

When Recorded Return to:

Curtis R. Kemp
471 North 3335 West
Clearfield, UT 84015

MTC File 342867

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

STATE OF UTAH)
 : ss.
COUNTY OF DAVIS)

I, Curtis R. Kemp, being of legal age and being first duly sworn, depose and state as follows:

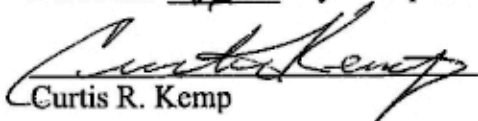
1. Heidi Ferrin Kemp, the decedent in the attached certificate of death is the same person as Heidi F. Kemp, named as a party in the deed to real property recorded January 31, 2014, as Davis County Recorder's entry number 2788187, in Book 5946, Page 767 in the records of the Davis County Recorder.

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

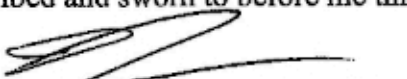
Lot 44, Lake Point Meadows at West Point Subdivision, according to the plat thereof as recorded in the office of the Davis County Recorder.
Tax Parcel 14-349-0044

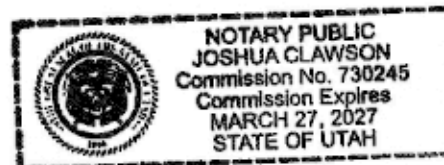
3. That title to the Property should be vested in the name of Curtis R. Kemp, as the sole surviving Joint Tenant.

Dated this 26 day of September, 2024


Curtis R. Kemp

Subscribed and sworn to before me this 26 day of September, 2024, by Curtis R. Kemp.


Notary Public



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

3589061
BK 8596 PG 108

State File Number: 2021006657

Heidi Ferrin Kemp

DECEDENT INFORMATION

Date of Death:	April 15, 2021	Time of Death:	18:49
City of Death:	Salt Lake City	County of Death:	Salt Lake
Age:	47	Date of Birth:	July 26, 1973
Place of Birth:	Bountiful, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Curtis Richard Kemp	Usual Occupation:	Tech
Industry/Business:	Medical	Education:	High School or GED
Residence:	West Point, Utah	Father's Name:	Dennis Paul Ferrin
Mother's Name:	Barbara Anne Choate	Facility Type:	Hospital Inpatient
Facility or Address:	LDS Hospital		

INFORMANT INFORMATION

Name:	Curtis R Kemp	Relationship:	Husband
Mailing Address:	471 North 3335 West, West Point, Utah 84015		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Lakeview Cemetery, Bountiful, Utah
Date of Disposition:	April 24, 2021

FUNERAL HOME INFORMATION

Funeral Home:	Russon Mortuary & Crematory - Syracuse
Address:	1585 West 300 South, Syracuse, Utah 84075
Funeral Director:	Todd G Russon

MEDICAL CERTIFICATION

Certifying Physician: Lily Marsden MD, Office of the Medical Examiner, 4451 South 2700 West, Taylorsville, Utah 84129

CAUSE OF DEATH

Carbon monoxide toxicity
Tobacco Use: Non-user
Medical Examiner Contacted: Yes Autopsy Performed: Yes Autopsy Available: Yes Manner of Death: Suicide

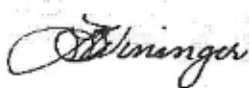
INJURY INFORMATION

Date of Injury:	April 15, 2021	Time of Injury:	09:00
Injury at Work:	No	Place of Injury:	Garage of residence
Location of Injury:	471 North 3335 West, West Point, Utah		
How Injury Occurred:	Intentional prolonged exposure to carbon monoxide from car and generator exhaust		
Motor Vehicle Accident:	No		

Date Registered: April 20, 2021

Date Issued: April 20, 2021

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, MSW, LCSW
State Registrar



* 0 6 6 7 0 7 4 5 4 *


Gary L. Edwards
Director/Health Officer
County/District Health Department



STATE OF UTAH - DEPARTMENT OF HEALTH - OFFICE OF VITAL RECORDS AND STATISTICS

AFFIDAVIT TO AMEND A RECORD

3589061

BK 8596 PG 109

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 and proof of ID.

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		NOTARY SIGNATURE _____
	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		NOTARY SIGNATURE _____
	22. ADDRESS OF WITNESS					