



W3338296

When Recorded Return to:
Antonio Rueda
722 E. 1300 North
Ogden, Ut 84404
MTC File 341965

E# 3338296 PG 1 OF 3
Leann H. Kilts, WEBER COUNTY RECORDER
30-Aug-24 0220 PM FEE \$40.00 DEP SD
REC FOR: MERIDIAN TITLE COMPANY
ELECTRONICALLY RECORDED

**AFFIDAVIT OF SURVIVORSHIP
AND TERMINATION OF JOINT TENANCY**

STATE OF UTAH)
 : ss.
COUNTY OF Salt Lake)

I, Antonio Rueda, being of legal age and being first duly sworn, depose and state as follows:

1. Mary-Jean Carol Rueda, the decedent in the attached certificate of death is the same person as Carol Rueda, named as a party in the deed to real property recorded April 13, 1999, as Weber County Recorder's entry number 1627772, in Book 2004, Page 2528 in the records of the Weber County Recorder.

2. This affidavit is given to terminate the decedent's joint tenancy in the following described property located in Weber County, State of Utah:

Lot 2, Block 9, Eyrie Meadow Subdivision No. 2, according to the plat thereof as recorded in the office of the Weber County Recorder.
Tax Parcel 11-010-0023

ds SW

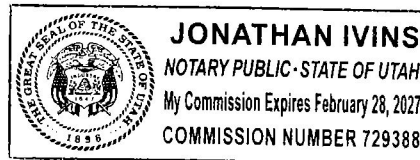
3. That title to the Property should be vested in the name of Antonio Rueda, as the sole surviving Joint Tenant.

Dated this 30 day of August, 2024

Antonio Rueda
Antonio Rueda

Subscribed and sworn to before me this 30 day of August, 2024, by Antonio Rueda.

[Signature]
Notary Public



CERTIFICATE OF DEATH

State File Number: 2021020794

MaryJean Carol Rueda

DECEDENT INFORMATION

Date of Death:	November 22, 2021	Time of Death:	10:50
City of Death:	Washington Terrace	County of Death:	Weber
Age:	76	Date of Birth:	June 24, 1945
Place of Birth:	Price, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Antonio Rueda	Usual Occupation:	Homemaker
Industry/Business:	Own Home	Education:	High School or GED
Residence:	Ogden, Utah	Father's Name:	Fred Joseph Quintana
Mother's Name:	Maria Urbana Gallegos	Facility Type:	Hospital Inpatient
Facility or Address:	Ogden Regional Medical Center		

INFORMANT INFORMATION

Name:	Antonio Rueda	Relationship:	Husband
Mailing Address:	722 East 1300 North, Ogden, Utah 84404		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Evergreen Memorial Park, Ogden, Utah
Date of Disposition:	December 1, 2021

FUNERAL HOME INFORMATION

Funeral Home:	Myers Mortuary - Ogden
Address:	845 Washington Blvd, Ogden, Utah 84404
Funeral Director:	Shaun S. Myers

MEDICAL CERTIFICATION

Certifying Physician: David Ohlson DO, 5505 South 900 East, #240, Murray (Salt Lake)S, Utah 84117

CAUSE OF DEATH

Paraneoplastic Neuro Encephalopathy [Onset: 3 Weeks]
 Due to (or as a consequence of): Acute Respiratory Failure [Onset: 2 Weeks]
 Due to (or as a consequence of): Stage 4 [Onset: 1 Month]
 Due to (or as a consequence of): Neuroendocrine Tumor [Onset: 1 Month]
 Tobacco Use: Non-user
 Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: November 29, 2021
 Date Issued: November 29, 2021

ORIGINAL

RECEIVED

JAN 14 2022

OXFORD LIFE INSURANCE CO
PHOENIX, AZ

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. Winger
 Linda S. Winger, MSW, LCSW
 State Registrar
 Rev. 07/21



Brian Cowan
 Brian Cowan, MPH, LEHS
 Director/Health Officer
 County Health Department



STATE OF UTAH - DEPARTMENT OF HEALTH - 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 subsequent changes. This form is not used with a court order. A court order is necessary to make any corrections to a Delayed Birth Certificate or Death Certificate. This affidavit cannot be used to correct medical information. Many changes, including marital status, require more information; please 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
Physical Address: Office of Vital Records and Statistics 288 North 1460 West Salt Lake City, UT 84116
Contact Info: <https://VitalRecords.utah.gov> 801-538-6105 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 must sign as a witness along with an immediate member of the decedent's family. 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 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 IS CHANGE NEEDED?	9. _____					
DOCUMENTS USED	10. _____					
OATH OF FIRST WITNESS (MUST BE 18 OR OLDER)	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. DAYTIME TELEPHONE		15. RELATIONSHIP TO 1a.	
	16. ADDRESS OF WITNESS					
OATH OF SECOND WITNESS (MUST BE 18 OR OLDER)	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. DAYTIME TELEPHONE		21. RELATIONSHIP TO 1a.	
	22. ADDRESS OF WITNESS					

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