

Mail Notice to:
Robert E. Payne
7116 S. Turnagain Cove
Cottonwood Heights, UT 84121

13179107
01/27/2020 03:55 PM \$40.00
Book - 10889 Pg - 1872-1874
RASHELLE HOBBS
RECORDER, SALT LAKE COUNTY, UTAH
ROBERT E PAYNE
7116 S TURNAGAIN COVE
COTTONWOOD HEIGHTS UTAH 84121
BY: TSA, DEPUTY - WI 3 P.

AFFIDAVIT OF SURVIVORSHIP IN REAL PROPERTY

STATE OF UTAH)
)
) ss.
COUNTY OF SALT LAKE)

I, ROBERT E. PAYNE, being of legal age and being first duly sworn, depose and state as follows:

CHARLENE PAYNE, the decedent in the attached certificate of death, is the same person as CHARLENE PAYNE named as a party in the Deed dated September 1, 1982 pertaining to real property situated at 7116 S. Turnagain Cove, Cottonwood Heights, Utah, 84121, as Entry Number 3707679 in Book 5406, Page 1177, in the records of the Salt Lake County Recorder, official records, state of Utah.

This affidavit is given to terminate the decedent's interest in the following described properties located in Salt Lake County, State of Utah, to-wit:

All of Lot 20, Nutree West Subdivision
according to the official plat thereof as appearing
of record in the office of the Salt Lake County Recorder.

DATED this 24 day of January, 2020.

STATE OF UTAH)
 : ss.
COUNTY OF SALT LAKE)

NOTARY PUBLIC
VICTORIA HANDLEY
695483
COMMISSION EXPIRES
JUNE 28, 2021
STATE OF UTAH

BK 10889 PG 1873

THE CITY OF NEW YORK

VITAL RECORDS CERTIFICATE

BK 10889 PG 1874

DEATH TRANSCRIPT

DATE FILED THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Certificate No. 156-16-052087

NEW YORK CITY
DEPARTMENT OF HEALTH
AND MENTAL HYGIENE
DECEMBER 20, 2016 05:50 PM

1. DECEDENT'S
LEGAL NAME **CHARLENE PAYNE**
(First, Middle, Last)

MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)	2a. New York City	2c. Type of Place <input type="checkbox"/> Hospital Inpatient <input type="checkbox"/> Emergency Dept./Outpatient <input checked="" type="checkbox"/> Dead on Arrival	4 <input type="checkbox"/> Nursing Home/Long Term Care Facility 5 <input type="checkbox"/> Hospice Facility 6 <input type="checkbox"/> Decedent's Residence 7 <input type="checkbox"/> Other Specify _____	2d. Any Hospice care in last 30 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	2e. Name of hospital or other facility (if not facility, street address) Woodhull Medical and Mental Health Center
	Place Of Death Brooklyn				
PERSONAL PARTICULARS (To be filled in by Funeral Director or, in case of City Burial, by Physician)	Date and Time of Death 3a. (Month) (Day) (Year-yyyy) December 17 2016		3b. Time 11:20 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		4. Sex Female
					5. Date last attended by a Physician mm dd yyyy 12 17 2016
6. Certifier: I certify that death occurred at the time, date and place indicated and that to the best of my knowledge traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. See instructions on reverse of certificate.					
Name of Physician Hideki Kishikawa MD (Type or Print)			Signature <i>Hideki Kishikawa</i> M.D.		
Address 760 Broadway, Brooklyn, New York 11206			License No. 003946 Signature Electronically Authenticated Date DEC-18-2016		
7a. Usual Residence State Utah		7b. County Salt Lake	7c. City or Town Cottonwood Heights	7d. Street and Number 7116 Turnagain Cove	Apt. No. 84121 ZIP Code 84121
8. Date of Birth (Month) (Day) (Year-yyyy) February 23 1947		9. Age at last birthday (years) 69		10. Social Security No. 050-38-0745	
11a. Usual Occupation (Type of work done during most of working life. Do not use "retired") Management		11b. Kind of business or industry Insurance		12. Aliases or AKAs Charlene Elizabeth Payne	
13. Birthplace (City & State or Foreign Country) Bronx, New York		14. Education (Check the box that best describes the highest degree or level of school completed at the time of death) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 8th grade or less; none <input type="checkbox"/> 9th - 12th grade; no diploma <input type="checkbox"/> High school graduate or GED </div> <div> <input checked="" type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) </div> <div> <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) </div> </div>			
15. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. Marital/Partnership Status at time of death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Divorced <input type="checkbox"/> Married, but separated <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other, Specify _____		17. Surviving Spouse's/Partner's Name (If wife, name prior to first marriage) (First, Middle, Last) Robert E. Payne	
18. Father's Name (First, Middle, Last) Esteve Morales		19. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last) Marjorie Gluck			
20a. Informant's Name Robert E. Payne		20b. Relationship to Decedent Spouse		20c. Address (Street and Number) Apt. No. City & State ZIP Code 7116 Turnagain Cove, Cottonwood Heights, Utah 84121	
21a. Method of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> City Cemetery <input type="checkbox"/> Other Specify _____		21b. Place of Disposition (Name of cemetery, crematory, other place) Utah Funeral Directors Cremation Center			
21c. Location of Disposition (City & State or Foreign Country) South Jordan, Utah				21d. Date of Disposition mm dd yyyy 12 26 2016	
22a. Funeral Establishment Paccione Funeral Services		22b. Address (Street and Number) City & State ZIP Code 530 Narrows Road S, Staten Island, New York 10304			

VR 15 (Rev. 01/09)

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

Do not accept this transcript unless it bears the security features listed on the back. Reproduction or alteration of this transcript is prohibited by §3.19(b) of the New York City Health Code if the purpose is the evasion or violation of any provision of the Health Code or any other law.

Steven P. Schwartz
Steven P. Schwartz, Ph.D., City Registrar



December 21, 2016 Order No. 20161218601