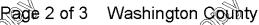
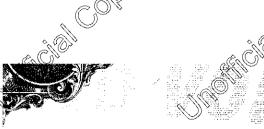
A.	^	4	DOC # 1	204.70011:	152 .
	Book Book of		Quit Claim Deed Russell Shirts Wash 03/17/2017 11:33:03	20170011 Page 1 of 1 instance County Recorder AM Fee \$ 12.00	199
	Recorded at Request of M. Fee Paid \$	lan R. Welson	By NELSON ALAN		
E	by	Dep. Book		Ref.:	
	Mail tax notice to Wendy	Nelson Sorensen		Riverside Dr.	Lot#66
			IM DEI		
	Y	OII-CLA		رين ه	L
<	Alan R. Nelson of St. George	County of Wa	shington	, State of Utal	grantor n, hereby
	QUIT-CLAIM to Alan R. Nelson an	Mendy P. Sor	ensen as Join	t Tenants	
		- -			grantee
	of St George Ten Dollars and	d other good an	d valuable co		ne sum of LLARS,
	the following described trac State of Etah:	t of land in Was	hington		County,
	of Lot 66, R: plate thereof, reco				
	Washington County, S	State of Utah			
	SG-RIOV-5-66				
					*
					•
	Wronyyou the hand of said				day of
. En			(C)		
					2000 - 100 -
	WITNESS the hand of said	grantor , this 10th			day of
	March 2017 ,	A. D.			
	Signed in the pre	esence of	Chy P	ason	
	Jude Jens	5N Q {		JUDE JENSEN	
	20 Mil Eus			HOTARY PUBLIC - STATE OF VINA. COMMISSION NO. 062632	
	STATE OF UTAH, County of Washington	$\left\{ \mathbf{ss.} ight\}$		COMM. ENP. (0/13/0019	
	On the	,	day of Man personally appeare	ch 2019	A. D.
		A			al .
	the signer of the foregoing same. My commission expires	instrument who du	ly acknowledge to	me that he exe	ecuted the
<		~		少 Notary Pı	ablic.
	My commission expires	3012 19 Form #103, Quit Claim Deed - G	Address: (801) 277-3	seovee ut	
		•))

Wendy P. Sorensen 2990 E Riverside Drive #66 🐒 George, Utah 84790 This area reserved for County Recorder STATE OF U SS Courte of Washington) COMES NOW, Wendy P. Sorense COPON FIRST BEING DULY SWORK OPON HER/HIS OATH DEPOSES AND SAYS: That Wendy P. Soremsen is a citizen(s) of the United States over the age of 21 years and a resident of St. 1. George, Count Washington, State of Utah. That she is the surviving significant other of Alan R. Nelson, who passed away on the 13th day of October, 2. 2023% and whose death is evidenced by the attached Certified copy of Certificate of Death. That Alan R. Nelson, whose death is evidenced the above described Certificate of Death, is one and the same person as that certain Alen R. Nelson, one of the Joint Tenant Grantees of the following described parcel of real property which is also described on Warranty Deed recorded Quit-Claim Deed, recorded March 17, 2017 as Doc No. 20170011153, Official Washington County Records: Lot Sixty-Six (66), RIQWRGIN R.V. PARK PHASE 5, according to the Official Plat thereof, on file in the Office of the Recorder of Washington County, State of Utah, Tax I.D. No.SG-RIOV-5-66 That under and by virtue of the Joint Tenancy Laws of the State of Utah, Wendy P. Sorensen is the surviving 4. Joint Tenant of the above-described property, and as such, is the sole owner of said property. DATED this day of November, 2023. Wendy P. Sovensen STATE OF ILLAH COUNTY OF Sal Lake day of November, 2023, personally appeared before me, Wendy P. Sorensen, the signer of the within instrument who duly acknowledged to me that he she executed the same. **JOHN TUIA** NOTARY PUBLIC NOTARY PUBLIC • STATE OF UTAH COMMISSION NO. 721013 My Commission Expires COMM. EXP. 10/15/2025





CERTIFICATE OF DEATH

State File Number: 2023017046

Alan R Neison

DECEDENT INFORMATION

Date of Death October 13, 2023 City of Death St George

91 Age:

Place of Birth: Freedom, Wyoming

Armed Services:

Spouse's Name:

Mailing Address

Industry/Business: Real Estate Residence: St George, Utah Mother's Name: Annie VaLois Robinson

Facility or Address: 2990 E Riverside Dr Unit 66

Time of Death: County of Death:

Washington Date of Birth: January 24, 1932 Male

Marital Status Divorced. Real Estate Investor Usual Occupation:

Some College but No Degree Education: Reed Hymas Nelson Father's Name:

Facility Type: Home

INFORMANT INFORMATION

Name: Wendy Pratt Sorensen

Relationship: 2990 E Riverside Dr Unit 66, St George, Utah 84790 Significant other

DISPOSITION INFORMATION

Method of Disposition:

Place of Disposition: Washington City Cemetery, Washington, Utah

Date of Disposition: October 19, 2023

PUNERAL 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

CAUSE OF DEATH

Neurodegenerative decline

Due to (or as a consequence of): End stage dementia, chronic systolic congestive heart failure, severe mainutrition 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 Valoie to Valois

10/16/2023 Mother Middle Name from (blank) to A

10/17/2023 Mother First Name from Valcois 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 intraglio 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, LCSW State Registrar



NY ALTERATION OR ERASURE VOIDS THIS CERTIFICATI

Đảvid W. Blodgett, MD, MPH

Director/Health Officer

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 attidavit may be mailed with the correct fees proof of ID and application for a new pertiticate.

> Mailing Address: Office of Vital Records and Statistics PO Box 141012 Salt Lake Oity, 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 16: Enter the facts as reported on the oursent vital record. Item 7: Enter the item number from items to 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.

	ate family, a person who is knowledgeable of the facts may sign.	~(O) s
BIRTH []DEATH	STILLBIRTH STATE PILE NUMBER:	
o 12 RRST NAME 1b. MIDDLI	LE NAME	
2. SEX 3. DATE OF EVENT	4. PLACE OF OCCUPRENCE (City and County)	
5. NAME OF PARENT 1 (Maiden name Kapplicable)	6. NAME OF ABENT 2 (Maiden name if applicable)	
7. ITEM NO. 8a. FACTS EXACTLY AS ON ORIGINAL REC	CORD 8b. CORRECT INFORMATION	
½g / -		
STATEMENT OF AMENDMENTS		Rs.
N D D D D D D D D D D D D D D D D D D D		
ATS (
WHYEIS (B)	a Call	J. (O)2
NEEDED?		
DOCU- 10. —		
WENTS USED		,
I hereby certify under penalty of perjury, that I have pers and that the information given is true and correct.	rsonal knowledge of the above facts Subscribed to and Swom to before me this	day of 20
S 2 11a. SIGNATURE OF WITNESS (Must sign in front of Notary) 11b. PRINTED	STATE COUNTY	
ATIM SOUTH	NOTARY STONATURE	
11a. SIGNATURE OF WITNESS (Must sign in front of Notary) 11b. PRINTED 11a. SIGNATURE OF WITNESS (Must sign in front of Notary) 11b. PRINTED 11b. PRINTED 11c. DATE SIGNED 13. AGE OF WITNESS 12c. DATE SIGNED 13. AGE OF WITNESS 14c. DAYTIME TELEPHONE 14c. DAYTIME TELEPHONE	15. RELATIONSHIP TO 1a.	
O NO ADDRESS OF WITNESS		' s
TES OF THE SECOND SECON	ar an	
) A
	sonal knowledge of the above facts Subscribed to and Sworn to before this	_
I hereby certify under penalty of penalty, that I have person	Solidi knowledge of the shove vacts 1200schbed to shd 200m to before we this	day of 20 .
I hereby certify under penalty of pergry, that I have personal that the information given is true and correct.		day of 20
		day of 20
	STATE COUNTY	day of 20
	STATE COUNTY	day of 20
	STATE COUNTY	day of 20
	STATE COUNTY	day of 20
and that the information given is true and correct. 17a. SIGNATURE OF WITNESS (Must sign in front of Notary) 17b. PRINTED 17b. PRINTED 18. DATE SIGNED 19. AGE OF 20. DAYTIME TELEPHONE WITNESS	STATE COUNTY	day of 20