

WHEN RECORDED RETURN TO:

Marty Hernandez
2396 W Everettwood Dr
Taylorsville, UT 84129

**AFFIDAVIT TERMINATING INTEREST
OF DECEASED JOINT TENANT**

I, Marty Hernandez, being of legal age and being first duly sworn, depose and state as follows: CONNIE HERNANDEZ, the decedent in the attached copy of certificate of death or other document is the same person as CONNIE HERNANDEZ named as an owner of the real property described below in the records of the Salt Lake County Recorder.

This affidavit is given to terminate the decedent's interest in the following described property located in Salt Lake County, State of Utah:

Legal Description: Attached as Exhibit "A"

Parcel Number: 21-21-227-014-0000

Dated: October 9, 2023


Marty Hernandez

STATE OF UTAH

)

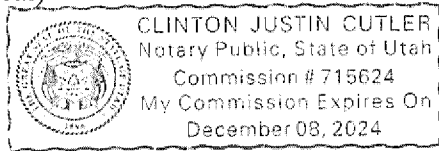
COUNTY OF SALT LAKE

) ss.

)

The foregoing instrument was acknowledged before me on October 9, 2023 by Marty Hernandez.

(Seal)



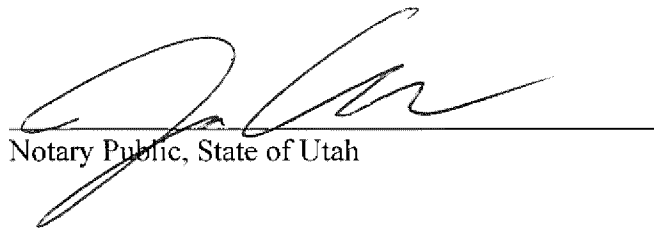

Notary Public, State of Utah

EXHIBIT "A"

LOT 37, SUMMERWOOD NO. 4 SUBDIVISION, according to the official plat thereof on file and of record in the office of the Salt Lake County Recorder.

Parcel Number: 21-21-227-014-0000

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2020014225

Connie Lorena Campbell Hernandez

DECEDENT INFORMATION

Date of Death: September 2, 2020
City of Death: Taylorsville
Age: 82
Place of Birth: Salt Lake City, Utah
Armed Services: No
Spouse's Name: Lewis Hernandez
Industry/Business: Department of Motor Vehicles - State of Utah
Residence: Taylorsville, Utah
Parent or Mother: Lorena Nan Call
Facility or Address: 2396 West Everettwood Drive
Time of Death: 19:30
County of Death: Salt Lake
Date of Birth: August 17, 1938
Sex: Female
Marital Status: Married
Usual Occupation: Clerk
Education: High School or GED
Parent or Father: John Campbell
Facility Type: Home

INFORMANT INFORMATION

Name: Marty Hernandez
Mailing Address: 1335 West Mangnolia Tree Circle, West Jordan, Utah 84129
Relationship: Son

DISPOSITION INFORMATION

Method of Disposition: Burial
Place of Disposition: Redwood Memorial Estates, West Jordan, Utah
Date of Disposition: September 10, 2020

FUNERAL HOME INFORMATION

Funeral Home: Broomhead Funeral Home
Address: 12590 South 2200 West, Riverton, Utah 84065
Funeral Director: Laura B Procnier

MEDICAL CERTIFICATION

Medical Professional: Anna C Beck MD, 6949 South High Tech Drive, Midvale, Utah 84047

CAUSE OF DEATH

Metastatic Lung Cancer [Onset: 3 Months]
Tobacco Use: Probably Contributed
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural


Date Registered: September 8, 2020

Date Issued: September 8, 2020

14162652 B: 11450 P: 3062

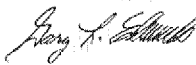
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This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics.
Security features of this official document include: High Resolution Border, V & R images in top cycloids, and microtext.
This document displays the date, seal, and signature of the Utah State Registrar of Vital Records and Statistics.


Linda S. Winger LCSW
State Registrar
Rev. 4/19



066375647


Gary L. Edwards
Director/Health Officer
County/District 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 and proof of ID.

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)		
	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. _____					
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