

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

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

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:

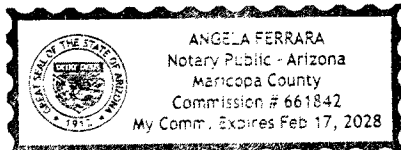
**COMMENCING 12.92 CHAINS SOUTH AND 7.75 CHAINS EAST OF THE NORTHWEST CORNER OF THE SOUTHEAST QUARTER OF SECTION 34, TOWNSHIP 7 SOUTH, RANGE 3 EAST, SALT LAKE BASE AND MERIDIAN; THENCE SOUTH 20' WEST 5 RODS; THENCE WEST 8 RODS; THENCE NORTH 20' EAST 5 RODS; THENCE EAST 8 RODS TO THE PLACE OF BEGINNING.**

Dated this **12th** day of **February**, 2025.

  
CHARLOTTE THATCHER

SUBSCRIBED and sworn to before me by **CHARLOTTE THATCHER** this **12th** day of **February**, 2025.

  
Notary Public



# STATE OF UTAH—DEPARTMENT OF HEALTH

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## STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Access to information on  
this form is limited under  
the Utah Records Act,  
and Rules.

LOCAL FILE NUMBER 25-1058

STATE FILE NUMBER

DECEDENT	1. NAME OF DECEDENT: FIRST MIDDLE LAST John Jack Curtis			2. SEX Male	3a. DATE OF DEATH (Mo, Day, Yr) October 11, 1993	3b. TIME OF DEATH (a.m. or p.m.) 16:30
	4. DATE OF BIRTH (Mo, Day, Yr) Apr 10, 1915			5. AGE (Last Birthday) 78 Yrs	6. BIRTHPLACE (City & State or Foreign Country) Hiawatha, UTAH	7. SOCIAL SECURITY NUMBER 529-01-9435
	8a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL: <input type="checkbox"/> Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other Utah Valley Regional Medical Center			8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location) Utah Valley Regional Medical Center		
	9c. CITY, TOWN OR LOCATION OF DEATH Provo			9d. COUNTY OF DEATH Utah		
DISPOSITION	10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			11. MARITAL STATUS <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) Owner/Operator
	12b. KIND OF BUSINESS OR INDUSTRY Gas Station			13a. RESIDENCE - STREET AND NUMBER 170 South 1300 East		
	13b. CITY, TOWN OR COMMUNITY Springville			13c. COUNTY Utah		13d. STATE UTAH
	14. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, specify) <input type="checkbox"/> Mexican <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other (Specify)			15. RACE - Black, White, Am. Indian, etc. (Specify) White		
CERTIFIER	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 <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Other			21a. DATE OF DISPOSITION Oct 14, 1993		21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Evergreen Cemetery
	22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>			23. LICENSE NUMBER 562		
CAUSE OF DEATH	24. FUNERAL HOME (Name, address and license number) Wheeler Mortuary 211 E 200 S Springville, UT 84663			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. HOUR MO DAY YEAR			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 <i>[Signature]</i>			27c. LICENSE NUMBER 00672		27d. DATE SIGNED (Mo, Day, Yr) 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					
CAUSE OF DEATH	29. REGISTRAR'S SIGNATURE <i>Joseph K. Minner, MD</i>			30. DATE FILED (Month, Day, Year) OCT 14 1993		
	31. PART I ENTER THE DISEASE, INJURY, 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) <i>Intestinal Pulmonary Abscess</i>					
	32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT <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"/> Unknown in relation to the cause of death <input checked="" type="checkbox"/> NON-USER					
	33a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
CAUSE OF DEATH	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 If Injured Purposely or Accidentally <input type="checkbox"/> Pending Investigation			35a. DATE OF INJURY (Month, Day, Year)		
	35b. LOCATION (Street or rural route number, city or town, county and state)			35c. TIME OF INJURY (24 Hour Clock)		
	35d. PLACE OF INJURY (At home, farm, school, factory, office, building, etc. (Specify))			35e. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	35f. (If motor vehicle accident, specify if decedent was driver, passenger or pedestrian.)					
36. DESCRIBE HOW OCCURRED (prior sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)						

UOH-BVHS 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, 1993 As Amended.

Date Issued: OCT 14 1993

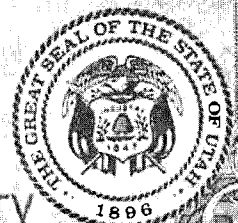
County: UTAH

Registrar: Joseph K. Minner, MD

LL 215785

John E. Brockert  
DIRECTOR OF VITAL STATISTICS  
By: *[Signature]*

DEPUTY



WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES. ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.