

13927476 B: 11325 P: 9217 Total Pages: 4  
04/06/2022 12:55 PM By: salvarado Fees: \$40.00  
AFFID- AFFIDAVIT  
Rashelle Hobbs, Recorder, Salt Lake County, Utah  
Return To: STEWART TITLE OF UTAH  
6955 S UNION PARK CTR STE 100MIDVALE, UT 840476516

**WHEN RECORDED RETURN TO:**  
Joann S. Reifenberger  
C/O Stewart Title of Utah  
1592 S 500 W #100  
Bountiful UT 84010

### AFFIDAVIT- DEATH OF JOINT TENANT

Joann S. Reifenberger, being of legal age, being first duly sworn, deposes and says:

That he/she knows of his/her own personal knowledge that James Alvin Reifenberger, the decedent mentioned in the attached certified copy of the Certificate of Death is the same person as James A. Reifenberger Sr. named as one of the parties in the certain Deed executed by Sure Property, L.C., a Utah Limited Liability Company and recorded as Entry No. 10147619 in Book 9484 at Page 5305 in the records of the Recorder of Salt Lake County, State of Utah.

This affidavit is executed in connection with the termination of the joint tenancy of James A. Reifenberger, Sr. and Joann S. Reifenberger, with respect to the following described property situated in the County of Salt Lake, State of Utah, described as follows:

The land referred to herein is situated in the County of Salt Lake, State of Utah, and is described as follows:

Beginning North 1321.71 feet and West 716.73 feet from the South quarter corner of Section 22, Township 2 South, Range 1 West, Salt Lake Base and Meridian; thence South 89°54'00" West 62.82 feet; thence North 14°46'00" East 70.00 feet; thence North 60°00'00" West 84.43 feet; thence North 89°54'00" East 118.00 feet; thence South 0°02'56" East 110.00 feet to the point of beginning.

Tax ID No. 21-22-327-007

Dated this 3/25/22, 2022

  
\_\_\_\_\_  
Joann S. Reifenberger

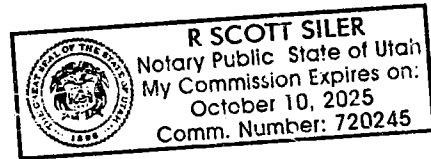
State of Utah  
County of Salt Lake

On this 25<sup>th</sup> day of March, 2022, personally appeared before me, the undersigned Notary Public, personally appeared Joann S. Reifenberger, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged before me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

*R. Scott Siler*

Notary Public

My commission expires: 10.10.2025



STATE OF UTAH  
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2020017635

James Alvin Reifenberger

DECEDENT INFORMATION

Date of Death:	October 30, 2020	Time of Death:	13:10
City of Death:	Salt Lake City	County of Death:	Salt Lake
Age:	74	Date of Birth:	April 17, 1946
Place of Birth:	Mt Healthy, Ohio	Sex:	Male
Armed Services:	Yes	Marital Status:	Never Married
Spouse's Name:		Usual Occupation:	Diesel Mechanic/Truck Driver
Industry/Business:	Transportation	Education:	Some College but No Degree
Residence:	West Jordan, Utah	Father's Name:	Clifford Elliott Reifenberger
Mother's Name:	Fredrica Margaret Weber	Facility Type:	Hospital Inpatient
Facility or Address:	Veteran's Affairs Medical Center		

INFORMANT INFORMATION

Name:	Sara Raye Reifenberger	Relationship:	Daughter
Mailing Address:	6801 Heather Way, West Jordan, Utah 84084		

DISPOSITION INFORMATION

Method of Disposition:	Cremation
Place of Disposition:	Salt Lake City Cremation Center, Salt Lake City, Utah
Date of Disposition:	November 13, 2020

FUNERAL HOME INFORMATION

Funeral Home:	Wiscombe Memorial LLC
Address:	47 South Orange Street, Suite B5, Salt Lake City, Utah 84116
Funeral Director:	Janna Markland

MEDICAL CERTIFICATION

Certifying Physician:	Mir-Mustafa Mir-Kasimov MD, University of Utah Hospital, 50 North Medical Drive, Salt Lake City, Utah 84132
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CAUSE OF DEATH


Hypercapnic Respiratory Failure  
Due to (or as a consequence of): Chronic Obstructive Pulmonary Disease  
Due to (or as a consequence of): Heart Failure With Reduced Ejection Fraction  
Due to (or as a consequence of): Chronic Obstructive Pulmonary Disease  
Other significant conditions: Coronary Artery Disease, Hyperlipidemia  
Tobacco Use: Probably Contributed  
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: November 5, 2020

Date Issued: December 16, 2020


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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.

  
Linda S. Winger LCSW  
State Registrar  
Rev. 4/19



066408863

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

  
SALT LAKE  
COUNTY  
HEALTH  
DEPARTMENT

**STATE 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 affidavit may be mailed with the correct fees and proof of ID.

**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

**Contact Info:** <https://VitalRecords.utah.gov> 801-538-6105 vrequest@utah.gov



**Affidavit Instructions:** Please print or type. Items 1-6: Enter the facts as reported on the current vital record. Item 7: Enter the 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. 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.

**Witnesses for Death Certificate:** The informant must sign as a witness along with an immediate member of the decedent's family. If adding a spouse, the spouse must sign as a witness. If no immediate family, a person who is knowledgeable of the facts may sign.

BIRTH       DEATH       STILLBIRTH

STATE FILE NUMBER: \_\_\_\_\_

INFORMATION AS REPORTED ON RECORD	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 ON ORIGINAL RECORD	8b. CORRECT INFORMATION

9. WHY IS CHANGE NEEDED? \_\_\_\_\_

10. DOCUMENTS USED \_\_\_\_\_

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 to and Sworn to before me this ____ day of ____ 20____.	
	11a. SIGNATURE OF WITNESS (Must sign in front of Notary)		11b. PRINTED NAME OF WITNESS		STATE _____ COUNTY _____	
	12. DATE SIGNED	13. AGE OF WITNESS	14. DAYTIME TELEPHONE	15. RELATIONSHIP TO 1a		
	16. ADDRESS OF WITNESS					
	NOTARY SIGNATURE _____					

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 to and Sworn to before me this ____ day of ____ 20____.	
	17a. SIGNATURE OF WITNESS (Must sign in front of Notary)		17b. PRINTED NAME OF WITNESS		STATE _____ COUNTY _____	
	18. DATE SIGNED	19. AGE OF WITNESS	20. DAYTIME TELEPHONE	21. RELATIONSHIP TO 1a		
	22. ADDRESS OF WITNESS					
	NOTARY SIGNATURE _____					

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