Recording Requested By Real Advantage Title Insurance Agency

When Recorded Mail to And Mail Tax Statements To 14133219 B: 11434 P: 2651 Total Pages: 5 07/26/2023 01:30 PM By: ctafoya Fees: \$40.00 Rashelle Hobbs, Recorder, Salt Lake County, Utah Return To: REAL ADVANTAGE TITLE INSURANCE AGENCY, LLC 1792 BONANZA DR STE C100PARK CITY, UT 840607526

Escrow Number: 23-15885-SEW

Title Number:

APN: 21-06-154-013

SPACE ABOVE IS RESERVED FOR RECORDER'S USE

Property: 4383 South 4755 West, West Valley City, UT 84120

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF UTAH COUNTY OF SALT LAKE

Escrow No.: 23-15885-SEW

} S.S.

Christine Rennells, of legal age, being first duly sworn, deposes and says:

That JoAnn S. Furgison, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as named as one of the grantees in that certain Deed dated September 13, 2005 and executed by Brent E. Seeley to Stanley R. Furgison and Joann S. Furgison, which Deed was recorded on September 14, 2005 as Instrument Number 9490498 in Book 9188 on Page 2507 of the Official Records of Salt Lake County, State of Utah, covering the following described property situated in the City of West Valley City, Salt Lake County, State of Utah:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

That the deceased JoAnn Sundberg Furgison has passed away leaving Stanley R. Furgison as a surviving joint tenant.

That the evidence of death of the said JoAnn Sundberg Furgison is evidenced by that certain death certificate with State File Number 2010012490 showing date of death as October 31, 2010.

This affidavit is given as an inducement to Real Advantage Title Insurance Agency to issue its policy or policies of title insurance affecting the land described herein.

I declare under penalty of perjury under the laws of the State of Utah that the foregoing is true and correct. Witness my hand and official seal this 20 day of Juu, 2023

Christine Rennells

Affidavit of Death of Joint Tenant

STATE OF UTAH COUNTY OF SALT LAKE

Subscribed and sworn (or affirmed) to before me on this 20 day of Tuly, 2023 by Christine Rennells.

Witness my hand and official seal.

Notary Public

Escrow No.: 23-15885-SEW

SHANAE WELSH NOTARY PUBLIC-STATE OF UTAH COMMISSION# 711215 COMM. EXP. 04-05-2024

Affidavit of Death of Joint Tenant

Page 2 of 3

EXHIBIT "A" PROPERTY DESCRIPTION

Property 1:

Lot 308, COLONY WEST NO. 3, according to the official plat thereof, on file and of record in the Salt Lake County Recorder's office.

Tax Parcel #: 21-06-154-013

Escrow No.: 23-15885-SEW

Affidavit of Death of Joint Tenant

Page 3 of 3

CERTIFICATION OF VITAL RECORD

STATE OF UTAH

CERTIFICATE OF DEATH

State File Number: 2010012490

JoAnn Sundberg Furgison

DECEDENT INFORMATION

Date of Death:

October 31, 2010 West Valley City

City of Death: Age:

Place of Birth:

Salt Lake City, Utah

Armed Services:

No

Spouse's Name:

Stanley R Furgison:

Industry/Business:

Banking

Residence:

West Valley City, Utah

Mother's Name:

Facility or Address:

Pioneer Valley Hospital

Edna Baker.

Usual Occupation: Education: Father's Name:

Time of Death:

Date of Birth:

Marital Status:

Sex:

County of Death:

10:37 Salt Lake April 13, 1942

Female Married Loan Officer

High School or GED Ivan Verdell Sundberg

Facility Type: Hospital Inpatient

INFORMANT INFORMATION

Name:

Stanley R Furgison

Relationship:

Husband

Mailing Address: 4383 South 4755 West, West Valley City, Utah 84120

DISPOSITION INFORMATION

Method of Disposition:

Cremation

Place of Disposition:

Utah Funeral Directors Cremation Center, South Jordan, Utah

Date of Disposition:

November 6, 2010

FUNERAL HOME INFORMATION

Funeral Home:

Sundberg-Olpin Mortuary

Address:

495 South State, Orem, Utah 84058

Funeral Director:

Kelly C Sundberg

MEDICAL CERTIFICATION

Medical Professional:

Hassam Bitar MD, 3336 South Pioneer Parkway #306, West Valley City (Salt Lake), Utah 84120

CAUSE OF DEATH

Multiorgan failure

Due to (or as a consequence of): Sepsis

Due to (or as a consequence of): Bowel ischemia

Tobacco Use: Unknown

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

Date Registered: November 2, 2010 Date Issued: August 28, 2013

> 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.

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:				
MATION AS ORTED ON ECORD							1c. LAST NAME				1
	2. SEX 3, DATE OF EVENT					4. PLACE OF OCCURRENCE (City and County)					1
INFOF REP R	5. NAME OF PARENT 1 (Maiden name if applicable) 6. NAME OF PARENT 2 (M						Maiden name if applicable)	7			1
/	7. ITEM NO. BB. FACTS EXACTLY AS ON ORIGINAL RECORD					8b. CORRE	CTINFORMATION				7
STATEMENT OF AMENDMENTS									•	17.00	┨
								į.		7	7
. 65											4
WHYIS	9.	<u> </u>	-		+ _		, , , , , , , , , , , , , , , , , , ,				4
CHANGE NEEDED?	T	-	······································				- W				1
DOCU- / MENTS	10.									144	1
USED	11 77		- 47-41			, p.	:				
FIRST WITNESS 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. It a SIGNATURE OF WITNESS (Must sign to front of Notary) [116, PRINTED NAME OF WITNESS						Subscribed to and Sworn	_			Į
	HE GRANG OF THE HER STANCE SHIP HORE HOUSE IN THE HOUSE OF MAINE O				NEGO		STATE				۱.
	12, DATE SIGNED		14. DAYTIME TE	LEPHONE	15. RELATIO	ISHIP TO 1s.	NOTARY SIGNATURE				ļ
	. ,	MITNESS			Ī	•	,		. (s
	16. ADDRESS OF WITNESS					,				F	εļ
	,	1		(,)					×	4 . /	١
	Lharaby earlif	r redor popular of	noclum that	have personal knowle		e feet	Subscribed to and Sworn	4- b-f 41.	1-1-5		늬
SECOND WITNESS BE 18 OR OLDER)	hereby certify under penalty of perjury, that I have personal knowledge of the above facts (and that the information given is true and correct. () 178. SIGNATURE OF WITNESS (Must sign in front of Noters) (179. PRINTED NAME OF WITNESS						:				
	:	n istiuceañi.	, storer or storestal	TOUR CONTRACTOR OF THE	,	,	STATE				٠
	18, DATE SIGNED	19. AGE OF	20. DAYTIME TE	LEPHONE	21. RELATION	ISHIP TO 1s.	_NOTARY SIGNATURE _			,,	
	**	WITNESS								;	s
	ZZ, ADDRESS OF WITNESS						1		:	. 1	₽
									1		۸
	S - 901 Rev. 5/										ᅵ
	5-MID RAY 50	2019		/				and the second s			