

When Recorded mail to:
Cottonwood Title Insurance
Agency Inc.
1996 E 6400 South, Suite 120
Murray, UT 84121

14273853 B: 11510 P: 323 Total Pages: 3
08/07/2024 03:03 PM By: dkilpack Fees: \$40.00
Rashelle Hobbs, Recorder, Salt Lake County, Utah
Return To: COTTONWOOD TITLE INSURANCE AGENCY, INC.
1996 EAST 6400 SOUTH SUITE 120 SALT LAKE CITY, UT 84121

File No.: 180724-CAP

**AFFIDAVIT
DEATH OF A JOINT TENANT**

I, Elizabeth C. Maurer, being of legal age and being first duly sworn, depose and state as follows:

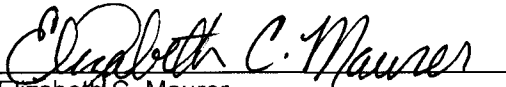
ZANE DAVID MAURER, the decedent in the attached certificate of death or other document witnessing death is the same person as Zane D. Maurer, named as a party in the document dated July 6, 2017 recorded July 7, 2017 as Entry 12571285, records of the Salt Lake County Recorder, Utah.

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:

The West 17.32 feet of Lot 26, and the East 55.01 feet of Lot 27, WESTFIELD SUBDIVISION, in the Town of West Jordan, County of Salt Lake, State of Utah, according to the official plat thereof on file and of record in the office of the Salt Lake County Recorder.

TAX ID NO.: 21-27-351-031

Dated August 6, 2024


Elizabeth C. Maurer

STATE OF UTAH

COUNTY OF SALT LAKE

Subscribed to and sworn before me this 6 day of August, 2024 by Elizabeth C. Maurer.


Notary Public



COMM # 735584
exp 2.14.2028

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2020014290

Zane David Maurer

DECEDENT INFORMATION

Date of Death:	September 5, 2020	Time of Death:	19:06
City of Death:	West Jordan	County of Death:	Salt Lake
Age:	51	Date of Birth:	August 6, 1969
Place of Birth:	Salt Lake City, Utah	Sex:	Male
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Elizabeth Carolyn Eyre	Usual Occupation:	Fulfillment Specialist
Industry/Business:	Warehouse	Education:	High School or GED
Residence:	West Jordan, Utah	Father's Name:	David Ross Maurer
Mother's Name:	Vickie Lynn Olsen	Facility Type:	Home
Facility or Address:	2138 Westfield Circle		

INFORMANT INFORMATION

Name:	Elizabeth Carolyn Maurer	Relationship:	Wife
Mailing Address:	2138 Westfield Circle, West Jordan, Utah 84084		

DISPOSITION INFORMATION

Method of Disposition:	Cremation
Place of Disposition:	Independent Professional Services, Salt Lake City, Utah
Date of Disposition:	September 9, 2020

FUNERAL HOME INFORMATION

Funeral Home:	Independent Professional Services
Address:	4555 South Redwood Road, , Salt Lake City, Utah 84123
Funeral Director:	Gregory G Newlon

MEDICAL CERTIFICATION

Certifying Physician:	Stephen B Smith MD, Intermountain Hospice, 2250 South 1300 West, West Valley City, Utah 84119
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CAUSE OF DEATH

Squamous Cell Carcinoma Of The Tongue [Onset: 4 Months]
 Due to (or as a consequence of): Immunosuppressive Therapy For Ulcerative Colitis
 Due to (or as a consequence of): Tobacco Use Disorder
 Tobacco Use: Underlying Cause
 Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: September 9, 2020
 Date Issued: May 10, 2021

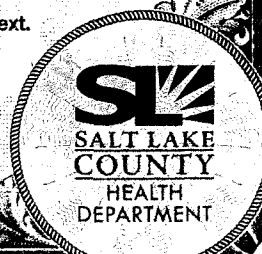
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This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics. Security features of this official document include: Intaglio Border, V & R images in top cycloids, and intaglio microtext. This document 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
 Rev. 12/20



Gary L. Edwards
 Gary L. Edwards
 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		
	STATE _____		COUNTY _____			
	NOTARY SIGNATURE _____					
	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		
	STATE _____		COUNTY _____			
	NOTARY SIGNATURE _____					
	18. DATE SIGNED	19. AGE OF WITNESS	20. DAYTIME TELEPHONE		21. RELATIONSHIP TO 1a.	
22. ADDRESS OF WITNESS						