



When Recorded Return to:
Evans, Grover & Beins, P.C.
PO Box 160
Tremonton, Utah 84337

Tax Notices Mail to:
Von Glenn Barfuss
9870 North 6400 West
Tremonton, Utah 84337

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF UTAH)
: ss.
County of Box Elder)

I, VON GLENN BARFUSS, being first duly sworn on oath, deposes and says:

1. He is a resident of Box Elder County, Utah, over the age of 21 years, and is competent by personal knowledge to state and swear to the things hereinafter stated.

2. He is the surviving child of GLENN RAY BARFUSS, a.k.a. GLENN R. BARFUSS, and Beverley Bingham Barfuss, a.k.a. Beverley B. Barfuss. He knows of his own personal knowledge that GLENN RAY BARFUSS who is named as Decedent in a Utah Certificate of Death, a certified copy of which is attached and by reference made a part hereof, is one and the same person as GLENN R. BARFUSS, named as one of the grantees in that certain WARRANTY DEED dated March 31, 1992 and recorded on March 31, 1992 in Book 518 at Page 105 as Filing No. 43599, in the office of the Box Elder County Recorder, State of Utah, wherein the Decedent GLENN RAY BARFUSS, a.k.a. GLENN R. BARFUSS, owned a joint tenancy interest with Beverley Bingham Barfuss, a.k.a. Beverley B. Barfuss, in and to the subject property.

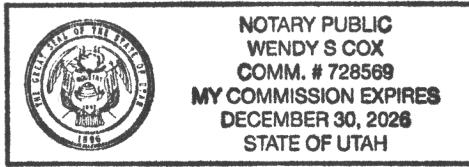
3. This Affidavit is made for the purpose of terminating the joint tenancy interest of GLENN RAY BARFUSS, a.k.a. GLENN R. BARFUSS, in and to the following described real property located in Box Elder County, Utah:

Beginning at a point on the East line of the County Road; 2570.7 feet; N 88°06' E along the quarter-section line and 262.5 feet S 4°29'22" W from the West Quarter Corner of Section 15, Township 11 North, Range 3 West, SLB&M, and running S 4°29'22" W 129.0 feet along said line; thence East 168.0 feet; thence N 4°29'22" E 129.0 feet; thence West 168 feet to the point of beginning. Cont. .50 acres more or less.

DATED this 11 day of January, 2024.

Von G. Barfuss
VON GLENN BARFUSS

On the 11th day of January, 2024, personally appeared before me VON GLENN BARFUSS, the signer of the within instrument, who duly acknowledged to me that he executed the same.



Wendy S. Cox
Notary Public in the State of Utah
Commission No.: 728569
My Commission Expires: December 30, 2026

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

Ent: 470629 B: 1574 P: 0559 Page 3 of 4

CERTIFICATE OF DEATH

State File Number: 2021002487

Glenn Ray Barfuss

DECEDENT INFORMATION

Date of Death:	February 4, 2021	Time of Death:	23:05
City of Death:	Tremonton	County of Death:	Box Elder
Age:	92	Date of Birth:	February 14, 1928
Place of Birth:	Garland, Utah	Sex:	Male
Armed Services:	Yes	Marital Status:	Married
Spouse's Name:	Beverly Bingham	Usual Occupation:	Self Employed
Industry/Business:	Mechanic Shop	Education:	Associate Degree
Residence:	Tremonton, Utah	Father's Name:	Charles Barfuss
Mother's Name:	Winifred Barnes	Facility Type:	Home
Facility or Address:	9950 North 6400 West		

INFORMANT INFORMATION

Name:	Von G Barfuss	Relationship:	Son
Mailing Address:	9870 North 6400 West, Tremonton, Utah 84337		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Garland Cemetery, Garland, Utah
Date of Disposition:	February 11, 2021

FUNERAL HOME INFORMATION

Funeral Home:	Rudd Funeral Home
Address:	1234 South Main, , Garland, Utah 84312
Funeral Director:	Gary Joe Rudd

MEDICAL CERTIFICATION

Certifying Physician: Justin W Mansfield MD, McKay Dee Internal Medicine, 4403 Harrison Blvd Suite 3875, Ogden, Utah 84403

CAUSE OF DEATH

Congestive Heart Failure

Due to (or as a consequence of): Atherosclerotic Cardiovascular Disease

Tobacco Use: Non-user

Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: February 10, 2021

Date Issued: February 10, 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: High Resolution Border, V & R images in top cycloids, and microtext.
This document displays the date, seal, and signature of the Utah State Registrar of Vital Records and Statistics.


Linda S. Wninger LCSW

State Registrar
Rev. 4/19



06666941


Lloyd Berentzen
Director/Health Officer
County/District Health
Department


Bear River
Health Department

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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 and proof of ID.

Ent: 470629 B: 1574 P: 0560 Page 4 of 4

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.

	<input type="checkbox"/> BIRTH	<input type="checkbox"/> DEATH	<input type="checkbox"/> 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)	
STATEMENT OF AMENDMENTS	5. NAME OF PARENT 1 (Maiden name if applicable)			6. NAME OF PARENT 2 (Maiden name if applicable)	
	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				