

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

Send Tax Notices to:

2273 North 1060 East
Lehi, UT 84043

AFFIDAVIT - DEATH OF A JOINT TENANT

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.

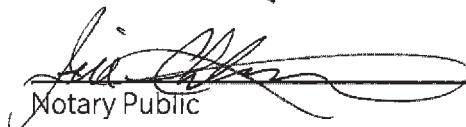
Dated this day, March 25, 2025.



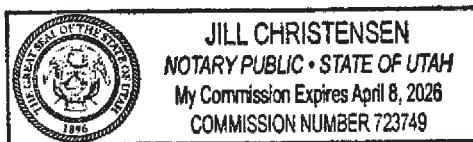
Eric T. Von Pingel

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 COPYSTATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATHState 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	
		WHITE	NO	
			17. OCCUPATION ASL INTERPRETER	
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 A WISE CHOICE DESERT VIEW CHAPEL 9702 E MAIN STREET, MESA, AZ, 85207		24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON BRYCE, , BUNKER		25. LICENSE NUMBER FDL-01704
26. METHOD(S) OF DISPOSITION CREMATION	27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY EAST VALLEY CREMATORIUM, MESA, AZ, US		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I				
29. A. IMMEDIATE CAUSE OF DEATH CARDIOPULMONARY ARREST			30. APPROXIMATE INTERVAL DAYS	
31. B. DUE TO OR AS A CONSEQUENCE OF: BACTEREMIA			32. APPROXIMATE INTERVAL DAYS	
33. C. DUE TO OR AS A CONSEQUENCE OF: INFECTIVE ENDOCARDITIS			34. APPROXIMATE INTERVAL DAYS	
35. D. DUE TO OR AS A CONSEQUENCE OF:			36. APPROXIMATE INTERVAL	
CAUSE OF DEATH PART II				
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: STROKE		38. INJURY?	39. INJURY AT WORK?	40. MANNER OF DEATH NATURAL DEATH
		NO		
		41. TIME OF DEATH 08:58 PM	42. WAS AN AUTOPSY PERFORMED? NO	43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
44. NAME OF PERSON COMPLETING CAUSE OF DEATH RITESH, , KANOTRA		45. DATE CERTIFIED 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
KRISTAL COLBURN
ASSISTANT STATE REGISTRAR

ARIZONA DEPARTMENT
OF HEALTH SERVICES