

WHEN RECORDED, MAIL TO:

YORK HOWELL & GUYMON, Attorneys at Law
David R. York, Esq., CPA
10610 South Jordan Gateway, Suite 200
South Jordan, Utah 84095
(801) 527-1040

13643564
4/26/2021 4:39:00 PM \$40.00
Book - 11163 Pg - 9201-9203
RASHELLE HOBBS
Recorder, Salt Lake County, UT
YORK HOWELL & GUYMON
BY: eCASH, DEPUTY - EF 3 P.

Parcel # **16-08-478-001**

AFFIDAVIT OF SURVIVORSHIP

STATE OF UTAH)

COUNTY OF SALT LAKE) : ss.

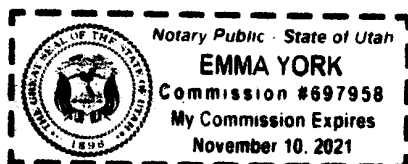
I, Irma C. Martinez, Affiant, being duly sworn, depose and say:

1. I am of legal age, a resident of Salt Lake County, Utah, and competent to make this Affidavit.
2. I am the surviving spouse of **Eliseo R. Martinez**, deceased, who died on July 8, 2017, and who is the same person as the decedent named in a certified copy of the Certificate of Death, which is attached hereto and designated as Exhibit "A."
3. **Eliseo R. Martinez**, deceased, and I appear of record as joint tenant and not tenants in common grantees of a real property located in Salt Lake County, State of Utah, described as follows:

Commencing at the Northwest corner of Lot 11, Block 16-A, Five Acre Plat "A", Big Field Survey, and running thence South 65.1 feet; thence East 137 feet; thence North 65.1 feet; thence West 137 feet to the point of beginning.
4. I identify **Eliseo R. Martinez**, deceased, as the same person on Exhibit "A" as on the above-described property.
5. That due to the death of **Eliseo R. Martinez**, his interest in the above-referred to property has terminated and Affiant is now the sole owner of the real properties described above.


Irma C. Martinez, Affiant

October SUBSCRIBED AND SWORN TO before me this 10 day of October, 2020, by Irma C. Martinez, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is signed on the preceding document, who duly acknowledged to me that she executed the same voluntarily for its stated purpose.




NOTARY PUBLIC

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2017009822

BK 11163 PG 9202

Eliseo R Martinez

DECEDENT INFORMATION

Date of Death:	July 8, 2017	Time of Death:	12:45
City of Death:	Salt Lake City	County of Death:	Salt Lake
Age:	93	Date of Birth:	July 5, 1924
Place of Birth:	Salt Lake City, Utah	Sex:	Male
Armed Services:	Yes	Marital Status:	Married
Spouse's Name:	Irma Casares	Usual Occupation:	Cartographer
Industry/Business:	US Bureau of Land Management	Education:	Bachelor's Degree
Residence:	Salt Lake City, Utah	Parent or Father:	Castulo Martinez
Parent or Mother:	Domitila Rivera	Facility Type:	Home
Facility or Address:	1303 South 1100 East		

INFORMANT INFORMATION

Name:	Ninette Martinez	Relationship:	Daughter
Mailing Address:	1307 South 1100 East, Salt Lake City, Utah 84105		

DISPOSITION INFORMATION

Method of Disposition: Cremation
Place of Disposition: Independent Professional Services, Taylorsville, Utah
Date of Disposition: July 12, 2017

FUNERAL HOME INFORMATION

Funeral Home: Premier Funeral Services
Address: 7043 Commerce Park Drive, Salt Lake City, Utah 84047
Funeral Director: Blake A Yates

MEDICAL CERTIFICATION

Medical Professional: Jane E Mac Pherson MD, Utah Cancer Specialists, 5121 South Cottonwood Street A-2, Murray (Salt Lake), Utah 84157

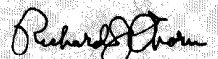
CAUSE OF DEATH

Progressive Diffuse Large B Cell Lymphoma
Due to (or as a consequence of): Hypoxia
Due to (or as a consequence of): Pleural Effusion
Due to (or as a consequence of): Diffuse Large B Cell Lymphoma [Onset: 5 Months]
Other significant conditions: Diabetes Mellitus, Paraplegia
Tobacco Use: Non-user
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: July 12, 2017

Date Issued: July 12, 2017

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: High Resolution Border, V & R images in top cycloids, and microtext. This document displays the date, seal, and signature of the Utah State Registrar of Vital Records and Statistics.


Richard J. Oborn, MPA
State Registrar
Rev. 1/16



065249985


Gary L. Edwards
Director/Health Officer
County/District Health
Department



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF UTAH - DEPARTMENT OF HEALTH - OFFICE OF VITAL RECORDS AND STATISTICS

AFFIDAVIT TO AMEND A RECORD

Corrections to a vital record must be made by affidavit but an item on a birth record may be corrected by affidavit only once. A court order is required for subsequent changes. A court order is necessary to make any corrections to a Delayed Birth Certificate. This affidavit cannot be used to correct medical information. Please return any copies of the certificate with this affidavit completed. 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 or hand delivered.

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

Affidavit Instructions

Please print or type in black ink.
Items 1-6: Enter the facts as reported on the current vital record.
Item 7: Enter 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 on the record.
Item 9: Enter the reason the change is necessary.
Item 10: Enter the proofs used to support the change, if applicable. The proofs must match the asserted fact(s) exactly.
Items 11-22: Enter witness information.

Witness Instructions

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, or a person who is knowledgeable of the facts.

☐ BIRTH

☐ DEATH

☐ STILLBIRTH

STATE FILE NUMBER _____

NAME AS REPORTED ON REVERSE	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 STATED ON THE ORIGINAL RECORD			8b. CORRECT INFORMATION	
WHY IS CHANGE NECESSARY?	9a. _____					
	9b. _____					
DOCUMENTS USED TO RECORD	10a. _____					
	10b. _____					
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 & Sworn to before me this ____ day of _____ 20 ____
	11a. SIGNATURE OF WITNESS (Must be signed in front of a Notary)			11b. PRINTED NAME OF WITNESS		Notary Signature _____
	12. DATE SIGNED		13. AGE OF WITNESS	14. DAYTIME TELEPHONE OF WITNESS ()	15. RELATIONSHIP OF WITNESS	State _____
	16. ADDRESS OF WITNESS (Street, City, State, Zip)					County _____
						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 & Sworn to before me this ____ day of _____ 20 ____
	17a. SIGNATURE OF WITNESS (Must be signed in front of a Notary)			17b. PRINTED NAME OF WITNESS		Notary Signature _____
	18. DATE SIGNED		19. AGE OF WITNESS	20. DAYTIME TELEPHONE OF WITNESS ()	21. RELATIONSHIP OF WITNESS	State _____
	22. ADDRESS OF WITNESS (Street, City, State, Zip)					County _____
						S E A L