

Affidavit of Survivorship

State of Utah

County of Iron

I Bryan Keith Fanton, residing at 5317 N 2700 W, Cedar City, Utah 84721, being of legal age, depose and say that:

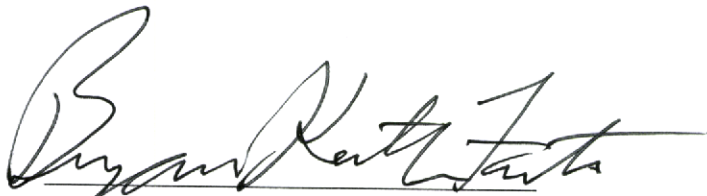
1. On October 25, 2016, by Quick Claim Deed recorded in Book/Volume 1359, Page 186, of the Iron County records as document number 00690222 ('the Deed'), the Affiant and JoAnn Frances Fanton become owners of the following legally described property:

Lot 5, Block 2, Midvalley Estates, Unit 2
Parcel # D-0518-0081-0000

2. Affiant and JoAnn Frances Fanton own the property in joint tenancy with right of survivorship.
3. On March 09, 2020, JoAnn Frances Fanton, died, thereby terminating JoAnn Frances Fantons interest in the above-described real property. A certified copy of the death certificate of JoAnn Frances Fanton is attached hereto as Exhibit A.

Oath or Affirmation

I certify under penalty of perjury under Utah law that I know the contents of this affidavit signed by me and that the statements are true and correct.


Bryan Keith Fanton

4-12-22
Date

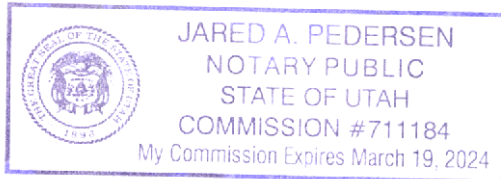
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Carri R. Jeffries, Iron County Recorder Page 1 of 4
04/13/2022 04:34:47 PM By BRYAN KEITH FANTON



STATE OF UTAH, COUNTY OF IRON, ss:

This Affidavit was acknowledged before me on this 22nd day of April,
2022 by Bryan Keith Fanton, who, being first duly sworn on oath according to law, deposes and
says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated
herein are true to the best of his/her information, knowledge and belief.



Jared Pedersen
Notary Public

Branch Manager
Title (and Rank)

My commission expires 3-19-2022

00789732

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Carri R. Jeffries, Iron County Recorder Page 2 of 4
04/13/2022 04:34:47 PM By BRYAN KEITH FANTON



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2020003935

JoAnn Frances Fanton

DECEDENT INFORMATION

Date of Death:	March 9, 2020	Time of Death:	06:31
City of Death:	Cedar City	County of Death:	Iron
Age:	60	Date of Birth:	October 12, 1959
Place of Birth:	Queens, New York	Sex:	Female
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Bryan Keith Fanton	Usual Occupation:	Homemaker
Industry/Business:	Own Home	Education:	Some College but No Degree
Residence:	Cedar City, Utah	Parent or Father:	William Francis Pennell
Parent or Mother:	Josephine Agnes Callahan	Facility Type:	Hospital Inpatient
Facility or Address:	Cedar City Hospital		

INFORMANT INFORMATION

Name:	Bryan Keith Fanton	Relationship:	Husband
Mailing Address:	5317 North 2700 West, Cedar City, Utah 84721		

DISPOSITION INFORMATION

Method of Disposition:	Cremation
Place of Disposition:	Southern Utah Crematory, Cedar City, Utah
Date of Disposition:	March 12, 2020

FUNERAL HOME INFORMATION

Funeral Home:	Southern Utah Mortuary - Cedar City
Address:	190 North 300 West, Cedar City, Utah 84720
Funeral Director:	Morgan R Sulz

MEDICAL CERTIFICATION

Medical Professional:	Jarid D Gray MD, 1303 North Main Street, Cedar City (Iron), Utah 84720
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CAUSE OF DEATH

Metastatic Lung Cancer
Tobacco Use: Probably Contributed
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural


Date Registered: March 11, 2020

Date Issued: March 11, 2020

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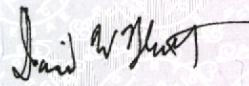
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Carri R. Jeffries, Iron County Recorder Page 3 of 4
04/13/2022 04:34:47 PM By BRYAN KEITH FANTON

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. Winger LCSW
State Registrar
Rev. 4/19



066170185


David W. Blodgett, MD
Director/Health Officer

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.

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					

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 Carri R. Jeffries, Iron County Recorder Page 4 of 4
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