

DOCUMENTS PREPARED AND )  
RECORDING REQUESTED BY )  
NAME: Shaun-J: Federico © TM )  
CERTIFIED MAIL #: )  
 )  
AFTER RECORDING RETURN TO: )  
Shaun J Federico )  
855 E Twain Avenue, PMB 490 )  
LAS VEGAS, NV [89169] )  
(702) 497-6657 )  
RETURN MAIL #: )  
 )

**FILED**  
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**TO ALTER, IGNORE, OR DISPOSE OF IS A FELONY**

# **AFFIDAVIT OF OWNERSHIP UTAH AUTHENTICATE BIRTH CERTIFICATE**

**This cover sheet has been added to these recorded documents to provide space for the recording data. This cover sheet appears as the first page of the documents in the public record.**

**There is a total of 4 Pages**

**DO NOT DETATCH**

# AFFIDAVIT OF OWNERSHIP

Shaun-J: Federico  
c/o 855 E. Twain Avenue, PMB 490  
Las Vegas, Nevada Republic [89169-0819]  
*Affiant*

**RE: Birth Certificate # 203-71-033377 for SHAUN J FEDERICO, Estate**

I, the undersigned affiant, of lawful age and being first duly sworn on my oath, depose and state that I am familiar with the facts recited, and the party named in said Birth Certificate is the same party as one of the owners named in said certificate of title.

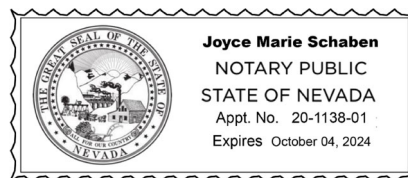
**Further affiant sayeth not.**

Shaun-J: Federico *Affiant*

STATE OF NEVADA                    )  
  ) ss.  
COUNTY OF CLARK                )

On this 20<sup>TH</sup> day of August, 2024, before me, the undersigned, a Notary Public in and for said county, personally appeared the above-signed, known to me to be the one whose name is signed on this instrument, and has acknowledged to me that he/she has executed the same.

\_\_\_\_\_  
*Joyce Marie Schaben - Notary Public*



This electronic notarization was performed by means of live audio-video communication technology using Doc Verify

(seal)

My Commission Expires: *10/04/2024*

# STATE OF UTAH



OFFICE OF THE LIEUTENANT GOVERNOR

## Certificate

1. Country: United States of America
2. This public document has been signed by RICHARD J. OBORN
3. Acting in the capacity of STATE REGISTRAR, DEPARTMENT OF HEALTH, STATE OF UTAH
4. Bears the seal/stamp of THE GREAT SEAL OF THE STATE OF UTAH

### Certified

9. Seal/Stamp:



10. Signature

Deidre M. Henderson  
Lieutenant Governor



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

**Utah Birth Certification**

**Shaun**  
Child First

**"J"**  
Child Middle

**Federico**  
Child Last

**Male**  
Sex of Child

**February 27, 1971**  
Date of Birth

**16:40**  
Time of Birth

**Logan Hospital**  
Place of Birth

**Logan**  
City of Birth

**Cache**  
County of Birth

**Marjorie Grant**  
Mother's Maiden Name

**22**  
Mother's Age

**Utah**  
Mother's Place of Birth

**Logan**  
Mother's Residence City

**Utah**  
Mother's Residence State/Country

**Dee Jay Federico**  
Father's Name

**22**  
Father's Age

**Utah**  
Father's Place of Birth

**March 15, 1971**  
Date of Registration

**1971 03377**  
File Number

**No**  
SSA Card Requested

**January 18, 2017**  
Date Issued

**June 5, 1972**  
Date of Amendment

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*Richard J. Oborn*  
Richard J. Oborn, MPA  
State Registrar  
Rev. 1/16



**065060622**

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





# STATE OF UTAH

## CERTIFICATION OF VITAL RECORD

### UTAH STATE DIVISION OF HEALTH AFFIDAVIT TO AMEND A RECORD

203

71-03-3377

LOCAL CERTIFICATE NUMBER

STATE CERTIFICATE NUMBER

BIRTH     DEATH     FETAL DEATH

|  |   |  |   |
|--|---|--|---|
| INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE | <b>1A. FIRST NAME</b><br>Unnamed Male (Twin #1) | <b>1B. MIDDLE NAME</b>                   | <b>1C. LAST NAME</b><br>Federico                                      |
|  | <b>2. SEX</b><br>Male                           | <b>3. DATE OF EVENT</b><br>Feb. 27, 1971 | <b>4. PLACE OF OCCURRENCE - CITY AND COUNTY</b><br>Logan, Cache, Utah |
|  | <b>5. NAME OF FATHER</b><br>Dee Jay Federico    |  | <b>6. MAIDEN NAME OF MOTHER</b><br>Marjorie Grant                     |
|  | <b>2 of 2</b>                                   |  |   |

|                         |                 |  |   |
|-------------------------|-----------------|--|---|
| STATEMENT OF AMENDMENTS | 7A. ITEM NUMBER | 7B. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD | 7C. FACTS AS THEY SHOULD HAVE BEEN STATED ON THE ORIGINAL AT THE TIME OF OCCURRENCE |
|                         | 1               | Unnamed Male Federico                              | Shaun "J" Federico  |
|                         |                 |  |   |

**WHY IS CHANGE NECESSARY?**    9. To correct birth record.

|                            |   |   |  |
|----------------------------|---|---|--|
| FIRST SUPPORTING AFFIDAVIT | I hereby certify, under penalty of perjury, that I have personal knowledge of the above facts and that the information given above is true and correct. |   | Subscribed & sworn to before me this <u>31</u> day of <u>May</u> 19 <u>72</u> .<br>Notary Public <u>[Signature]</u> (SEAL)<br>Residence _____<br>My commission <u>Residing at Logan, Utah</u><br>expires <u>Comm. expires 10-25-73</u> |
|                            | 10. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT  | 11. DATE SIGNED   |  |
|                            | 12. AGE OF PERSON COMPLETING THE AFFIDAVIT  | 13. RELATIONSHIP OF PERSON COMPLETING THE AFFIDAVIT TO THE PERSON WHOSE RECORD IS BEING AMENDED |  |
|                            | 14. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE)  |   |  |

|                             |   |   |  |
|-----------------------------|---|---|--|
| SECOND SUPPORTING AFFIDAVIT | I hereby certify, under penalty of perjury, that I have personal knowledge of the above facts and that the information given above is true and correct. |   | Subscribed & sworn to before me this <u>31</u> day of <u>May</u> 19 <u>72</u> .<br>Notary Public <u>[Signature]</u> (SEAL)<br>Residence _____<br>My commission <u>Residing at Logan, Utah</u><br>expires <u>Comm. expires 10-25-73</u> |
|                             | 15. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT  | 16. DATE SIGNED   |  |
|                             | 17. AGE OF PERSON COMPLETING THE AFFIDAVIT  | 18. RELATIONSHIP OF PERSON COMPLETING THE AFFIDAVIT TO THE PERSON WHOSE RECORD IS BEING AMENDED |  |
|                             | 19. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE)  |   |  |

|                                     |                                   |  |
|-------------------------------------|-----------------------------------|--|
| FOR USE OF STATE OR LOCAL REGISTRAR | 20. DATE ACCEPTED<br>June 5, 1972 | 21. OFFICE OF THE STATE OR LOCAL REGISTRAR<br><u>John E. Bruchet</u><br>DIRECTOR OF VITAL STATISTICS |
|-------------------------------------|-----------------------------------|--|

STATISTICS SECTION, FORM SOH-VS-8 (4-1-70)

DATE ISSUED

JAN 18 2017

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Richard J. Oborn  
Richard J. Oborn, MPA  
State Registrar  
Rev. 1/16



065059808

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE