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Unofficial Copy  
When Recorded, Return to:  
Gurr & Brande, PLLC  
491 E. Riverside Drive, #4B  
St. George, Utah 84790

Mail Tax Statements To:  
A. Laurie Lamont  
3052 N. Snow Canyon Parkway #184  
St. George, UT 84770

APN: SG-COSC-B-184

DOC # 20250002768

Page 1 of 3

Affidavit & Death Certificate  
Gary Christensen Washington County Recorder  
01/27/2025 04:27:39 PM Fee \$ 40.00  
By GURR BRANDE & SPENDLOVE PLLC



### AFFIDAVIT OF SURVIVING JOINT TENANT

I, A. LAURIE LAMONT, do duly state that I personally know that:

CARL LAMONT, as shown on the attached Certificate of Death,

Is one and the same person as Carl Lamont, as shown on the Warranty Deed, Entry No. 20090002390 of the official records of the Washington County Recorder, as receiving an interest as joint tenant in the following described real property:

ALL OF LOT 184, THE CLIFFS OF SNOW CANYON PLAT "B" – AMENDED & EXTENDED, according to the Official Plat thereof, on file in the Office of the Recorder of Washington County, State of Utah.

All interest of the decedent in said property under the joint tenancy indicated above is hereby terminated.

Executed on the 21<sup>st</sup> day of January, 2025.

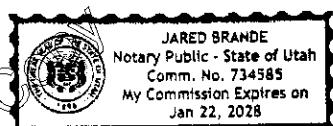
  
A. LAURIE LAMONT

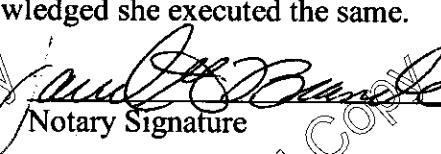
STATE OF UTAH

COUNTY OF WASHINGTON

:ss  
)

On this January 21, 2025, before me JARED BRANDE, a Notary Public, personally appeared A. LAURIE LAMONT, proved on the basis of satisfactory evidence to be the person whose name is subscribed to in this instrument, and acknowledged she executed the same.



  
Notary Signature

**STATE OF UTAH**  
**CERTIFICATION OF VITAL RECORD**

**CERTIFICATE OF DEATH**

State File Number 2024012486

Carl M Lamont

**DECEDENT INFORMATION**

Date of Death: July 23, 2024  
 City of Death: St George  
 Age: 78  
 Place of Birth: Philadelphia, Pennsylvania  
 Armed Services: Yes  
 Spouse's Name: Annie Laurie Gouleau  
 Industry/Business: Real Estate  
 Residence: St George, Utah  
 Mother's Name: Estelle Hanan  
 Facility or Address: 3052 North Snow Canyon PKWY #184

Time of Death: 22:04  
 County of Death: Washington  
 Date of Birth: September 13, 1945  
 Sex: Male  
 Marital Status: Married  
 Usual Occupation: Investor  
 Education: Bachelor's Degree  
 Father's Name: Harry Lamont  
 Facility Type: Home

**INFORMANT INFORMATION**

Name: Laurie Lamont  
 Mailing Address: 3052 North Snow Canyon PKWY #184, St George, Utah 84770

Relationship: Wife

**DISPOSITION INFORMATION**

Method of Disposition: Cremation  
 Place of Disposition: Cremation Center of Southern Utah, St George, Utah  
 Date of Disposition: July 30, 2024

**FUNERAL HOME INFORMATION**

Funeral Home: Cremation Center of Southern Utah  
 Address: 1315 South 400 East #A5, St George, Utah 84790  
 Funeral Director: W Russell Atkin

**MEDICAL CERTIFICATION**

Certifying Physician: Loren Kyle Gulbranson MD, Intermountain Medical Center, 1380 E Medical Center Drive, Saint George, Utah 84790

**CAUSE OF DEATH**

Multiple Myeloma [Onset: 6 Months]

Other significant conditions: Coronary artery disease

Tobacco Use: Non-user

Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: July 25, 2024

Date Issued: July 25, 2024

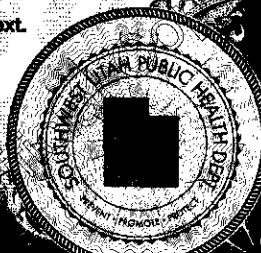
This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics.  
 Security features of this official document include: Intaglio Border, V & R Images in top cycloids, and Intaglio microtext.  
 This document displays the date, seal and signature of the Utah State Registrar of Vital Record and Statistics.

  
 Linda S. Winger, MSW, LCSW  
 State Registrar

FIM 12/20



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

  
 David W. Blodgett, MD, MPH  
 Director/Health Officer




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 name changes after the age of one year. 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; 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

**Contact Info:** <https://VitalRecords.utah.gov> 801-538-6105 [vrequest@utah.gov](mailto:vrequest@utah.gov)



online instructions

**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 and an immediate family member, or two immediate family members, must sign as a witness. 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 the 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 the change is needed	9			
	10			
Documents used	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. Telephone number	Notary signature _____
	16. Address of witness			S E A L
Oath of first witness	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. Telephone number	Notary signature _____
	22. Address of witness			S E A L
Oath of second witness	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. Telephone number	Notary signature _____
	22. Address of witness			S E A L