

When Recorded mail to:
Grant D. Tanner
1631 S. Bluff Road
Syracuse, UT 84075

File No.: 139790-KAP

**AFFIDAVIT
DEATH OF A JOINT TENANT**

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


Beavelynn Beth Tanner, the decedent in the attached certificate of death or other document witnessing death is the same person as Beavelynn G. Tanner, named as a party in the document dated December 10, 2002 recorded December 13, 2002 as Entry 1813378, Book 3186, Page 1359, records of the Davis County Recorder, Utah.

This affidavit is given to terminate the decedent's interest in the following described property located in Davis County, State of Utah:

Beginning at a point North 89°49'43" West 1136.375 feet along a section line and North 0°09'37" East 143 feet and North 89°49'43" West 263 feet and North 0°09'37" East 199.57 feet from the Southeast corner of the Southwest quarter, Section 9, Township 4 North, Range 2 West, Salt Lake Meridian; thence North 0°09'37" East 110 feet; thence South 89°05'37" West 286.45 feet, more or less, to the Easterly line of a road; thence South 23°59'20" East 119.56 feet along said road; thence North 89°05'37" East 237.52 feet, more or less, to the point of beginning.

TAX ID NO.: 12-049-0003


Dated July ³⁰~~29~~, 2021


Grant D. Tanner

STATE OF UTAH

COUNTY OF DAVIS

Subscribed to and sworn before me this ^{30th}~~29th~~ day of July, 2021 by Grant D. Tanner.


Notary Public



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2009016250

3404939

BK 7812 PG 2752

Beavelynn Beth Tanner

DECEDENT INFORMATION

Date of Death:	March 28, 2009	Time of Death:	01:30
City of Death:	Syracuse	County of Death:	Davis
Age:	61	Date of Birth:	November 18, 1947
Place of Birth:	Safford, Arizona	Sex:	Female
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Grant David Tanner	Usual Occupation:	Registered Nurse
Industry/Business:	Labor/Delivery	Education:	Bachelor's Degree
Residence:	Syracuse, Utah	Father's Name:	William David Green
Mother's Name:	Lenora Traylor	Facility Type:	Home
Facility or Address:	1631 South Bluff Road		

INFORMANT INFORMATION

Name:	Grant David Tanner	Relationship:	Spouse
Mailing Address:	1631 South Bluff Road, Syracuse, Utah 84075		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Provo City Cemetery, Provo, Utah
Date of Disposition:	April 2, 2009

FUNERAL HOME INFORMATION

Funeral Home:	Myers Mortuary - Roy
Address:	5865 South 1900 West, Roy, Utah 84067
Funeral Director:	Stephen K Johnston

MEDICAL CERTIFICATION

Certifying Physician:	Warren L Butler, Tanner Clinic, 2038 West 1900 South, Syracuse, Utah 84075
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CAUSE OF DEATH

Aspiration [Onset: 1 Day]
Widely Metastatic Lymphoma [Onset: 3 Months]
Tobacco Use: Non-user
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Issued: March 31, 2009

This is an exact reproduction of the document registered in the State Office of Vital Statistics. Security features of this official document include: Intaglio Border, V & R images in top cycloids, ultra violet fibers and hologram image of the Utah State Seal, over the words "State of Utah". This document displays the date, seal and signature of the State Registrar and the County/District Health Officer.

Barry E. Nangle

Barry E. Nangle, State Registrar
Office of Vital Statistics



061502206

Lewis R. Garrett
Lewis R. Garrett
Director/Health Officer
County/District Health Department



AFFIDAVIT FOR CORRECTION

This is a legal document. Complete in black ink and do not alter.

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE. A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

All vital records are registered as received. Corrections must be made by affidavit. An item on the birth or death certificate may be corrected by affidavit only once; a court order will be required for subsequent corrections.

There is no processing fee for affidavits registered within one year of the date of the event. After one year from the date of the event, there is a fee for filing the affidavit which includes one replacement copy. Affidavits completed **within 90 days of issuance** may be given credit for monies previously paid. (Multiple copies may require an additional fee.)

**PLEASE RETURN ALL COPIES WITH ONE COMPLETED AFFIDAVIT WITHIN 90 DAYS FOR REPLACEMENT TO:
UTAH DEPT. OF HEALTH, OFFICE OF VITAL RECORDS AND STATISTICS, P O BOX 141012,
SALT LAKE CITY, UT 84114-1012**

BIRTH CERTIFICATES

1. List the facts exactly as stated on the reverse side. Opposite each item, correct the information as it should have been stated at the time of the birth.
2. Who may sign the affidavit for corrections: If the person listed on the record is under 18, both parents listed on the record. If the person listed on the record is 18 he/she **must** sign as one of the witnesses, unless mentally incompetent or physically incapacitated. Parents or other older relatives are preferred witnesses for the second signature. If no father is listed on the record, an older relative of the mother of legal age may sign. The signatures must be notarized.
3. The parent(s) may add or correct the surname from that listed on the record until the child's first birthday without proofs. The first, and/or middle name can be corrected or added without proofs until the child's sixth birthday.
4. If the child is under the age of six and there is no father listed on the record, the child's surname may be corrected to match the mother's maiden name without documentation.
5. Minor corrections in spelling or parents' information may be corrected anytime. Some corrections may require documentary proof.
6. This affidavit cannot be used to add a father to or correct medical information on a birth certificate.

DEATH CERTIFICATES

1. If corrections to non medical information are not being made by the Funeral Home, the Informant **MUST** sign as a witness along with an older relative of the decedent, or another person who is knowledgeable of the facts.
2. The medical information (Cause of Death) may only be corrected by the certifying physician or the Medical Examiner.

BIRTH DEATH STILLBIRTH

LOCAL FILE NUMBER _____

STATE FILE NUMBER _____

NAME AS REPORTED ON REVERSE	1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME
STATEMENT OF CORRECTIONS	2a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD		2b. CORRECT INFORMATION
WHY IS CHANGE NECESSARY?	3. _____		
PROOFS USED TO AMEND RECORD	4. _____		
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 & Sworn to before me this ____ day of _____, 20__
	5. SIGNATURE OF WITNESS		Notary Public _____
	6. DATE SIGNED	7. AGE OF WITNESS	8. DAYTIME TELEPHONE # OF WITNESS ()
	9. ADDRESS OF WITNESS (Street, City, State, Zip)		My Commission expires _____
	10. RELATIONSHIP TO PERSON IN 1a: Self Parent/Guardian Spouse Funeral Director Informant Other (Specify)		
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 & Sworn to before me this ____ day of _____, 20__
	11. SIGNATURE OF WITNESS		Notary Public _____
	12. DATE SIGNED	13. AGE OF WITNESS	14. DAYTIME TELEPHONE # OF WITNESS ()
	15. ADDRESS OF WITNESS (Street, City, State, Zip)		My Commission expires _____
	16. RELATIONSHIP TO PERSON IN 1a: Self Parent/Guardian Spouse Funeral Director Informant Other (Specify)		

UDOH-OVRS
REV. 02/06

REGISTRARS USE ONLY: Number of Certificates Replaced: _____ Initials: _____ Date: _____