


Recording Requested by:  
Kaleb Porter  
4485 West Haven Lane  
Cedar Hills, UT 84062

  
ENT 84550:2024 PG 1 of 4  
**ANDREA ALLEN**  
**UTAH COUNTY RECORDER**  
2024 Dec 2 01:15 PM FEE 40.00 BY TH  
RECORDED FOR PORTER, KALEB

MAIL TAX NOTICES TO AND  
AFTER RECORDING RETURN TO:  
Kaleb Porter  
4485 West Haven Lane  
Cedar Hills, UT 84062

SPACE ABOVE THIS LINE (3 1/2" X 5") FOR RECORDER'S USE

**AFFIDAVIT  
DEATH OF A JOINT TENANT**

A.P.N.: **39-121-0202**

I, **Kaleb Porter** being first duly sworn on oath depose and say:

That I am a citizen of the United States of America, over the age of 21 years and a resident of **Highland**, County of **Utah**, State of **Utah**:

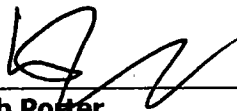
That I was well and personally acquainted with **Amy A. Porter**, one of the grantees in that certain Warranty Deed recorded **May 17, 2000** as Entry No. **38980:2000** in Book **n/a**, at Page **n/a**, records of the Recorder of **Utah** County, Utah.

That I know of my own knowledge that **Amy A. Porter** in the said deed and **Amy Laura Porter** mentioned in the attached copy of Certificate of Death was one and the same person.

This affidavit is executed in connection with the termination of the joint tenancy of **Amy A. Porter** and **Vaughn W. Porter**, with respect to the following described property, situated in **Utah** County, State of Utah:

**Lot 202, Phase 2, Forest Creek Subdivision, Cedar Hills, Utah, according to the official plat thereof on file and of record in the Utah County Recorder's Office.**

Dated: **November** 14, 2024


  
**Kaleb Porter**

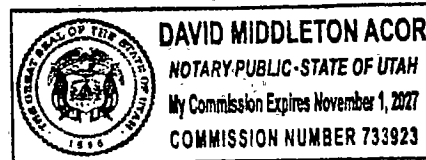
STATE OF Utah )  
 County of Utah ) ss.

On 11-14-24, before me, the undersigned Notary Public, personally appeared **Kaleb Porter**, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

My Commission Expires: 11-1-27

  
 Notary Public



STATE OF UTAH  
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2022001472

Amy Laura Porter

ENT 84550:2024 PG 3 of 4

DECEDENT INFORMATION

Date of Death:	January 21, 2022	Time of Death:	20:15
City of Death:	Lehi	County of Death:	Utah
Age:	51	Date of Birth:	April 6, 1970
Place of Birth:	Rio de Janeiro, Brazil	Sex:	Female
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Vaughn Wesley Porter	Usual Occupation:	Homemaker
Industry/Business:	Own Home	Education:	Some College but No Degree
Residence:	Highland, Utah	Father's Name:	Nelson Carlos Aidukaitis
Mother's Name:	Julie Belle Van Wagenen	Facility Type:	Hospital Inpatient
Facility or Address:	Mountain Point Medical Center		

INFORMANT INFORMATION

Name:	Vaughn Wesley Porter	Relationship:	Husband
Mailing Address:	4764 West Caddie Lane, Highland, Utah 84003		

DISPOSITION INFORMATION

Method of Disposition: Burial  
Place of Disposition: Highland City Cemetery, Highland, Utah  
Date of Disposition: January 27, 2022

FUNERAL HOME INFORMATION

Funeral Home: Utah Valley Mortuary  
Address: 1966 West 700 North, , Lindon, Utah 84042  
Funeral Director: Matthew F Davis

MEDICAL CERTIFICATION

Certifying Physician: Ashley Nelson MD, University of Utah Hospital, 30 North 1900 East 701 Wintrobe, Salt Lake City, Utah 84132

CAUSE OF DEATH

Covid 19 Pneumonia [Onset: 2 Months]  
Due to (or as a consequence of): Covid 19 Pneumonia [Onset: 2 Months]  
Other significant conditions: Acute Renal Failure, Acute Acalculous Cholecystitis, Pulmonary Embolism, Atrial Flutter, L  
Tobacco Use: Non-user  
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: January 25, 2022

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, MSW, LCSW  
State Registrar



\* 0 6 7 7 6 0 0 7 3 \*

UTAH DEPARTMENT OF HEALTH  
& HUMAN SERVICES  
Office of Vital Records & Statistics  
Salt Lake City, Utah



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.

**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



online instructions

**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		NOTARY SIGNATURE _____
	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		STATE _____ COUNTY _____	
	18. DATE SIGNED		19. AGE OF WITNESS		20. DAYTIME TELEPHONE		NOTARY SIGNATURE _____
	21. RELATIONSHIP TO 1a.						
	22. ADDRESS OF WITNESS						