

When Recorded mail to:
David Bigelow
1331 Madison Ave.
Ogden, UT 84404



File No.: 172360-LMP

E# 3299453 PG 1 OF 2
Leann H. Kilts, WEBER COUNTY RECORDER
25-Sep-23 0244 PM FEE \$40.00 DEP TH
REC FOR: COTTONWOOD TITLE INSURANCE AGENCY, I
ELECTRONICALLY RECORDED

**AFFIDAVIT
DEATH OF A JOINT TENANT**

I, Clifford D. Bigelow, being of legal age and being first duly sworn, depose and state as follows:

Linda Bigelow, the decedent in the attached certificate of death or other document witnessing death is the same person as Linda S. Bigelow, named as a party in the document dated December 17, 2001 recorded December 19, 2001 as Entry 1815658, records of the Weber 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 Weber County, State of Utah:

Lot 231, MEADOW CREEK VILLAGE SUBDIVISION PHASE 6, according to the official plat thereof on file and of record in the office of the Weber County Recorder.

TAX ID NO.: 09-478-0015

Dated this 22 day of September, 2023




Clifford D. Bigelow

STATE OF UTAH

COUNTY OF WEBER

Subscribed to and sworn before me this 22 day of September, 2023, by Clifford D. Bigelow.



Notary Public



STATE OF UTAH — DEPARTMENT OF HEALTH

STATE OF UTAH — DEPARTMENT OF HEALTH

E# 3299453 PG 2 OF 2

LOCAL FILE NUMBER 29-1511-05		CERTIFICATE OF DEATH		STATE FILE NUMBER
1. DECEDENT'S LEGAL NAME (Include AKA's, if any) (First, Middle, Last) Linda Bigelow		2. SEX Female	3a. DATE OF DEATH (Mo., Day, Yr.) December 24, 2005	
4. DATE OF BIRTH (Mo., Day, Yr.) Jun 30, 1944		5. AGE Last Birthday (Years) 61	6. BIRTHPLACE (City & State or Foreign Country) Park City, Utah	7. SOCIAL SECURITY NUMBER XXXXXXXXXX
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA		9a. PLACE OF DEATH (Check only one) IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> 4. Nursing Home/Long term care facility <input checked="" type="checkbox"/> 5. Decedent's Home <input type="checkbox"/> 7. Other (specify)		
8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of facility) 5344 South 4150 West		8c. COUNTY OF DEATH Weber	8d. CITY, TOWN OR LOCATION OF DEATH Roy	
9. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		10. MARITAL STATUS <input type="checkbox"/> 1. Never Married <input checked="" type="checkbox"/> 2. Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced <input type="checkbox"/> 5. Married, but separated <input type="checkbox"/> 6. Unknown		
11. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) Clifford Bigelow		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired.) Homemaker		
12b. KIND OF BUSINESS OR INDUSTRY Own Home		12c. RESIDENCE - STREET AND NUMBER 5344 South 4150 West		
13a. STATE Utah		13b. COUNTY Weber	13c. CITY, TOWN, COMMUNITY, OR RURAL Roy	13d. ZIP CODE 84067
14. FATHER'S NAME (First, Middle, Last) Mar Ross		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Thelma Lorraine Street		
16. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT (Street & Number, City, State, Zip) Clifford Bigelow (Husband) 5344 South 4150 West, Roy, Utah 84067				
17. METHOD OF DISPOSITION <input type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other <input checked="" type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal		18a. DATE OF DISPOSITION Dec 29, 2005		
18b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Leavitt's Crematory		19. LICENSEE NUMBER 31007700-0902		
20. FUNERAL HOME (Name and complete address) Leavitt's Mortuary 836 36th Street Ogden, Utah 84403		21. SIGNATURE OF FUNERAL SERVICE LICENSEE Brady Leder		
22. CERTIFIER (Check only one) <input checked="" type="checkbox"/> 1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> 2. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner as stated.		22a. Was Medical Examiner Contacted? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		
M.E. Case No. 16392-005		DATE SIGNED 12-27-05		
SIGNATURE & TITLE OF CERTIFIER John R. Wood M.D.		LIC. NO. 16392-005		
23a. NAME, ADDRESS AND ZIP CODE FOR PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 24) (Type/Print) John R. Wood M.D., 1915 West 5950 South, Roy, Utah 84067		23b. DATE DECEASED WAS LAST ATTENDED BY PHYSICIAN 12-23-05		
24. PART I. Enter the chain of events, diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without knowing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Adenocarcinoma of the Stomach Approximate Interval Between Onset and Death: 6 months				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I				
25. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: <input type="checkbox"/> 1. Probably contributed to the cause of death <input type="checkbox"/> 2. Was the underlying cause of death <input type="checkbox"/> 3. Did not contribute to the cause of death <input type="checkbox"/> 4. Unknown in relation to the cause of death <input type="checkbox"/> 5. NON USER		27. MANNER OF DEATH <input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Could not be determined <input type="checkbox"/> 6. Pending investigation		28. IF FEMALE <input checked="" type="checkbox"/> 1. Not pregnant within past year <input type="checkbox"/> 2. Pregnant at time of death <input type="checkbox"/> 3. Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> 4. Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> 5. Unknown if pregnant within the past year
29a. DATE OF INJURY (Mo., Day, Yr.)		29b. TIME OF INJURY (24 hr. Clock)	29c. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	29d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) <input type="checkbox"/> 1. Driver <input type="checkbox"/> 2. Passenger <input type="checkbox"/> 3. Pedestrian <input type="checkbox"/> 4. Other <input type="checkbox"/> 5. Unknown
29e. LOCATION (Street or rural route number, city or town, county and state)		29f. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY should be entered in Item 24)		
30. WAS DECEDENT OF HISPANIC ORIGIN? (Check the "No" box if decedent is not Spanish/Spanish/Latino.) <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No (If yes, check the box that best describes whether the decedent is Spanish/Spanish/Latino.) <input type="checkbox"/> 1. Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> 2. Yes, Cuban <input type="checkbox"/> 3. Yes, Puerto Rican <input type="checkbox"/> 4. Yes, other Spanish/Spanish/Latino (Specify)		31. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> 01. White <input type="checkbox"/> 02. Black or African American <input type="checkbox"/> 03. American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> 04. Chinese <input type="checkbox"/> 05. Japanese <input type="checkbox"/> 06. Native Hawaiian <input type="checkbox"/> 07. Filipino <input type="checkbox"/> 08. Other Asian (Specify) <input type="checkbox"/> 10. Asian Indian <input type="checkbox"/> 11. Korean <input type="checkbox"/> 12. Samoan <input type="checkbox"/> 13. Vietnamese <input type="checkbox"/> 14. Guamanian or Chamorro <input type="checkbox"/> 15. Other Pacific Islander (Specify) <input type="checkbox"/> 00. Other (Specify)		32. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death.) <input type="checkbox"/> 1. 8th grade or less <input type="checkbox"/> 2. 9th - 12th grade, no diploma <input checked="" type="checkbox"/> 3. High School graduate or GED completed <input type="checkbox"/> 4. Some college credit, but no degree <input type="checkbox"/> 5. Associate degree (e.g., AA, AS) <input type="checkbox"/> 6. Bachelor's degree (e.g., BA, BS) <input type="checkbox"/> 7. Master's degree (e.g., MA, MS, MEd, MEd, MSW, MBA) <input type="checkbox"/> 8. Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
33. REGISTRAR'S SIGNATURE Barry E. Nangle		34. DATE FILED (Mo., Day, Yr.) Dec 27, 2005		

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued: **DEC 29 2005**

WEBER

County

Registrar

Barry E Nangle

Barry E. Nangle

DIRECTOR OF VITAL RECORDS

By *[Signature]*



SDH-BV/RPS 95 (9/96)

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WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES. ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.