

A
Recording Requested by:



ENT 17753:2024 PG 1 of 4
ANDREA ALLEN
UTAH COUNTY RECORDER
2024 Mar 20 03:03 PM FEE 40.00 BY AC
RECORDED FOR FIRST AMERICAN TITLE INSUR

MAIL TAX NOTICES TO AND
AFTER RECORDING RETURN TO:

Roxanne Pfunder
2899 East Canyon Crest Drive
Spanish Fork, Utah 84660

SPACE ABOVE THIS LINE (3 1/2" X 5") FOR RECORDER'S USE

**AFFIDAVIT
DEATH OF A JOINT TENANT**

Escrow No. **880-6303698 (BM)**
A.P.N.: **48-283-0109**

I, **Roxanne Pfunder** being first duly sworn on oath depose and say:

That I am a citizen of the United States of America, over the age of 21 years and a resident of **Spanish Fork**, County of **Utah**, State of **UT**:

That I was well and personally acquainted with **Neil Pfunder**, one of the grantees in that certain Warranty Deed recorded **May 26, 2017** as Entry No. **50767; 2017** in Book **na**, at Page **na**, records of the Recorder of **UTAH** County, Utah.

That I know of my own knowledge that **Neil Pfunder** in the said deed and **Neil Aaron Pfunder** mentioned in the attached copy of Certificate of Death was one and the same person.

This affidavit is executed in connection with the termination of the joint tenancy of **Neil Pfunder** and **Roxanne Pfunder**, with respect to the following described property, situated in **UTAH** County, State of Utah:

LOT 109, OF OAKVIEW ESTATES PLAT "F", ACCORDING TO THE OFFICIAL PLAT THEREOF, ON FILE AND OF RECORD IN THE OFFICE OF THE UTAH COUNTY RECORDERS OFFICE, STATE OF UTAH.

Dated: March, 5th, 2024



Roxanne Pfunder

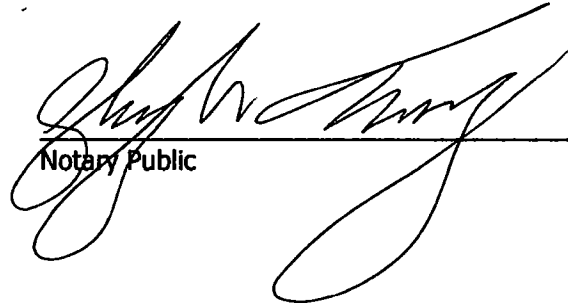
STATE OF (Utah)

County of Utah)ss.

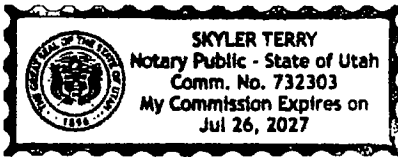
On March 5, 2024, before me, the undersigned Notary Public, personally appeared, **Roxanne Pfunder** personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed 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.

WITNESS my hand and official seal.

My Commission Expires:



Notary Public



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2024000314

Neil Aaron Pfunder

ENT 17753#2024 PG 3 of 4

DECEDENT INFORMATION

Date of Death:	January 5, 2024	Time of Death:	15:20
City of Death:	Spanish Fork	County of Death:	Utah
Age:	70	Date of Birth:	December 22, 1953
Place of Birth:	Phoenix, Arizona	Sex:	Male
Armed Services:	No.	Marital Status:	Married
Spouse's Name:	Roxanne Lewis	Usual Occupation:	Firefighter Paramedic
Industry/Business:	Firefighting	Education:	High School or GED
Residence:	Spanish Fork, Utah	Father's Name:	John Elmer Pfunder
Mother's Name:	Frances Lucille Church	Facility Type:	Home
Facility or Address:	2899 E Canyon Crest Dr		

INFORMANT INFORMATION

Name:	Roxanne Pfunder	Relationship:	Wife
Mailing Address:	2899 E Canyon Crest Dr, Spanish Fork, Utah 84660		

DISPOSITION INFORMATION

Method of Disposition: Removal
 Place of Disposition: Rose Hill Cemetery, Idaho Falls, Idaho
 Date of Disposition: January 13, 2024

FUNERAL HOME INFORMATION

Funeral Home: Utah Valley Mortuary
 Address: 1966 West 700 North, Lindon, Utah 84042
 Funeral Director: Austin T Palmer

MEDICAL CERTIFICATION

Certifying Physician: Garry Miller DO, 1120 East 100 North Suite 1, Payson, Utah 84651

CAUSE OF DEATH

Astrocytoma Of The Brain
 Due to (or as a consequence of): Bacteremia
 Due to (or as a consequence of): Brain Mass
 Tobacco Use: Non-user
 Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: January 8, 2024
 Date Issued: January 9, 2024

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.

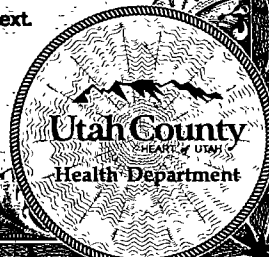
Linda S. Winger

Linda S. Winger, MSW, LCSW
State Registrar



Eric S. Edwards

Eric S. Edwards, MPA, MCHES
Executive Director
Utah County Health Department



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. 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.



online instructions

Mailing Address: Office of Vital Records and Statistics- PO Box 141012 Salt Lake City, UT 84114-1012

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					
DOCUMENT 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 _____	
	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 _____	
	18. DATE SIGNED	19. AGE OF WITNESS	20. DAYTIME TELEPHONE	21. RELATIONSHIP TO 1a.		
	22. ADDRESS OF WITNESS					

S
E
A
L