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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 ~~July 22, 2013~~ recorded ~~August 2, 2013~~ 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

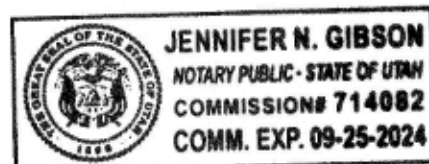
Anita D. Lopez  
Anita D. Lopez

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.

Municipal Form No. 103 (Revised August 2016)		Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL <b>CERTIFICATE OF DEATH</b>		(To be accomplished in quadruplicate using black ink)	
Province <b>LA UNION</b> City/Municipality <b>AGOO</b>			Registry No. <b>2022 - 384</b>		
1. NAME (First) (Middle) (Last) <b>FELIMON NIÑALGA LOPEZ</b>			2. SEX (Male/Female) <b>MALE</b>		
3. DATE OF DEATH (Day, Month, Year) <b>21 JULY 2022</b>		4. DATE OF BIRTH (Day) (Month) (Year) <b>26 FEBRUARY 1950</b>		5. AGE AT THE TIME OF DEATH (Fill-in below according to age category) a. IF 1 YEAR OR ABOVE (2) Completed years <b>72</b> b. IF UNDER 1 YEAR (1) Months (2) Days (3) Hours (4) Min/Sec <b>0 0 0 0</b>	
6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No., St., Barangay, City/Municipality, Province) <b>LA UNION MEDICAL CENTER AGOO LA UNION</b>			7. CIVIL STATUS (Single/Married/Widow/ Widower/Annulled/Divorced) <b>MARRIED</b>		
8. RELIGION/RELIGIOUS SECT <b>SEVENTH DAY ADVENTIST</b>		9. CITIZENSHIP <b>FILIPINO</b>		10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country) <b>SANTA FE, AGOO, LA UNION, PHILIPPINES</b>	
11. OCCUPATION <b>RETIREE</b>		12. NAME OF FATHER (First, Middle, Last) <b>PANTALEON LOPEZ</b>		13. MAIDEN NAME OF MOTHER (First, Middle, Last) <b>LEONA NIÑALGA</b>	
<b>MEDICAL CERTIFICATE</b> (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) I. Immediate cause : a. <b>ACUTE MYOCARDIAL INFARCTION</b> Interval Between Onset and Death 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 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.)					
20. AUTOPSY (Yes / No)					
21a. ATTENDANT 1 Private Physician 2 Public Health Officer <input checked="" type="checkbox"/> 3 Hospital Authority 4 None 5 Others (Specify) 21b. If attended, state duration (mm/dd/yy) From <b>7/21/2022</b> To <b>7/21/2022</b>					
22. CERTIFICATION OF DEATH 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 <b>09:45 PM</b> am/pm on the date of death specified above.					
Signature Name in Print <b>THELMA DORIS D. GURION, M.D.</b> Title or Position <b>MEDICAL OFFICER III</b> Address <b>LUMC, NAZARENO, AGOO, LA UNION</b> Date <b>JULY 22, 2022</b>					
REVIEWED BY: <b>MICHAEL DAVE N. MESIAS, M.D.</b> Signature Over Printed Name of Health Officer Date <b>JULY 22, 2022</b>					
23. CORPSE DISPOSAL (Burial, Cremation, if others, specify) <b>BURIAL</b>		24a. BURIAL/CREMATION PERMIT Number Date Issued		24b. TRANSFER PERMIT Number Date Issued	
25. NAME AND ADDRESS OF CEMETERY OR CREMATORY <b>SANTO TOMAS CEMETERY SANTO TOMAS, LA UNION</b>					
26. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature <b>ANITA D. LOPEZ</b> Name in Print <b>ANITA D. LOPEZ</b> Relationship to the Deceased <b>WIFE</b> Address <b>AGOO, LA UNION</b> Date <b>JULY 22, 2022</b>			27. PREPARED BY Signature Name in Print <b>OLIVIA E. DOCTORERO</b> Title or Position <b>ADMINISTRATIVE OFFICER V</b> Date <b>JULY 22, 2022</b>		
28. RECEIVED BY Signature <b>MARIA TERESA P. CUVAL</b> Name in Print <b>MARIA TERESA P. CUVAL</b> Title or Position <b>Administrative Assistant IV</b> Date <b>22 JUL 2022</b>			29. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature Name in Print <b>MARIA CORAZON A. PADILLA</b> Title or Position <b>Municipal Civil Registrar</b> Date <b>22 JUL 2022</b>		
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only) <b>CERTIFIED XEROXED COPY</b> <b>MARIA CORAZON A. PADILLA</b> Municipal Civil Registrar					
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR This Permit is hereby granted to <b>ANITA D. LOPEZ</b> , transfer the remains to <b>SANTO TOMAS, LA UNION</b> <b>2 7 2 0 9 0 1 6 0 8 0 3 3 0 1 6 1 2 9</b> <b>THELMA DORIS D. GURION, M.D.</b> <b>MEDICAL OFFICER III</b>					

FOR CHILDREN AGED 0 TO 7 DAYS

14. AGE OF MOTHER	15. METHOD OF DELIVERY (Normal/spontaneous/ written if others, specify)	16. LENGTH OF PREGNANCY (in completed weeks)
17. TYPE OF BIRTH (Single, Twin, Triplet, etc.)	18. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)	

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 \_\_\_\_\_ following  
all the regulations prescribed by the Department of Health.

Signature	Title/Designation
Name in Print	License No.
Address	Issued on
	Expiry Date

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