

**AFFIDAVIT AS TO DEATH OF RELATIVE AND
TERMINATION OF JOINT TENANCY**

COMES NOW **DIANE BROWN**, and upon his oath deposes and states as follows:

1. That I am a resident of Lehi, Utah County, State of Utah, and I am the wife of BRAD BROWN, who died on June 12, 2021.
2. That we owned together as joint tenants with full rights of survivorship property located in Utah County, State of Utah, and as described particularly as follows:

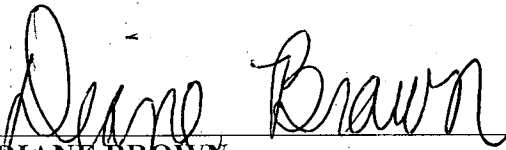
ALL OF UNIT 120, THE COVE AT JORDAN RIVER, A PLANNED DEVELOPMENT PHASE 3, AMENDED, ACCORDING TO THE OFFICIAL PLAT THEREOF, ON FILE AND OF RECORD IN THE OFFICE OF THE UTAH COUNTY RECORDER, STATE OF UTAH.



Tax I.D. #: 65-324-0120

3. The instrument which created the interest to be terminated is Entry Number: 114679:2005.
4. That upon the death of my husband, I became the sole owner of the property described and I am entitled to transfer the same on my sole signature as sole survivor and sole owner of this property. That my husband died in Utah County, State of Utah.
5. That a copy of my husband's death certificate is attached to this affidavit and incorporated by reference herein.

DATED this 21 day of April, 2022.

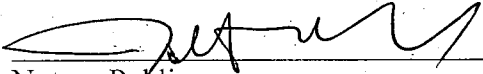


DIANE BROWN

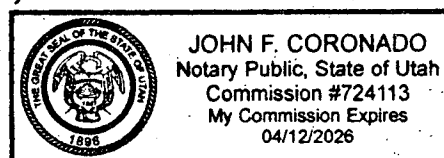
STATE OF UTAH)
 :ss.
COUNTY OF UTAH)

ENT 61311:2022 PG 1 of 5
ANDREA ALLEN
UTAH COUNTY RECORDER
2022 May 19 1:24 pm FEE 40.00 BY AR
RECORDED FOR BLATTER & ASSOCIATES

On the 21 day of April, 2022, personally appeared before me, a Notary Public in and for the State of Utah, **DIANE BROWN**, the signer of the above-instrument, who acknowledged to me that he executed the same.



Notary Public



CERTIFICATE OF DEATH

State File Number 2021009763

ENT 61311:2022 PG 2 of 5

Bradford Bastian Brown

DECEDENT INFORMATION

Date of Death	June 12, 2021	Time of Death	13 20
City of Death	Lehi	County of Death	Utah
Age	73	Date of Birth	March 5 1948
Place of Birth	Salt Lake City, Utah	Sex	Male
Armed Services	No	Marital Status	Married
Spouse's Name	Diane Elizabeth Blackmer	Usual Occupation	Salesman
Industry/Business	Insurance	Education	Bachelor's Degree
Residence	Lehi Utah	Father's Name	Ralph Hollis Brown
Mother's Name	Azalea Rae Bastian	Facility Type	Home
Facility or Address	987 North 1850 West		

INFORMANT INFORMATION

Name	Diane Elizabeth Brown	Relationship	Wife
Mailing Address	987 North 1850 West, Lehi, Utah 84043		

DISPOSITION INFORMATION

Method of Disposition	Burial
Place of Disposition	Wasatch-Lawn Memorial Park, Millcreek, Utah
Date of Disposition	June 20, 2021

FUNERAL HOME INFORMATION

Funeral Home	Wasatch Lawn Mortuary
Address	3401 South Highland Drive, Millcreek, Utah 84106
Funeral Director	Gregory C Ballard

MEDICAL CERTIFICATION

Certifying Physician Erik D Christensen MD, Office of the Medical Examiner, 4451 South 2700 West, Taylorsville, Utah 84129

CAUSE OF DEATH

Hypertensive cardiovascular disease
 Other significant conditions Prostate cancer
 Tobacco Use Non-user
 Medical Examiner Contacted Yes Autopsy Performed No Manner of Death Natural

Date Registered June 17, 2021

Date Issued June 21, 2021

AMENDMENT HISTORY

- 06/17/2021 Certifying Physician from (blank) to Christensen, Erik D
- 06/17/2021 Immediate Cause of Death from Natural Death Due To Cardiac Arrest/ventricular Arrythmia to Hypertensive cardiovascular disease
- 06/17/2021 Immediate Interval Unit from Minutes to (blank)
- 06/17/2021 Additional Cause of Death 1 from Hypertension to (blank)
- 06/17/2021 Additional Interval Unit 1 from Years to (blank)
- 06/17/2021 Underlying Cause of Death from Prostate Cancer to (blank)

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



* 0 6 6 7 2 0 1 4 5 *

Gary L. Edwards

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, 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		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

ENT 61311:2022 PG 3 of 5

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

Bradford Bastian Brown

File Number 2021009763

Date Issued June 21, 2021

ENT 61311:2022 PG 4 of 5

AMENDMENT HISTORY (Continued)

06/17/2021 Underlying Interval Unit from Years to (blank)

06/17/2021 Conditions Contributing to Death from Covid December 2020 to Prostate cancer

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



* 0 6 6 7 2 0 1 4 6 *

Gary L. Edwards

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, 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		STATE _____ COUNTY _____	
	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		STATE _____ COUNTY _____	
	18. DATE SIGNED	19. AGE OF WITNESS	20. DAYTIME TELEPHONE	21. RELATIONSHIP TO 1a.		
	22. ADDRESS OF WITNESS					

ENT 61311:2022 PG 5 of 5