

ENT 13808 : 2025 PG 1 of 2
ANDREA ALLEN
UTAH COUNTY RECORDER
2025 Feb 26 12:17 PM FEE 40.00 BY MG
RECORDED FOR GT Title Services
ELECTRONICALLY RECORDED

When Recorded Return To:
Griffiths & Turner / GT Title Services Inc.
1250 E. 200 S., Suite 3D, Lehi, UT 84043

Information for Reference Purposes:
File Number: **SL60607LC**
Tax Parcel No(s): **23-054-0027**
Property Address(es) (if any):
170 SOUTH 1300 EAST, SPRINGVILLE, UT 84663

**AFFIDAVIT OF DEATH & TERMINATION OF INTEREST IN REAL ESTATE
PURSUANT TO UTAH CODE § 57-1-5.1**

STATE OF AZ)
COUNTY OF Maricopa) ss.

I, CHARLOTTE THATCHER, being of legal age and being first duly sworn, depose and state as follows:

1. JOHN JACK CURTIS, the decedent in the attached certificate of death or other document witnessing death is the same person as JOHN J CURTIS named as a party in the document dated **OCTOBER 10, 1946** recorded on **NOVEMBER 22, 1946** as Entry Number **15300** in the records of the UTAH County Recorder.

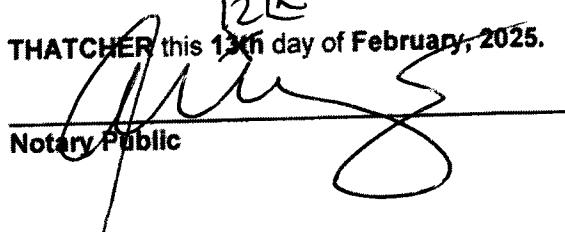
2. This affidavit is given to terminate the decedent's interest in the real property located in UTAH County, Utah described as follows:

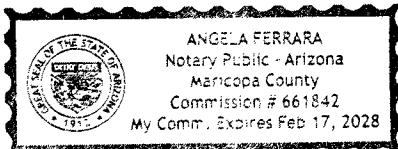
COMMENCING 12.92 CHAINS SOUTH AND 7.75 CHAINS EAST OF THE NORTHWEST CORNER OF THE SOUTHEAST QUARTER OF SECTION 34, TOWNSHIP 7 SOUTH, RANGE 3 EAST, SALT LAKE BASE AND MERIDIAN; THENCE SOUTH 20' WEST 5 RODS; THENCE WEST 8 RODS; THENCE NORTH 20' EAST 5 RODS; THENCE EAST 8 RODS TO THE PLACE OF BEGINNING.

Dated this 12th day of February, 2025.


CHARLOTTE THATCHER

SUBSCRIBED and sworn to before me by **CHARLOTTE THATCHER** this 13th day of February, 2025.


Notary Public



STATE OF UTAH - DEPARTMENT OF HEALTH

ENT 13808:2025 PG 2 of 2

Access to information on this form is limited under the Vital Statistics Act and Rules.

LOCAL FILE NUMBER 25-1058

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME OF DECEASED FIRST John		MIDDLE Jack	LAST Curtis	2. SEX Male	3a. DATE OF DEATH (Mo. Day, Yr.) October 11, 1993	3b. TIME OF DEATH (24 hr. clock) 16:30
4. DATE OF BIRTH (Mo. Day, Yr.) Apr 10, 1915		5. AGE (Leave Blank) 78 yrs	6. UNDERScoreD YEAR Months Days Hours Minutes	7. BIRTHPLACE (City & State or Foreign Country) Hiawatha, UTAH	7. SOCIAL SECURITY NUMBER 529-01-9435	
8a. PLACE OF DEATH (Check only one) HOSPITAL		8b. PLACE OF DEATH (Check only one) OTHER		8c. NAME OF HOSPITAL NURSING HOME OR OTHER FACILITY (Provide a facility, give street address or location) Utah Valley Regional Medical Center		
DECEDENT Prov.		8d. CITY, TOWN OR LOCATION OF DEATH Utah		8e. COUNTY OF DEATH Klea Merritt		
10. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		11. MARITAL STATUS Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/>		12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) Owner/Operator		
13a. RESIDENCE - STREET AND NUMBER 170 South 1300 East		13b. CITY, TOWN, OR COMMUNITY Springville		13c. COUNTY Utah		13d. STATE UTAH
13e. ANGLO CITY LIMITS 13f. ZIP CODE 84663		14. WAS DECEASED OF HISPANIC ORIGIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, specify) Mexican <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other (Specify) White		15. RACE - Black, White, Am. Indian (Tribe may be entered) Japanese, etc. (Specify)		16. EDUCATION (Specify only highest grade completed) Elementary or Secondary (1-12), College (13-16 or 17)
17. FATHER'S NAME (First, Middle, Last) Edward J. Curtis		18. MOTHER'S NAME (First, Middle, Last) Mable Nelson				
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Klea Curtis (Wife) 170 South 1300 East Springville, UT 84663						
20. METHOD OF DISPOSITION Enthombment <input type="checkbox"/> Donation <input type="checkbox"/> Other		21a. DATE OF DISPOSITION Oct 14, 1993		21b. PLACE OF DISPOSITION (Name of cemetery, cemetery, or other place) Evergreen Cemetery		21c. LOCATION - City or Town, State Springville, UT 84663
22. SIGNATURE OF FUNERAL SERVICE LICENSE ►		23. LICENSE NUMBER 562		24. FUNERAL HOME (Name, address and license number) Wheeler Mortuary		
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 10/11/93		26. If not certified by medical examiner, was death reported to M.E.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter the date and hour reported M.E. Case No.		27. DATE 211 E 200 S Springville, UT 84663 00038		
27a. CERTIFIER <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner as stated.		27b. SIGNATURE AND TITLE OF CERTIFIER ► John E. Brockert		27c. LICENSE NUMBER 06632 10/13/93		
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Type/Print) Tracy A. Hill M.D. 1034 North 500 West, Provo, Utah 84604						
29. REGISTRAR'S SIGNATURE ► Joseph K. Miner, MD		30. DATE FILED (Month, Day, Year) OCT 14 1993				
31. PART I ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.						
IMMEDIATE CAUSE (Final disease or condition resulting in death) Parkinson's disease						
Part II Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST						
Part III Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I Parkinson's disease						
32. IN YOUR OPINION, TOBACCO USE BY THE DECEASED <input type="checkbox"/> Probably contributed to the cause of death <input type="checkbox"/> Was the underlying cause of death <input type="checkbox"/> Did not contribute to the cause of death <input type="checkbox"/> Is unknown in relation to the cause of death		33a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Non-User <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33b. WERE AUTOPSY FINDINGS AVAILABLE AT TIME OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No		
34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending investigation		35a. DATE OF INJURY (Month, Day, Year)		35b. TIME OF INJURY (24 Hour Clock)		35c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
		35e. LOCATION (Street or rural route number, city or town, county, and state)		35g. (Motor vehicle accident, specify if decedent was driver, passenger or pedestrian)		
36. DESCRIBE HOW OCCURRED (brief sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)						

UDH-BVTHS-Form 12, Rev. 1-1-89

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued:

OCT 14 1993

John E. Brockert

John E. Brockert
DIRECTOR OF VITAL STATISTICS

By
Gene Ahren

SDH-BVTHS-Form 12, Rev. 1-1-89
County UTAH
Registrar Joseph K. Miner, MD

LL 215785

DEPUTY

