

Send Tax Notices to:

2273 North 1060 East  
Lehi, UT 84043

ENT 21121:2025 PG 1 of 2  
**ANDREA ALLEN**  
**UTAH COUNTY RECORDER**  
2025 Mar 25 03:28 PM FEE 40.00 BY LM  
RECORDED FOR Pro-Title and Escrow, Inc.  
ELECTRONICALLY RECORDED

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## AFFIDAVIT - DEATH OF A JOINT TENANT

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Tax Serial No. 52:439:0028

I, Eric T. Von Pingel, being of legal age and being first duly sworn upon oath, depose and state as follows:

I know by my own knowledge that Teddi Lynn Covey Von Pingel, the decedent in the attached certificate of death is the same person as Teddi Von Pingel named as a party in that certain Warranty Deed dated March 10, 2006, recorded March 15, 2006, as Entry No. 30576:2006, Utah County Recorder's Office, Utah County, Utah.

This affidavit is given to terminate of record the decedent's interest in the following described parcel of land:

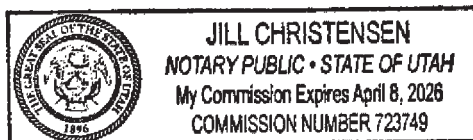
Lot 28, Plat "A", SUMMER CREST SUBDIVISION, Lehi, Utah, according to the official plat thereof on file and of record in the office of the Utah County Recorder, Utah.

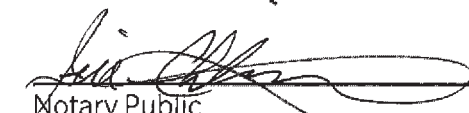
Dated this day, March 25, 2025.

  
Eric T. Von Pingel

State of Utah            )  
                                  )§  
County of Utah        )

On this day, March 25, 2025, personally appeared before me Eric T. Von Pingel, proved on the basis of satisfactory evidence to be the person(s) whose name is subscribed to in this document, and acknowledged he executed the same



  
Notary Public

# STATE OF ARIZONA

## CERTIFICATION OF VITAL RECORD

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ORIGINAL  
STATE COPY

### STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS CERTIFICATE OF DEATH

State File Number  
102-2025-002279

|   |                           |   |          |  |  |
|---|---------------------------|---|----------|--|--|
| 1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX)  |                           | 2. AKA'S (IF ANY)   |          | 3. DATE OF DEATH   |  |
| TEDDI, LYNN, COVEY VON PINGEL   |                           |   |          | 01/10/2025   |  |
| 4. SEX  | 5. SOCIAL SECURITY NUMBER | 6. DATE OF BIRTH  | 7. AGE   |  |  |
| FEMALE  |                           | 01/05/1967  | 58 YEARS |  |  |
| 8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH   |                           |   |          |  |  |
| MESA, MARICOPA, 85206   |                           |   |          |  |  |
| 9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS)  |                           |   |          |  |  |
| INPATIENT - BANNER BAYWOOD MEDICAL CENTER   |                           |   |          |  |  |
| 10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)  |                           | 11. MARITAL STATUS  |          | 12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) |  |
| GLOBE, ARIZONA  |                           | MARRIED   |          | ERIC, THOMAS, VON PINGEL   |  |
| 13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP)   |                           |   |          |  |  |
| 10412 E LOS LAGOS VISTA AVENUE, MESA, MARICOPA, AZ, 85209   |                           |   |          |  |  |
| 14. DECEDENT'S HISPANIC ORIGIN(S)   |                           | 15. DECEDENT'S RACE(S)  |          | 16. EVER IN ARMED FORCES   |  |
| NO, NOT SPANISH/HISPANIC/LATINO   |                           | WHITE   |          | NO   |  |
| 18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX)   |                           | 19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) |          |  |  |
| CLAYBERT, NEIL, COVEY   |                           | PRISCILLA, ANN, COLVIN  |          |  |  |
| 20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX)  |                           |   |          | 21. RELATIONSHIP   |  |
| ERIC, THOMAS, VON PINGEL  |                           |   |          | SPOUSE   |  |
| 22. INFORMANT'S MAILING ADDRESS   |                           |   |          |  |  |
| 10412 E LOS LAGOS VISTA AVENUE, MESA, AZ, 85209   |                           |   |          |  |  |
| 23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON  |                           | 24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON                       |          | 25. LICENSE NUMBER   |  |
| A WISE CHOICE DESERT VIEW CHAPEL<br>9702 E MAIN STREET, MESA, AZ, 85207   |                           | BRYCE, BUNKER   |          | FDL-01704  |  |
| 26. METHOD(S) OF DISPOSITION  |                           | 27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY                       |          | 28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY                                  |  |
| CREMATION   |                           | EAST VALLEY CREMATORY,<br>MESA, AZ, US                                  |          |  |  |
| <b>MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I</b>  |                           |   |          |  |  |
| 29. A. IMMEDIATE CAUSE OF DEATH   |                           |   |          | 30. APPROXIMATE INTERVAL   |  |
| CARDIOPULMONARY ARREST  |                           |   |          | DAYS   |  |
| 31. B. DUE TO OR AS A CONSEQUENCE OF:   |                           |   |          | 32. APPROXIMATE INTERVAL   |  |
| BACTEREMIA  |                           |   |          | DAYS   |  |
| 33. C. DUE TO OR AS A CONSEQUENCE OF:   |                           |   |          | 34. APPROXIMATE INTERVAL   |  |
| INFECTIVE ENDOCARDITIS  |                           |   |          | DAYS   |  |
| 35. D. DUE TO OR AS A CONSEQUENCE OF:   |                           |   |          | 36. APPROXIMATE INTERVAL   |  |
| <b>CAUSE OF DEATH PART II</b>   |                           |   |          |  |  |
| 37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: |                           | 38. INJURY?   |          | 39. INJURY AT WORK?  |  |
| STROKE  |                           | NO  |          | NATURAL DEATH  |  |
| 41. TIME OF DEATH   |                           | 42. WAS AN AUTOPSY PERFORMED?   |          | 43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?                |  |
| 08:58 PM  |                           | NO  |          |  |  |
| <b>CAUSE AND MANNER CERTIFICATION</b>   |                           |   |          |  |  |
| 44. NAME OF PERSON COMPLETING CAUSE OF DEATH  |                           | 45. DATE CERTIFIED  |          |  |  |
| RITESH, KANOTRA   |                           | 01/13/2025  |          |  |  |
| 46. CERTIFIER'S ADDRESS   |                           |   |          |  |  |
| 6644 E BAYWOOD AVENUE, MESA, AZ, 85206  |                           |   |          |  |  |

Date Registered: 01/17/2025

Date Issued: 01/28/2025

VS-49 Rev, 12/2017



35434076

This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA.  
Revised 07/2016

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

*Krystal Colburn*  
KRYSTAL COLBURN  
ASSISTANT STATE REGISTRAR



ARIZONA DEPARTMENT  
OF HEALTH SERVICES