

14241902 B: 11492 P: 744 Total Pages: 3  
05/17/2024 01:29 PM By: asteffensen Fees: \$40.00  
Rashelle Hobbs, Recorder, Salt Lake County, Utah  
Return To: COTTONWOOD TITLE INSURANCE AGENCY, INC.  
1996 EAST 6400 SOUTH SUITE 120SALT LAKE CITY, UT 84121

When Recorded mail to:

File No.: 178000-DWP

**AFFIDAVIT  
DEATH OF A JOINT TENANT**

I, Cynthia Hasic, being of legal age and being first duly sworn, depose and state as follows:

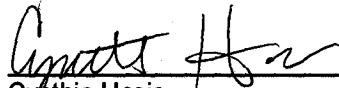
Namik Hasic, the decedent in the attached certificate of death or other document witnessing death is the same person as Namik Hasic, named as a party in the document dated March 30, 2010 recorded March 31, 2010 as Entry 10925346, records of the Salt Lake County Recorder, Utah.

This Affidavit is given to provide notice of the termination of the decedent's interest as a joint tenant in the following described property located in Salt Lake County, State of Utah:

Lot 35, SIERRA GRANDE SUBDIVISION NO. 1, according to the official plat thereof as recorded in the office of the Salt Lake County Recorder.

TAX ID NO.: 21-16-354-009

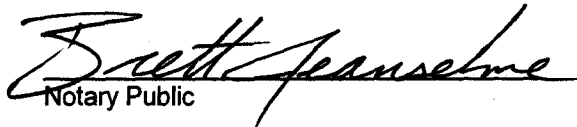
Dated May 17, 2024

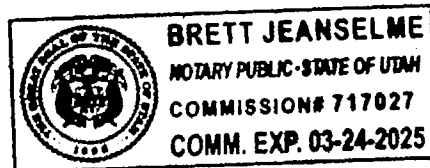
  
\_\_\_\_\_  
Cynthia Hasic

STATE OF UTAH

COUNTY OF SALT LAKE

Subscribed to and sworn before me this 17 day of May, 2024 by Cynthia Hasic.

  
\_\_\_\_\_  
Notary Public



STATE OF UTAH  
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2024003610

Namik Hasic

DECEDENT INFORMATION

Date of Death:	February 24, 2024	Time of Death:	22:40
City of Death:	Taylorsville	County of Death:	Salt Lake
Age:	43	Date of Birth:	January 17, 1981
Place of Birth:	Bosanski Samac, Bosnia	Sex:	Male
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Cynthia Gonzalez	Usual Occupation:	Technician
Industry/Business:	Medical	Education:	High School or GED
Residence:	Taylorsville, Utah	Father's Name:	Unknown
Mother's Name:	Ifeta Hasic	Facility Type:	Home
Facility or Address:	6123 South Don Carlos Drive		

INFORMANT INFORMATION

Name:	Cynthia Hasic	Relationship:	Spouse
Mailing Address:	6123 South Don Carlos Drive, Taylorsville, Utah 84129		

DISPOSITION INFORMATION

Method of Disposition:	Cremation
Place of Disposition:	Larkin Sunset Lawn Crematory, Salt Lake City, Utah
Date of Disposition:	February 29, 2024

FUNERAL HOME INFORMATION

Funeral Home:	Utah Simple Cremations
Address:	4377 South State Street, Murray, Utah 84107
Funeral Director:	Hyrum Heward

MEDICAL CERTIFICATION

Certifying Physician: Anna C Beck MD, 6949 South High Tech Drive, Midvale, Utah 84047

CAUSE OF DEATH

Metastatic colorectal cancer [Onset: 6 Months]  
Tobacco Use: Underlying Cause  
Medical Examiner Contacted: Yes    Autopsy Performed: No    Manner of Death: Natural

Date Registered: February 26, 2024  
Date Issued: March 1, 2024

AMENDMENT HISTORY

02/29/2024 Decedent Date of Birth from 01/07/1981 to 01/17/1981

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



*Linda S. Winger*  
Linda S. Winger, MSW, LCSW  
State Registrar  
Per. 0721



*Angela C. Dunn*  
Angela C. Dunn, MD, MPH  
Director/Health Officer  
County/District 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, proof of ID and application for a new certificate.

**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	
WHY IS CHANGE NEEDED?	9. _____					
DOCUMENTS USED	10. _____					
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		
	12. DATE SIGNED		13. AGE OF WITNESS	14. DAYTIME TELEPHONE		15. RELATIONSHIP TO 1a.
	16. ADDRESS OF WITNESS					
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		
	18. DATE SIGNED		19. AGE OF WITNESS	20. DAYTIME TELEPHONE		21. RELATIONSHIP TO 1a.
	22. ADDRESS OF WITNESS					

S E A L