

AFTER RECORDING, RETURN TO:
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South Jordan, Utah 84095
Telephone: (801) 527-1040

Affidavit of Termination of Joint Tenancy

STATE OF UTAH)
 §
SALT LAKE COUNTY)

SCOTT J. HANNI, Managing Member of STAGG FIDUCIARY SERVICES, LLC,
Personal Representative of the Estate of Edward Sims Hobday, under Utah Case No. 233900144,
being first duly sworn, states:

1. That Affiant is a citizen of the United States of America, over the age of twenty-one (21) years, and a resident of DAVIS County, Utah.

2. This Affidavit is made for the purpose of terminating the joint tenancy interest of Edward Sims Hobday, who is the same person who appears on title as Ed Hobday, in and to the real property conveyed by Warranty Deed (the "Property") and described as follows:

LOT 7, WILLOW CREEK HILL, ACCORDING TO THE
OFFICIAL PLAT THEREOF, AS RECORDED IN THE OFFICE
OF THE COUNTY RECORDER OF SAID COUNTY IN BOOK
84-9, AT PAGE 130.

Parcel No. 22-35-478-022

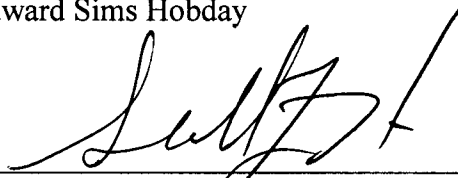
3. That Affiant is the Managing Member of the duly appointed personal representative of the Estate of Edward Sims Hobday. Edward Sims Hobday was the surviving spouse of Ann Wiard Hobday, who is the same person who appears on title as Ann Hobday ("Decedent"), shown as a joint tenant on the Property, situated in Salt Lake County, Utah. Ann Wiard Hobday's Utah Certificate of Death is attached as **Exhibit A**.

4. That Decedent is a grantee and joint tenant on that certain Warranty Deed dated June 26, 2001, and recorded as Entry No. 7936489, Book 8474, Page 3625 on June 29, 2001; vesting title of the Property in the names of ED HOBDAY AND ANN HOBDAY, HUSBAND AND WIFE, AS JOINT TENANTS.

5. As a result of the death of Decedent, Edward Sims Hobday, became the surviving joint tenant and the sole owner of the Property.


DATED: 4/7/2023

STAGG FIDUCIARY SERVICES, LLC,
Personal Representative of the Estate of
Edward Sims Hobday


By: Scott J. Hanni
Its: Managing Member

STATE OF UTAH)
 §
SALT LAKE COUNTY)

On April 7, 2023 before me, Connie Hannett, a notary public,
(Notary Public Name)
personally appeared SCOTT J. HANNI, in his capacity as Managing Member of STAGG FIDUCIARY SERVICES, LLC, Personal Representative of the Estate of Edward Sims Hobday, personally known to me or proved on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged she executed the same. Witness my hand and official seal.


NOTARY PUBLIC

Commission #727931
Expires: November 15, 2026

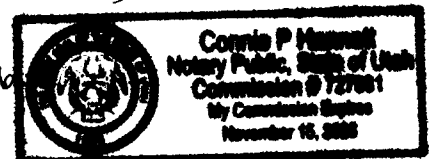


EXHIBIT A
Death Certificate of Ann Wiard Hobday

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2014016184

Ann Wiard Hobday

DECEDENT INFORMATION

Date of Death:	December 11, 2014	Time of Death:	11:20
City of Death:	Murray	County of Death:	Salt Lake
Age:	73	Date of Birth:	December 7, 1941
Place of Birth:	Albany, New York	Sex:	Female
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Edward Sims Hobday	Usual Occupation:	Teacher
Industry/Business:	Education	Education:	Bachelor's Degree
Residence:	Cottonwood Heights, Utah	Father's Name:	Leon Allen Wiard
Mother's Name:	Betty Elizabeth Boorn	Facility Type:	Hospital Inpatient
Facility or Address:	Intermountain Medical Center		

INFORMANT INFORMATION

Name:	Edward Sims Hobday	Relationship:	Husband
Mailing Address:	8527 Little Willow Circle, Cottonwood Heights, Utah 84121		

DISPOSITION INFORMATION

Method of Disposition: Cremation
Place of Disposition: Lake Hills Crematory, Sandy, Utah
Date of Disposition: December 16, 2014

FUNERAL HOME INFORMATION

Funeral Home: Mountain View Memorial Mortuary
Address: 7800 South 3115 East, Salt Lake City, Utah 84121
Funeral Director: Brian R Bartlett

MEDICAL CERTIFICATION

Medical Professional: Rami Alharethi MD, Intermountain Heart and Lung, 5121 South Cottonwood Street, Murray, Utah 84107


CAUSE OF DEATH

Cardiogenic Shock [Onset: 3 Days]
Due to (or as a consequence of): Ventricular Tachycardia [Onset: 1 Day]
Due to (or as a consequence of): Acute Heart Failure [Onset: 3 Hours]
Tobacco Use: Non-user
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

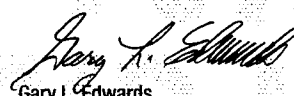
Date Registered: December 15, 2014

Date Issued: December 15, 2014

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: Intaglio Border, V & R images in top cycloids, and intaglio microtext. This document displays the date, seal and signature of the Utah State Registrar and the County/District Health Officer.


Janice L. Houston
State Registrar
Rev. 8/13




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



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AFFIDAVIT FOR CORRECTION

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE. A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

All vital records are registered as received. Corrections must be made by affidavit. An item on the birth certificate may be corrected by affidavit only once; a court order will be required for subsequent corrections.

PLEASE RETURN ALL COPIES WITH ONE COMPLETED AFFIDAVIT WITHIN 90 DAYS FOR REPLACEMENT TO:
 VITAL RECORDS, PO BOX 141012, SALT LAKE CITY, UTAH 84114-1012.
 OR BRING COPIES AND COMPLETED AFFIDAVIT TO OUR OFFICE AT 288 NORTH 1460 WEST, SALT LAKE CITY, UTAH.

BIRTH CERTIFICATES

1. List the facts exactly as stated on the reverse side. Opposite each item, correct the information as it should have been stated at the time of the birth.
2. If the person listed on the record is under 18 years of age, both parents of record **MUST** sign the affidavit. If the person listed on the record is 18 years or older, he/she **MUST** sign as one of the witnesses. Parents are the preferred witnesses for the second signature. If no father is listed on the record, an immediate relative of the mother may sign if he/she is of legal age. All signatures **MUST** be notarized.
3. The parent(s) may add or correct the surname from that listed on the record until the child's first birthday without documentation. The first, and/or middle name can be corrected or added without documentation until the child's sixth birthday.
4. This affidavit cannot be used to add a father or correct medical information on a birth certificate.
5. A Delayed Birth Certificate requires a court order to make any corrections.

DEATH CERTIFICATES

1. List the facts exactly as stated on the reverse side. Opposite each item, correct the information as it should have been stated at the time of the death.
2. This form is to be used to correct non-medical information **ONLY**. 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. Corrections to marital status **MUST** be approved and processed by the State Office of Vital Records and Statistics. Contact our office for assistance.
3. All medical information **MUST** be corrected with a **MEDICAL AFFIDAVIT** completed by the health care provider who signed the original death certificate.

BIRTH

DEATH

STILLBIRTH

STATE FILE NUMBER _____

NAME AS REPORTED ON REVERSE	1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	
STATEMENT OF CORRECTIONS	2a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD		2b. CORRECT INFORMATION	
WHY IS CHANGE NECESSARY?	3.			
DOCUMENTS USED TO AMEND RECORD	4.			
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____ Notary Public _____ My Commission Expires _____ S E A L	
	5. SIGNATURE OF WITNESS			
	6. DATE SIGNED	7. AGE OF WITNESS		8. DAYTIME TELEPHONE OF WITNESS ()
	9. ADDRESS OF WITNESS (Street, City, State, Zip)			
10. RELATIONSHIP TO PERSON IN 1a. (Circle one) Self Parent/Guardian Spouse Funeral Director Informant Other (Specify)				
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____ Notary Public _____ My Commission Expires _____ S E A L	
	11. SIGNATURE OF WITNESS			
	12. DATE SIGNED	13. AGE OF WITNESS		14. DAYTIME TELEPHONE OF WITNESS ()
	15. ADDRESS OF WITNESS (Street, City, State, Zip)			
UDOH-OVRS REV 05/13	16. RELATIONSHIP TO PERSON IN 1a. (Circle one) Self Parent/Guardian Spouse Funeral Director Informant Other (Specify)			