27		DOC # 2	0230020204 Certo Cate Page 1	of 3 N
	WHEN RECORDED MAIL TO	GATY Christenseh Wash 07/07/2023 01:05:57 P By JORGENSON CATHERIN	yngsom Ldunty Recorder M. Fee \$ 40.00 M. Fee \$ 40.00	
	Catherine Jorgenson 2228 Frostproof Street Las Vegas, NV 89128			
	Tax ID NO: SG-BCC-3-1-990		<u>. 1</u>	n _o
	Affidavit of Su	rviving Joint Tenar	nt of	
	State of Nevada) ss			
NUON	County of Clark I, Catherine Anne Jorgenson, being	of local ago and ha	ing first duly sworn, denos	۵
	and state as follows:	of legal age and be	ing first duty sworn, depos	4
	Stenn A. Jorgenson, the decedent in person as Glenn A. Jorgenson named as a			
ø, C	as Document No: 20180003797 in the reco	ords of the Washing	gton County Recorder.	
	This affidavit is given to terminate of following described property located in W			
	All of Lot 990, Bloomington Count official Plat thereof on file in the of	-	(1)	
	Dated this 5th day of July, 202		, - 	
	Dated this	asson		
	Cathe	erine/Anne Joygens	OII	
	Subscribed to and sworn before me			
	Subscribed to and sworn before me this 5th day of July, 2023 Notary Public Clark County, Nevada		RENEE S. ALBERT Notary Public, State of Meyade No. 04-92817-1 My Appt. Exp. Jan. 28, 2026	
	. / /			
	My appointment expires: 1/26/202			0001
				(Os.
			Muz.	

20230020204 07/07/2023 01:05:57 PM Page 2 of 3 Washington County



Glenn A Jorgenson

DECEDENT INFORMATION

Date of Death June 15, 2023
City of Death St George
Age: 93

Place of Birth: Manti, Utah Ammed Services; Yes

Spouse's Name:

Industry/Business: Education
Residence: St George, Utah
Mother's Name: Zina Eliza Peterson
Facility or Address: Spring Gardens

Time of Death:

County of Death:
Date of Birth:
Sex:

Marital Status:
Usual Occupation:
Education:
Father's Name:
Facility Type:

07,50

Washington July 15, 1929 Male

Widowed
Psychologist
Master's Degree
Nelson Emest Io

Nelson Ernest Jorgenson Nursing Home/Assisted Living

INFORMANT INFORMATION

Name: Karin Jorgenson Brady Relationship: Daughter Mailing Address 1249 West 2320 South, St. George, Utah 84770

DISPOSITION INFORMATION

Method of Disposition: Burial

Place of Disposition: Manti City Cemetery, Manti, Utah

Date of Disposition: June 22, 2023

FUNERAL HOME INFORMATION

Funeral Home: McMillan Mortuary

Address: 499 East Tabernacle Street, St George, Utah 84770

Funeral Director: Robert K McMillan

MEDICAL CERTIFICATION

Certifying Physician: Colby Beal, DO, Renew Hospice, 1240 East 100 South Suite B16 St George, Utah 84770

CAUSE OF DEATH

Cerebrovascular accident.

Due to (or as a consequence of): Coronary attery disease [Onset: 10 Years]

Tobacco Use: Unknown if User

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

Date Registered: June 16, 2023 Date Issued: June 16, 2023

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. Wininger, MSW, LOSW

State Registrar

* 0 6 7 5 2 8 9 2 0 *

David W. Blodgett, MD, MPH

NAME AT THE ATION OF PRASIDE VOICE THIS CERTIFICATE?

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. Acourt 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://witalRecords.utah.gov 801-538-6105 vrequest@utah.gov

Affidavit (instructions: Please print or type. Items : Enter the facts as reported on the current vital record. Item 7: Enter the items in the changed, if applicable. Items a: 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 that 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 appropriate the spouse must sign as a witness. If no immediate family appropriate the spouse must sign as a witness.

spouse, the spouse must sign as a witness. If no immediate family a person who is knowledgeable of the facts may sign.								
	<i>P</i> ⊕ y BIRTH	[]DEATH PST	STATE ELE NUMB	er:				
9 -	1a. FIRST NAME	1b. MIDDLE NAME		1c. LAST NAME				
No o		·		(P)	* (D)			
FORMATION AS EPORTED ON RECORD	3. DATE OF	FEVENT	4. PLACE OF OCCURRE	NEE (City and County)				
\$ 200 m	5. NAME OF PARENT 1 (Maide	n name if (annimation)	S NAME OF PARENT 2	(Maiden name if applicable)				
₹	O. TO THE OF THE EAST OF THE MANAGE	(Applicable)	U. NAME OF PARENT 2	(Maidelt Hattle II applicable)	1100			
) ,	7. ITEM NO. 8a. FACTS EXACT	LY AS ON ORIGINAL RECORD	8b. CORRE	ECT INFORMATION				
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STATEMENT OF AMENDMENTS				lb.				
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MENTS	\		1/3/11		-1-1/1/12			
USED	I hereby certify under penalty o	of perjury, that I have personal know	adre of the above facts	Subscribed to and Sworn	to before me this day of 20 .			
	and that the information given	is true and correct.						
SE SE	118. SIGNATURE OF WITNESS (Must sign	n in front of Notary) 11b. PRINTED NAME OF WIT	NESS √	STATE	_ COUNTY			
MATA I			3	NOTARY SIGNATURE_				
OATH OF FIRST WITNESS	12. DATE SIGNED 13. AGE OF WITNESS	14. DAYTIME TELEPHONE	15. RELATIONSHIP TO 1a.					
F. H.					s s			
ST S	16 ADDRESS OF WITNESS	0,00	\		• (1) E			
			1 ACTO		A CONTRACTOR A			
1 3600		Electronic Contraction of the Co	it in		L			
KU -	I hereby certify under penalty of	of perjury, that I have personal knowle	edge of the above facts	Subscribed to and Sworn	to before the this day of 20 .			
SS S	and that the information given	is true and correct.						
I HE	Tra, SIGNATURE OF WITHESS (MUSI Sign	IT IN TROPIC OF NOTARY) THE PRINTED NAME OF WIT	NESS	STATE	_ COUNTY			
≥ M			_	NOTARY SIGNATURE _				
OATH OF SECOND WITNESS (MUST BE 18 OR OLDER)	18. DATE SIGNED 19. AGE OF WITNESS	20. DAYTIME TELËPHONE	21. RELATIONSHIP TO 1a.		(h_			
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