

E 3591548 B 8609 P 457-461
RICHARD T. MAUGHAN
DAVIS COUNTY, UTAH RECORDER
10/18/2024 11:44 AM
FEE 40.00 Pgs: 5
DEP IC REC'D FOR LYNETTE
MICHELLE LLOYD

COURTESY RECORDING: This document is being recorded solely as a courtesy and an accommodation to the parties named herein.

WHEN RECORDED, MAIL TAX NOTICES TO:

Nancy V. Acord
1589 North 675 West
West Bountiful, UT 84087

RETURNED

OCT 18 2024

Tax Parcel No. 06-024-0017

AFFIDAVIT OF JOINT TENANT

I, Lynette Michelle Lloyd, being of legal age and being first duly sworn, depose and state as follows:

NANCY V. ACORD is the surviving spouse of the decedent, REID H. ACORD.

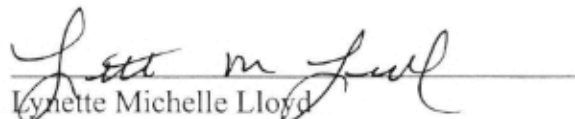
This affidavit is given to terminate the decedent's interest in the following real property located in Davis County, Utah, and more particularly described as follows:

All of Lot 17, Old Farm Estates Plat A. Cont. 0.248 Acres

Tax Parcel No. 06-024-0017

REID HENRY ACORD, the decedent in the certificate of death attached as Exhibit "A" is the same person as REID H. ACORD named as a party in the Warranty Deed dated December 11, 1992, recorded December 16, 1992, as Entry No. 1008155, records of the Davis County Recorder, Utah.

DATED this 18th day of October, 2024.


Lynette Michelle Lloyd

State of Utah)
 §
County of Davis)

On the 18th day of October, 2024, before me a notary public, personally appeared LYNETTE MICHELLE LLOYD, proved on the basis of satisfactory evidence to be the person whose name is subscribed to in this document, and acknowledged she executed the same for its stated purpose.



Notary Public

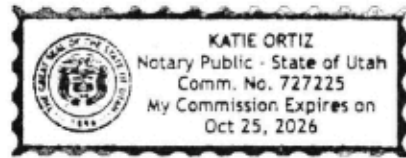


Exhibit "A"
Death Certificate

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

3591548
BK 8609 PG 460

CERTIFICATE OF DEATH

State File Number: 2023019330

Reid Henry Acord

DECEDENT INFORMATION

Date of Death:	November 19, 2023	Time of Death:	09:24
City of Death:	West Bountiful	County of Death:	Davis
Age:	79	Date of Birth:	December 15, 1943
Place of Birth:	Mount Pleasant, Utah	Sex:	Male
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Nancy Virginia Sharbono	Usual Occupation:	Pharmacist
Industry/Business:	Pharmaceutical	Education:	Bachelor's Degree
Residence:	West Bountiful, Utah	Father's Name:	Clair Reid Acord
Mother's Name:	Idona Anderson	Facility Type:	Home
Facility or Address:	1589 North 675 West		

INFORMANT INFORMATION

Name:	Lynette Lloyd	Relationship:	Daughter
Mailing Address:	5930 South Fireglow Avenue, Boise, Idaho 83709		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Orem City Cemetery, Orem, Utah
Date of Disposition:	November 25, 2023

FUNERAL HOME INFORMATION

Funeral Home:	Premier Funeral Services
Address:	67 East 8000 South, Midvale, Utah 84047
Funeral Director:	David L Milius

MEDICAL CERTIFICATION

Certifying Physician: Ronak Iqbal MD, Granger Medical Clinic, 3725 West 4100 South, West Valley City, Utah 84120

CAUSE OF DEATH

Protein Caloric Malnutrition
Due to (or as a consequence of): Hypertension
Due to (or as a consequence of): Sarcopenia
Tobacco Use: Non-user
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: November 22, 2023

Date Issued: November 22, 2023

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



* 0 6 7 4 9 9 5 1 4 *

Angela C. Dunn

Angela C. Dunn, MD, MPH
Director/Health Officer
County/District 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.		NOTARY SIGNATURE _____
	16. ADDRESS OF WITNESS					S E A L
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					S E A L