub-Association and the right to use and access the Common Areas and Facilities, and any Exclusive Common Area for this Neighborhood, subject to provisions of the Master Declaration of Covenants, Conditions, Restrictions and Reservations or Grant of Easements for Orchard Farms Planned Residential Unit Development recorded as Entry No. 2598884 in Book 5274 at Page 402 of the official records of the County Recorder of Davis County, Utah. 07-285-0303

Dated this 22 day of AUGUST, 2024

Ken U. Gheem
Signature of affiant, **Ken U. Gheem**

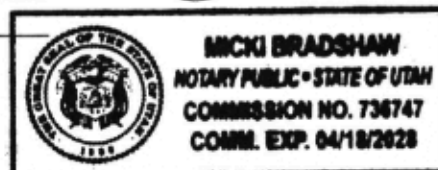
STATE OF UTAH)
COUNTY OF **DAVIS**)

Subscribed to and sworn before me this 22nd day of August, 2024

Ken U. Gheem Mary J
Signature of notary public

County where notary resides: Utah Davis

Commission expires: 04/18/2028



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

3583998
BK 8569 PG 66

CERTIFICATE OF DEATH

State File Number: 2024012684

Marillyn M Gheem

DECEDENT INFORMATION

Date of Death:	July 27, 2024	Time of Death:	23:40
City of Death:	Layton	County of Death:	Davis
Age:	90	Date of Birth:	July 6, 1934
Place of Birth:	Brisbane, Australia	Sex:	Female
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Ken Ung Gheem	Usual Occupation:	Teacher
Industry/Business:	Elementary School	Education:	Bachelor's Degree
Residence:	Fruit Heights, Utah	Father's Name:	John Davie
Mother's Name:	Delsa Hardman	Facility Type:	Nursing Home/Assisted Living
Facility or Address:	Sunridge Assisted Living of Layton		

INFORMANT INFORMATION

Name:	Ken Ung Gheem	Relationship:	Husband
Mailing Address:	790 East Snap Dragon Lane, Fruit Heights, Utah 84037		

DISPOSITION INFORMATION

Method of Disposition:	Cremation
Place of Disposition:	Premier Cremation Services, Midvale, Utah
Date of Disposition:	July 31, 2024

FUNERAL HOME INFORMATION

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

MEDICAL CERTIFICATION

Certifying Physician:	Casey L Stelter MD, 880 Heritage Park Blvd, Layton, Utah 84041
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CAUSE OF DEATH

Alzheimer's type dementia
Other significant conditions: Protein calorie malnutrition
Tobacco Use: Non-user
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: July 30, 2024

Date Issued: July 31, 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

Linda S. Winger, MSW, LCSW
State Registrar



* 0 6 8 0 4 1 2 0 6 *

Eric S. Edwards

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 name changes after the age of one year. 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; 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 and an immediate family member, or two immediate family members, must sign as a witness. 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 the 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 the change is needed	9					
Documents used	10					
Oath of first witness	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. Telephone number	15. Relationship to 1a.		
	16. Address of witness				Notary signature _____	
Oath of second witness	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. Telephone number	21. Relationship to 1a.		
	22. Address of witness				Notary signature _____	