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BK 8489 PG 50

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RICHARD T. MAUGHAN
DAVIS COUNTY, UTAH RECORDER
04/25/2024 09:37:13 AM
FEE: \$40.00 Pgs: 3
DEP eCASH REC'D FOR: COTTONWOOD TITLE
INSURANCE AGENCY, INC.

When Recorded mail to:
Anita D. Lopez
146 East 1150 North
Layton, UT 84041

File No.: 177951-JGP

AFFIDAVIT DEATH OF A JOINT TENANT

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

Felimon Ninalga Lopez, the decedent in the attached certificate of death or other document witnessing death is the same person as Felimon N. Lopez, named as a party in the document dated ~~XXXXXX~~ recorded ~~XXXXXX~~ as Entry ~~2758162~~, records of the Davis County Recorder, Utah. Nov. 26, 2003
Dec. 1, 2003 1936828

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 Davis County, State of Utah:

All of Lot 87, FORT LANE SUBDIVISION NO. 2, according to the official plat thereof as recorded in the office of the Davis County Recorder.

TAX ID NO.: 10-025-0087

Dated April 24, 2024

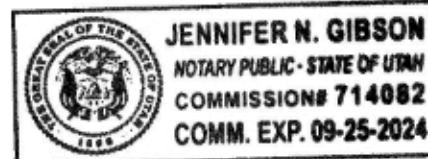
Anita D. Lopez
Anita D. Lopez

STATE OF UTAH

COUNTY OF DAVIS

Subscribed to and sworn before me this 24 day of April, 2024 by Anita D. Lopez.

Jennifer N. Gibson
Notary Public



COURTESY RECORDING ONLY

Cottonwood Title disclaims any liability as to the condition of title and as to the content, validity, or effects of this document.

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF DEATH

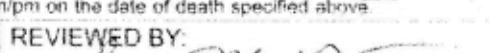
Province	LA UNION			Registry No.
City/Municipality	AGOO			2022 - 384
1. NAME FELIMON	(First) NIÑALGA	(Middle)	(Last) LOPEZ	2. SEX (Male/Female) MALE
3. DATE OF DEATH (Day, Month, Year) 21 JULY 2022	4. DATE OF BIRTH (Day) 26 FEBRUARY 1950	(Month)	(Year)	5. AGE AT THE TIME OF DEATH (Fill-in below according to age category) a. 1 YEAR OR ABOVE b. IF UNDER 1 YEAR [2] Completed years 72 [1] Months 0 [0] Days 0 Hours 0 Min/Sec 0
6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No., St., Barangay, City/Municipality, Province) LA UNION MEDICAL CENTER	AGOO	LA UNION	7. CIVIL STATUS (Single/Married/Widow/Widower/Annulled/Divorced) MARRIED	
8. RELIGION/RELIGIOUS SECT SEVENTH DAY ADVENTIST	9. CITIZENSHIP FILIPINO	10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country) SANTA FE, AGOO, LA UNION, PHILIPPINES		
11. OCCUPATION RETIREE	12. NAME OF FATHER (First, Middle, Last) PANTALEON LOPEZ	13. MAIDENNAME OF MOTHER (First, Middle, Last) LEONA NIÑALGA		

MEDICAL CERTIFICATE

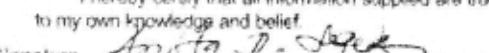
(For ages 0 to 7 days, accomplish items 14-19a at the back)

19b. CAUSES OF DEATH (If the deceased is aged 8 days and over)	Interval Between Onset and Death			
i. Immediate cause a. ACUTE MYOCARDIAL INFARCTION				
Antecedent cause b.				
Underlying cause c.				
ii. Other significant conditions contributing to death:				
19c. MATERNAL CONDITION (If the deceased is female aged 15-49 years old)				
a. pregnant, not in labour	b. pregnant, in labour	c. less than 42 days after delivery	d. 42 days to 1 year after delivery	e. None of the choices
19d. DEATH BY EXTERNAL CAUSES	20. AUTOPSY (Yes / No)			
a. Manner of death (Homicide, Suicide, Accident, Legal intervention, etc.)				
b. Place of Occurrence of External Cause (e.g. home, farm, factory, street, sea, etc.)				

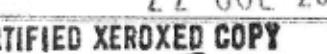
21a. ATTENDANT	2. Public 1. Private Health Officer	3. Hospital Authority	5. Others (Specify)	21b. If attended, state duration (mm/dd/yy) From 7/21/2022 To 7/21/2022
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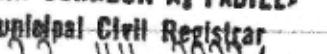
22. CERTIFICATION OF DEATH	REVIEWED BY
I hereby certify that the foregoing particulars are correct as near as same can be ascertained and I further certify that I <input checked="" type="checkbox"/> have attended/ <input type="checkbox"/> have not attended the deceased and that death occurred at 09:45 PM on the date of death specified above.	 MICHAEL DAVE N. MESIAS, M.D. Signature Over Printed Name of Health Officer
Signature	Date JULY 22, 2022
Name in Print THELMA DORIS D. GURION, M.D.	
Title or Position MEDICAL OFFICER III	
Address LUMC, NAZARENO, AGOO, LA UNION	
Date JULY 22, 2022	

23. CORPSE DISPOSAL (Burial, Cremation, if others, specify) BURIAL	24a. BURIAL/CREMATION PERMIT Number	24b. TRANSFER PERMIT Number
25. NAME AND ADDRESS OF CEMETERY OR CREMATORIAL SANTO TOMAS CEMETERY	SANTO TOMAS, LA UNION	

26. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature 	27. PREPARED BY
Name in Print ANITA D. LOPEZ	Signature 
Relationship to the Deceased WIFE	Name in Print OLIVIA E. DOCTOLERO
Address AGOO, LA UNION	Title or Position ADMINISTRATIVE OFFICER V
Date JULY 22, 2022	Date JULY 22, 2022

28. RECEIVED BY Signature 	29. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature 
Name in Print MARIA TERESA P. CUDAL	Name in Print MARIA CORAZON A. PADILLA
Title or Position Administrative Assistant IV	Title or Position Municipal Civil Registrar
Date 22 JUL 2022	Date 22 JUL 2022

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)	CERTIFIED XEROXED COPY 
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TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR This Permit is hereby granted to ANITA D. LOPEZ, transfer the remains to SANTO TOMAS, LA UNION	
2 7 2 0 9 0 1 6 0 8 0 3 3 0 1 6 1 2 9	2 7 2 0 9 0 1 6 0 8 0 3 3 0 1 6 1 2 9
THELMA DORIS D. GURION, M.D.	MEDICAL OFFICER III

FOR CHILDREN AGED 0 TO 7 DAYS

14. AGE OF MOTHER	15. METHOD OF DELIVERY (Normal or Cesarean or other, specify)	16. LENGTH OF PREGNANCY (in completed weeks)
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17. TYPE OF BIRTH (Single, Twin, Triple, etc.)	18. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)
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MEDICAL CERTIFICATE

19a. CAUSES OF DEATH

- a. Main disease/condition of infant
- b. Other diseases/conditions of infant
- c. Main maternal disease/condition affecting infant
- d. Other maternal disease/condition affecting infant
- e. Other relevant circumstances

CONTINUE TO FILL UP ITEM 20

POSTMORTEM CERTIFICATE OF DEATH

I HEREBY CERTIFY that I have performed an autopsy upon the body of the deceased and that the cause of death was

Signature	Title/Designation
Name in Print	Address
Date	

CERTIFICATION OF EMBALMER

I HEREBY CERTIFY that I have embalmed all the regulations prescribed by the Department of Health.	following
Signature	Title/Designation
Name in Print	License No.
Address	Issued on
	Expiry Date

Signature: ISIDRO G. MARTINEZ JR Title/Designation *LC. EMB*
Name in Print *ISIDRO G. MARTINEZ JR* License No. *03-98-2673*
Address *NAMBOONSAN SID TOMAS LU* Issued on *AUG 29 2019* at *DOH R1*
Expiry Date *2022*

AFFIDAVIT FOR DELAYED REGISTRATION OF DEATH

I, _____, of legal age, single/married/divorced/widow/widower, with residence and postal address _____

, after being duly sworn in accordance with law, do hereby depose and say:

1. That _____ died on _____ in _____ and was buried/cremated in _____ on _____
2. That the deceased at the time of his/her death:
 was attended by _____
 was not attended.
3. That the cause of death of the deceased was _____
4. That the reason for the delay in registering this death was due to _____
5. That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth whereof, I have affixed my signature below this _____ day of _____, _____
at _____, Philippines.

(Signature Over Printed Name of Affiant)

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____ at _____
Philippines, affiant who exhibited to me his/her CTC/valid ID
Issued on _____ at _____

Signature of the Administering Officer

Position / Title / Designation

Name in Print

Address