

Recorded at Request of Alan R. Nelson



at M. Fee Paid \$

by Dep. Book Page Ref.:

Alan R. Nelson
Mail tax notice to Wendy Sorensen Address 2990 E. Riverside Dr. Lot#66
St. George, UT 84790

QUIT-CLAIM DEED

Alan R. Nelson grantor
of St. George, County of Washington, State of Utah, hereby
QUIT-CLAIM to

Alan R. Nelson and Wendy P. Sorensen as Joint Tenants

of St George grantee
Ten Dollars and other good and valuable consideration DOLLARS,
for the sum of

the following described tract of land in Washington County,
State of Utah:

All of Lot 66, Rio Virgin Phase 5 according to the official
plate thereof, recorded in the office of the Recorder of
Washington County, State of Utah
SG-RIOV-5-66

WITNESS the hand of said grantor, this 10th day of
March 2017, A. D.

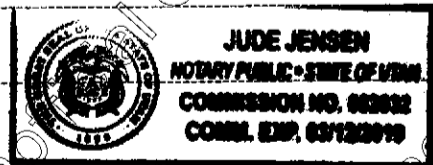
Signed in the presence of

Jude Jensen
Jude Jensen

Alan R. Nelson

STATE OF UTAH,
County of Washington } ss.

On the 10



day of March, 2017 A. D.
personally appeared before me

the signer of the foregoing instrument, who duly acknowledge to me that he executed the
same:

My commission expires

03/12/19

Address:

St George UT

Notary Public.

CERTIFICATE OF DEATH

State File Number 2023017046

Alan R Nelson

DECEDENT INFORMATION

Date of Death:	October 13, 2023	Time of Death:	14:47
City of Death:	St George	County of Death:	Washington
Age:	91	Date of Birth:	January 24, 1932
Place of Birth:	Freedom, Wyoming	Sex:	Male
Armed Services:	Yes	Marital Status:	Divorced
Spouse's Name:		Usual Occupation:	Real Estate Investor
Industry/Business:	Real Estate	Education:	Some College but No Degree
Residence:	St George, Utah	Father's Name:	Reed Hymas Nelson
Mother's Name:	Annie Valois Robinson	Facility Type:	Home
Facility or Address:	2990 E Riverside Dr Unit 66		

INFORMANT INFORMATION

Name:	Wendy Pratt Sorensen	Relationship:	Significant other
Mailing Address:	2990 E Riverside Dr Unit 66, St George, Utah 84790		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Washington City Cemetery, Washington, Utah
Date of Disposition:	October 19, 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:	Shawn G Mecham DO, Intermountain Medical Center, 1380 East Medical Center Drive, St George, Utah 84790
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CAUSE OF DEATH

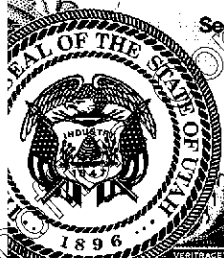
Neurodegenerative decline
 Due to (or as a consequence of): End stage dementia, chronic systolic congestive heart failure, severe malnutrition
 Other significant conditions: Peripheral artery disease, coronary artery disease, COPD, paroxysmal atrial fibrillation
 Tobacco Use: Unknown
 Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: October 16, 2023
 Date Issued: October 17, 2023

AMENDMENT HISTORY

- 10/16/2023 Father Middle Name from Lloyd to Hymas
- 10/16/2023 Mother Maiden Name from Robertson to Robinson
- 10/16/2023 Mother First Name from Valois to Valois
- 10/16/2023 Mother Middle Name from (blank) to A
- 10/17/2023 Mother First Name from Valois to Annie
- 10/17/2023 Mother Middle Name from A to Valois

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. Wninger
 Linda S. Wninger, MSW, LCSW
 State Registrar
 Exp. 12/20



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		STATE _____ COUNTY _____	
	12. DATE SIGNED	13. AGE OF WITNESS	14. DAYTIME TELEPHONE	15. RELATIONSHIP TO 1a.		
	16. ADDRESS OF WITNESS					NOTARY SIGNATURE _____
	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.		
	22. ADDRESS OF WITNESS					NOTARY SIGNATURE _____
	S E A L					