

PERSONAL REPRESENTATIVE'S DEED

THIS DEED, made by HUNTER D. SILL, as Personal Representative of the Estate of MICHELLE S. SILL, deceased, Grantor, to HUNTER D. SILL, Grantee, whose address is 485 West 100 North, Layton, Davis County, Utah.

WHEREAS, Grantor is the qualified Personal Representative of said Estate, filed as Probate No. 243700454 in Davis County, Utah;

THEREFORE, for valuable consideration received, Grantor sells and conveys to Grantee the following described real property in Davis County, Utah:

Parcel No. 10-079-0006

All of Lot 6, Cook Subdivision, Layton City, Davis County, Utah, according to the official plat thereof.

with all appurtenances.

EXECUTED this 19 day of August, 2024.

Hunter Sill

HUNTER D. SILL, Personal Representative of the Estate of MICHELLE S. SILL, Deceased

STATE OF UTAH)
) ss.
COUNTY OF WEBER)

On the 19th day of August, 2024, personally appeared before me HUNTER D. SILL, as Personal Representative of the Estate of MICHELLE S. SILL, deceased, and as signer of the foregoing instrument, who acknowledged to me that he executed the same.

Shauna Jorgensen
Notary Public

s\sill.prdeed



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

3605851
BK 8687 PG 579

CERTIFICATE OF DEATH

State File Number: 2024012206

Michelle Sue Sill

DECEDENT INFORMATION

Date of Death:	July 18, 2024	Time of Death:	17:28 (Found)
City of Death:	Layton	County of Death:	Davis
Age:	53	Date of Birth:	August 1, 1970
Place of Birth:	Bountiful, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Divorced
Spouse's Name:		Usual Occupation:	Administrator
Industry/Business:	Medical Supply	Education:	High School or GED
Residence:	Layton, Utah	Father's Name:	Marshall Scott Phillips
Mother's Name:	Shauna Spencer	Facility Type:	Home
Facility or Address:	485 W Penny Lane		

INFORMANT INFORMATION

Name:	Shauna Seguin	Relationship:	Mother
Mailing Address:	1446 North 2100 West, Layton, Utah 84041		

DISPOSITION INFORMATION

Method of Disposition:	Cremation
Place of Disposition:	Kramer Crematory, West Valley City, Utah
Date of Disposition:	July 26, 2024

FUNERAL HOME INFORMATION

Funeral Home:	Kramer Family Funeral Services
Address:	2500 South Decker Lake Blvd., Suite 1, Salt Lake City, Utah 84119
Funeral Director:	Alyssa Strasburg

MEDICAL CERTIFICATION


Certifying Physician:	Neil G Haycocks MD, Office of the Medical Examiner, 4451 South 2700 West, Taylorsville, Utah 84129
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CAUSE OF DEATH

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

Date Registered: July 25, 2024
Date Issued: July 30, 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
Rev. 12/00




Brian Hatch
Director/Health Officer

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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.	Notary signature _____
	16. Address of witness					S E A L
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.	Notary signature _____
	22. Address of witness					S E A L