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DOC # 20250003438

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Affidavit & Death Certificate  
Gary Christensen Washington County Recorder  
01/31/2025 01:31:59 PM Fee \$ 40.00  
By BRINDLEY SULLIVAN



WHEN RECORDED, MAIL TO:  
M. Sean Sullivan, Esq.  
BRINDLEY SULLIVAN, PLLC  
50 East 100 South, Ste. 302  
St. George, Utah 84770

SEND TAX NOTICE TO:  
90 N. Brokenstone Trail  
Ivins, UT 84738

Tax ID No. I-TSS-1-8

**AFFIDAVIT TERMINATING INTEREST OF JOINT TENANT**  
(Pursuant to U.C.A. § 57-1-5.1)

STATE OF UTAH )  
 )  
COUNTY OF WASHINGTON )  
 )ss.

I, VIRGIE L. EVANS, being of legal age and being first duly sworn, depose and state as follows:

1. JOHN WINSLOW EVANS, the decedent in the attached certificate of death is the same person as JOHN W. EVANS, named as a joint tenant in the document dated October 24, 2013, recorded as Document no. 20130039742 in the records of the recorder of Washington County, Utah.

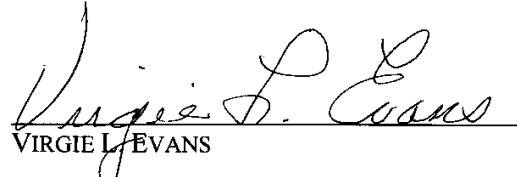
2. This affidavit is given to terminate the decedent's interest in the following described real property located in Washington County, state of Utah:

Lot 8, TENAYA SANDS PHASE 1, according to the Official Plat thereof on file and of record in the Washington County Recorder's Office.

TOGETHER WITH all improvements and appurtenances thereunto belonging.

SUBJECT to Easements, Rights of Way and Restrictions of Record, and those enforceable in law and equity.

DATED this 28<sup>th</sup> day of January, 2025.

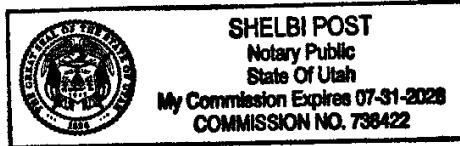


VIRGIE L. EVANS

SUBSCRIBED AND SWORN TO before me, a notary public, on this 28<sup>th</sup> day of January, 2025, by VIRGIE L. EVANS.



NOTARY PUBLIC



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

**CERTIFICATE OF DEATH**

State File Number: 2024021017

**John Winslow Evans**

**DECEDENT INFORMATION**

Date of Death:	December 10, 2024	Time of Death:	19:40
City of Death:	St George	County of Death:	Washington
Age:	93	Date of Birth:	February 1, 1931
Place of Birth:	Arimo, Idaho	Sex:	Male
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Virgie Lyman	Usual Occupation:	Truck Driver
Industry/Business:	Transportation	Education:	High School or GED
Residence:	Ivins, Utah	Father's Name:	Leland Evans
Mother's Name:	Hortense Farr	Facility Type:	Hospital Inpatient
Facility or Address:	St George Regional Hospital		

**INFORMANT INFORMATION**

Name:	Virgie Evans	Relationship:	Wife
Mailing Address:	90 North Brokenstone Trail, Ivins, Utah 84738		

**DISPOSITION INFORMATION**

Method of Disposition:	Burial
Place of Disposition:	Ivins City Cemetery, Ivins, Utah
Date of Disposition:	December 18, 2024

**FUNERAL HOME INFORMATION**

Funeral Home:	Metcalf Mortuary
Address:	288 West St George Blvd, St George, Utah 84770
Funeral Director:	Dustin W Mortenson

**MEDICAL CERTIFICATION**

Certifying Physician: Zachary Williams MD, 1380 East Medical Center Drive Ste 2500, St George, Utah 84790

**CAUSE OF DEATH**

Stroke [Onset: 11 Hours]  
 Due to (or as a consequence of): Aortic Stenosis  
 Tobacco Use: Non-user  
 Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: December 16, 2024

Date Issued: December 16, 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. Wininger*

Linda S. Wininger, MSW, LCSW  
 State Registrar  
 Per 1200

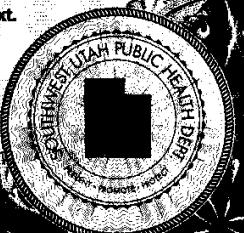


\* 0 6 7 9 8 1 2 5 4 \*

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

*David W. Blodgett, MD, MPH*

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





Office of Vital Records and Statistics  
Affidavit to amend a record



online instructions

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)

**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.

	<input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> 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				
Documents used	10				
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____.
	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	15. Relationship to 1a.	Notary signature _____
	16. 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	21. Relationship to 1a.	Notary signature _____
	22. Address of witness				S E A L