

14320744 B: 11536 P: 5437 Total Pages: 3
12/03/2024 04:44 PM By: vanguyen Fees: \$40.00
Rashelle Hobbs, Recorder, Salt Lake County, Utah
Return To: COTTONWOOD TITLE INSURANCE AGENCY, INC.
1996 EAST 6400 SOUTH SUITE 120 SALT LAKE CITY, UT 84121

When Recorded mail to:

COTTONWOOD TITLE
1216 Legacy Crossing Blvd, Ste 100
Centerville, UT 84014
File No.: 183507-DWP

**AFFIDAVIT
DEATH OF A JOINT TENANT**

I, Thomas O. Stubben, being of legal age and being first duly sworn, depose and state as follows:

Sandra Kay Stubben, the decedent in the attached certificate of death or other document witnessing death is the same person as Sandra O. Stubben, named as a party in the document dated ~~SEPTEMBER 14, 2020~~ DEC. 14, 2000 recorded ~~SEPTEMBER 18, 2020~~ as Entry ~~13399034~~ 7783315, records of the Salt Lake County Recorder, Utah.

This Affidavit is given to provide notice of the termination of the decedent's interest as a joint tenant in the following described property located in Salt Lake County, State of Utah:

Lot 806, SOUTH MOUNTAIN SUBDIVISION PHASE 3B, according to the official plat thereof as recorded in the office of the Salt Lake County Recorder.

TAX ID NO.: 34-07-278-013

Dated December 3, 2024

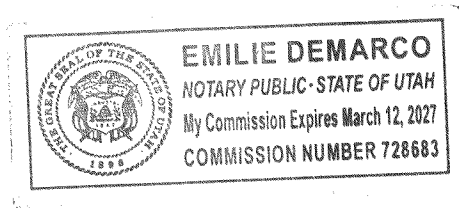
Thomas O. Stubben
Thomas O. Stubben

STATE OF UTAH

COUNTY OF SALT LAKE

Subscribed to and sworn before me this 3 day of December, 2024 by Thomas O. Stubben.

Notary Public



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2023018097

Sandra Kay Stubben

DECEDENT INFORMATION

Date of Death:	October 30, 2023	Time of Death:	23:11
City of Death:	Provo	County of Death:	Utah
Age:	79	Date of Birth:	January 9, 1944
Place of Birth:	Shilo Valley Township, Illinois	Sex:	Female
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Thomas Owen Stubben	Usual Occupation:	Teacher
Industry/Business:	Elementary	Education:	Bachelor's Degree
Residence:	Draper, Utah	Father's Name:	John E Ord
Mother's Name:	Faun Mellor	Facility Type:	Nursing Home/Assisted Living
Facility or Address:	Courtyard at Jamestown Assisted Living		

INFORMANT INFORMATION

Name:	Thomas Owen Stubben	Relationship:	Spouse
Mailing Address:	511 Laney's Way, Draper, Utah 84020		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Vine Bluff Cemetery, Nephi, Utah
Date of Disposition:	November 4, 2023

FUNERAL HOME INFORMATION

Funeral Home:	Nelson Family Mortuary
Address:	4780 North University Avenue, Provo, Utah 84604
Funeral Director:	Lance Nelson

MEDICAL CERTIFICATION

Certifying Physician:	Jennifer N Griswold APRN, 90 S 500 E, Bountiful, 594296 84010
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CAUSE OF DEATH

Alzheimers

Tobacco Use: Non-user

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

Date Registered: November 2, 2023

Date Issued: November 2, 2023

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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: 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
Linda S. Winger, MSW, LCSW
State Registrar
Rev. 12/20



Eric S. Edwards
Eric S. Edwards, MPA, MCHES
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)		
	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		
	12. DATE SIGNED		13. AGE OF WITNESS	14. DAYTIME TELEPHONE	15. RELATIONSHIP TO 1a.	
16. ADDRESS OF WITNESS	NOTARY SIGNATURE _____					
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		
	18. DATE SIGNED	19. AGE OF WITNESS	20. DAYTIME TELEPHONE	21. RELATIONSHIP TO 1a.		
	22. ADDRESS OF WITNESS	NOTARY SIGNATURE _____				

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