

ENT 53426:2025 PG 1 of 4
ANDREA ALLEN
UTAH COUNTY RECORDER
2025 Jul 17 02:48 PM FEE 40.00 BY TM
RECORDED FOR Cottonwood Title Insurance
ELECTRONICALLY RECORDED

WHEN RECORDED, MAIL TO:

Opendoor Property Trust I, a Delaware Statutory Trust
C/O OS National, LLC
Attn: Bernicia Stewart
3097 Satellite Blvd, Bldg. 700, Ste 400
Duluth, GA 30096

MAIL TAX NOTICES TO:

Opendoor Property Trust I
410 N. Scottsdale Rd, Ste 1000
Tempe, AZ, 85288



File No.: 191323-JHF

PERSONAL REPRESENTATIVE'S DEED

This Deed made by **Landon S. Gaisford**, as Personal Representative of the Estate of **Kim Nielsen Gaisford**,

GRANTOR(S), of American Fork, State of Utah,

to **Opendoor Property Trust I, a Delaware Statutory Trust** dated **February 8, 2019**,

GRANTEE(S), of Tempe, State of Arizona

Whereas, Grantor is the qualified personal representative of said estate as shown in the Letters of Administration or Letters Testamentary, filed as Probate Number 253400316 in the Fourth District Court, Utah:

Therefore, for valuable consideration received, Grantor sells and conveys to Grantee the following described real property in **Utah** County, State of Utah:

Unit 226, contained within PHASE II, MIRA VISTA CONDOMINIUMS, as the same is identified in the Plat filed in the office of the Utah County Recorder, Utah, on March 6, 2006 as Entry No. 25930:2006 and in the declaration recorded October 23, 2019 as Entry No. 109304:2019 (as said declaration may have been subsequently restated, amended and/or supplemented).

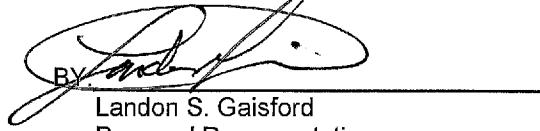
TOGETHER WITH the undivided ownership interest in and to the Common Areas and Facilities defined under said declaration.

TAX ID NO.: 46-673-0226 (for reference purposes only)

SUBJECT TO: Property taxes for the year 2025 and thereafter; covenants, conditions, restrictions and easements of record; and all applicable zoning laws and ordinances.

Dated this 17th day of July, 2025.

The Estate of Kim Nielsen Gaisford



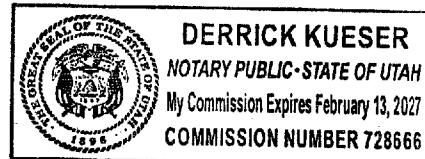
BY: _____
Landon S. Gaisford
Personal Representative

STATE OF UTAH

COUNTY OF UTAH

On 17th day of July, 2025, before me, personally appeared Landon S. Gaisford, proved on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and acknowledged before me that he/she/they executed the same on behalf of the Estate of Kim Nielsen Gaisford.

Notary Public



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

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CERTIFICATE OF DEATH

State File Number: 2022008622

Kim Nielsen Gaisford

DECEDENT INFORMATION

Date of Death:	May 12, 2022	Time of Death:	22:50
City of Death:	Orem	County of Death:	Utah
Age:	65	Date of Birth:	March 17, 1957
Place of Birth:	American Fork, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Divorced
Spouse's Name:		Usual Occupation:	Office Clerk
Industry/Business:	State Government	Education:	High School or GED
Residence:	American Fork, Utah	Father's Name:	Odell LeRoy Nelsen
Mother's Name:	Dolores Dene Chorniak	Facility Type:	Hospital ER
Facility of Address:	Timpanogos Regional Hospital		

INFORMANT INFORMATION

Name:	Landon Gaisford	Relationship:	Son
Mailing Address:	502 South 1040 East, #226, American Fork, Utah 84003		

DISPOSITION INFORMATION

Method of Disposition:	Cremation
Place of Disposition:	Care Center of Utah, Salt Lake City, Utah
Date of Disposition:	May 18, 2022

FUNERAL HOME INFORMATION

Funeral Home:	Olpin Mortuary - Pleasant Grove
Address:	494 South 300 East, Pleasant Grove, Utah 84062
Funeral Director:	Paul D Olpin

MEDICAL CERTIFICATION

Certifying Physician: Cheryl Johnson MD, 680 E Main St, Ste 100, Lehi (Utah), Utah 84043

CAUSE OF DEATH

Myocardial Infarction
Due to (or as a consequence of): Coronary Artery Disease
Due to (or as a consequence of): Diabetes Mellitus, Type 2

Tobacco Use: Non-user

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

Date Registered: May 18, 2022

Date Issued: May 18, 2022

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. Winingar

Linda S. Winingar, MSW, LCSW
State Registrar

Rev 12/20



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



STATE OF UTAH - DEPARTMENT OF HEALTH - 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 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: _____

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)				
STATEMENT OF AMENDMENTS	5. NAME OF PARENT 1 (Maiden name if applicable)		6. NAME OF PARENT 2 (Maiden name if applicable)				
	7. ITEM NO.	8a. FACTS EXACTLY AS ON ORIGINAL RECORD			8b. CORRECT INFORMATION		
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		STATE _____ COUNTY _____		
	12. DATE SIGNED	13. AGE OF WITNESS	14. DAYTIME TELEPHONE	15. RELATIONSHIP TO 1a.	NOTARY SIGNATURE _____		
	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.	NOTARY SIGNATURE _____		
	22. ADDRESS OF WITNESS						
	S E A L						