

Affidavit & Death Certificate Page 1 of 3  
Gary Christensen Washington County Recorder  
09/11/2025 02:33:21 PM Fee \$40.00 By  
COTTONWOOD TITLE INSURANCE AGENCY,  
INC.

When Recorded mail to:  
Justin Kee  
2772 South 3730 West  
Hurricane, UT 84737

File No.: 192842-KLP

## AFFIDAVIT DEATH OF A JOINT TENANT

I, Justin Kee, being of legal age and being first duly sworn, depose and state as follows:

Ryan Kenny Kee, the decedent in the attached certificate of death or other document witnessing death is the same person as Ryan Kee, named as a party in the document dated February 13th, 2023 and recorded February 14th, 2023 as Entry 20230003978, in the records of the Washington 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 Washington County, State of Utah:

All of Lot 67, DIXIE SPRINGS SUBDIVISION AMENDMENT AND EXTENSION PLAT "G", a Subdivision, according to the official plat thereof on file in the office of the Washington County Recorder.

TAX ID NO.: H-DSP-G-67

Dated September 11th, 2025

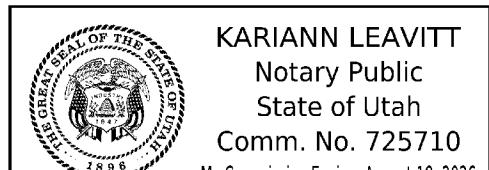
  
Signed with Stavvy  
Justin Kee

STATE OF UTAH

COUNTY OF WASHINGTON

Subscribed to and sworn before me this 11th day of September, 2025 by Justin Kee.

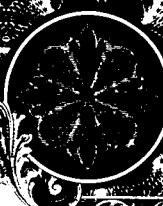
  
Signed with Stavvy  
Notary Public



Notarized remotely via audio/video communication using Stavvy



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



**Certificate of Death**

State File Number: 2025015697

**Ryan Kenny Kee**

**Decedent Information**

Date of Death:	<b>September 6, 2025</b>	Time of Death:	<b>09:05</b>
City of Death:	<b>Hurricane</b>	County of Death:	<b>Washington</b>
Age:	<b>34</b>	Date of Birth:	<b>May 8, 1991</b>
Place of Birth:	<b>Salt Lake City, Utah</b>	Sex:	<b>Male</b>
Armed Services:	<b>No</b>	Marital Status:	<b>Married</b>
Usual Occupation:	<b>Crew Head</b>	Industry/Business:	<b>Oil Field</b>
Education:	<b>High School or GED</b>	Residence:	<b>Hurricane, Utah</b>
Facility Type:	<b>Home</b>	Facility or Address:	<b>2764 South 3730 West</b>
Spouse's Name:	<b>Elliott Kimyko Goudie</b>		
Father's Name:	<b>Brett C Kee</b>		
Mother's Name:	<b>Cynthia Gene Martin</b>		

**Informant Information**

Name:	<b>Elliott Kimyko Kee</b>
Relationship:	<b>Spouse</b>
Mailing Address:	<b>2764 South 3730 West, Hurricane, Utah 84727</b>

**Disposition Information**

Method of Disposition:	<b>Cremation</b>
Place of Disposition:	<b>Spilsbury Mortuary, St George, Utah</b>
Date of Disposition:	<b>September 15, 2025</b>

**Funeral Home Information**

Funeral Home:	<b>Spilsbury Mortuary</b>
Address:	<b>110 South Bluff, St George, Utah 84770</b>
Funeral Director:	<b>Jody Snow</b>

**Medical Certification**

Certifying Physician: **Brent Davis MD, Office of the Medical Examiner, 4251 South 2700 West, Taylorsville, Utah 84129**

**Cause of Death**

**Pending toxicology**

Tobacco Use: **Unknown if User**

Medical Examiner Contacted: **Yes** Autopsy Performed: **Yes** Autopsy Available: **Yes** Manner of Death: **Pending**

Date Registered: **September 8, 2025**

Date Issued: **September 8, 2025**

Record Status: **Registered**

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.

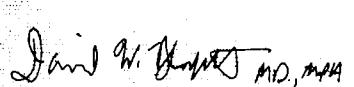


Nicole Bissonette, MPH, MCES  
State Registrar

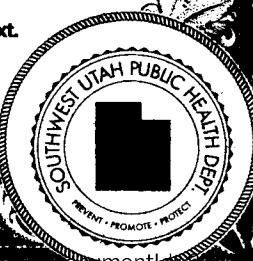
Rev. 1224



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



online instructions

**Affidavit instructions:** 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)					
Statement of amendments	5. Name of parent 1 ( Maiden name if applicable)			6. Name of parent 2 ( Maiden name if applicable)						
	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 (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 _____	
										S
										E
Oath of second witness	16. Address of witness									A
										L
	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 (sign in front of a 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	