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DOC # 20240005401

Affidavit & Death Certificate Page 1 of 3
Gary Christensen Washington County Recorder
02/23/2024 12:23:03 PM Fee \$ 40.00
By RAWDIN RICH

AFTER RECORDING RETURN TO:
Rich Rawdin
2175 Rosso Street
Washington, UT 84780



**AFFIDAVIT
DEATH OF JOINT TENANT**

I, **Rich Rawdin** being first duly sworn on oath depose and say:

That I am a citizen of the United States of America, over the age of 21 years and a resident of Washington County, State of Utah.

That I was well and personally acquainted with **Terri Rawdin** one of the grantees in that certain Deed recorded December 27, 2018 as Entry No. **20180050887**, of official records.

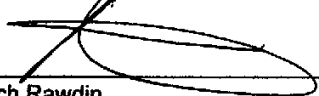
That I know of my own knowledge that **Terri Rawdin** in the said deed and _____ mentioned in the attached copy of Certificate of Death was one and the same person.

This affidavit is executed in connection with the termination of the joint tenancy of **Rich Rawdin** and **Terri Rawdin**, with respect to the following described property, situated in **Washington County, State of Utah**:

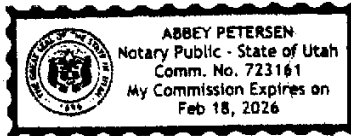
Lot 413, VILLAS AT GREEN SPRINGS PHASE 1, according to the official plat thereof, records of Washington County, Utah.

Tax ID No: **W-VIGS-1-413**

Dated this 23 day of February, 2024.

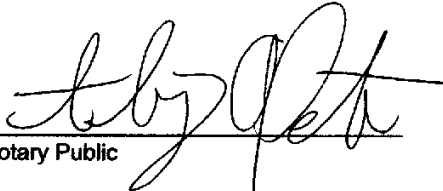

By: Rich Rawdin

State of Utah }
 } ss
County of Washington }



On this 23 day of February, 2024, personally appeared before me, **Rich Rawdin**, the signer of the above instrument, who duly acknowledged before me that he/she/they executed the same.

Witness my hand and official seal


Notary Public

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2023019240

Terri Lee Rawdin

DECEDENT INFORMATION

Date of Death:	November 18, 2023	Time of Death:	05:05
City of Death:	Washington	County of Death:	Washington
Age:	59	Date of Birth:	May 23, 1964
Place of Birth:	Salt Lake City, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Richard Scott Rawdin	Usual Occupation:	Accountant
Industry/Business:	Accounting	Education:	High School or GED
Residence:	Washington, Utah	Father's Name:	Mark Steele
Mother's Name:	Jonna Dunn	Facility Type:	Home
Facility or Address:	2175 North Rosso Street		

INFORMANT INFORMATION

Name:	Richard Scott Rawdin	Relationship:	Husband
Mailing Address:	2175 North Rosso Street, Washington, Utah 84780		

DISPOSITION INFORMATION

Method of Disposition: Cremation
 Place of Disposition: Cremation Center of Southern Utah, St George, Utah
 Date of Disposition: November 21, 2023

FUNERAL HOME INFORMATION

Funeral Home: Cremation Center of Southern Utah
 Address: 1316 South 400 East #A5, St George, Utah 84790
 Funeral Director: Larry L Hansen

MEDICAL CERTIFICATION

Certifying Physician: Cort B Leavitt MD, Intermountain Medical Center, 1380 East Medical Center Drive, St George, Utah 84790

CAUSE OF DEATH

Metastatic breast cancer
 Due to (or as a consequence of): Brain metastasis
 Due to (or as a consequence of): Bone metastasis
 Other significant conditions: Hypertension
 Tobacco Use: Non-user
 Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: November 21, 2023

Date Issued: November 21, 2023

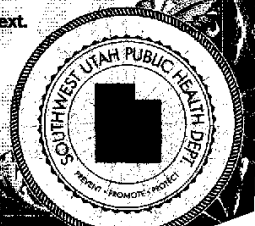
This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics.
 Security features of this official document include: Intaglio Border, V & R images in top cycloids, and intaglio microtext.
 This document displays the date, seal and signature of the Utah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



Linda S. Winger
 Linda S. Winger, MSW, LCSW
 State Registrar
 Feb 1920



David W. Blodgett MD, MPH
 David W. Blodgett, MD, MPH
 Director/Health Officer



**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					
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					