

WHEN RECORDED MAIL DEED AND TAX
NOTICE TO:

DOC # 20090002390

Warranty Deed Page 1 of 2
Russell Shirts Washington County Recorder
01/23/2009 10:12:15 AM Fee \$ 12.00
BY LAMONT A LAURIE

Order No. Accommodation only
Tax I.D. No. SG-COSC-B-184

Space Above This Line for Recorder's Use



SOUTHERN UTAH TITLE

"People You Can Trust in a Changing World"

WARRANTY DEED

CARL LAMONT and A. LAURIE LAMONT, grantor(s), of 3052N SNOWCANYONPKWY#184
County of WASHINGTON, State of UTAH, hereby **CONVEY**
and **WARRANT** to

CARL LAMONT and A. LAURIE LAMONT, Husband and wife as Joint Tenants with Full
Rights of Survivorship, grantee(s) of 3052N SNOWCANYONPKWY#184, County of
WASHINGTON, State of UTAH, for the sum of TEN
DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION the following described tract of land
in WASHINGTON County, State of UTAH:

All of Lot 184, THE CLIFFS OF SNOW CANYON PLAT "B" - AMENDED & EXTENDED, according to the
Official Plat thereof, on file in the Office of the Recorder of Washington County, State of Utah.

TOGETHER WITH all improvements and appurtenances thereunto belonging, and being SUBJECT TO
easements, rights of way, restrictions, and reservations of record and those enforceable in law and
equity

WITNESS the hand(s) of said grantor(s), this 31ST of DECEMBER, A. D. 20 08.

Carl Lamont
CARL LAMONT

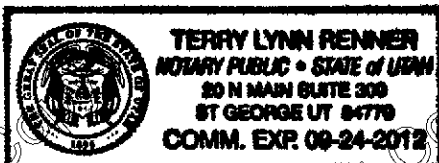
A Laurie Lamont
A. LAURIE LAMONT

NOTARY

STATE OF UTAH)

County of Washington) ss

On the 31ST day of DECEMBER, A. D. 20 08, personally appeared before me,
A. LAURIE LAMONT, the signer(s) of the within instrument, who duly acknowledge to me that she
executed the same.



Terry Lynn Renner
, Notary Public

My Commission Expires: 9/24/2012
Notary Public residing at: HURRICANE, UT.

NOTARY Attachment to that certain Warranty Deed executed by **CARL LAMONT and A. LAURIE LAMONT** grantor(s), to **CARL LAMONT and A. LAURIE LAMONT, Husband and wife as Joint Tenants with Full Rights of Survivorship** grantee(s).

Tax I.D. No. SG-COSC-B-184


NOTARY

STATE OF PENNSYLVANIA)

County of Bucks) ss

On the 13 day of January, A. D. 2009, personally appeared before me, **CARL LAMONT**, the signer(s) of the within instrument, who duly acknowledge to me that he executed the same.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
James A. Nolan, Notary Public
Buckingham Twp., Bucks County
My Commission Expires Aug. 6, 2012
Member, Pennsylvania Association of Notaries


_____, Notary Public

My Commission Expires:
Notary Public residing at:

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
James A. Nolan, Notary Public
Buckingham Twp., Bucks County
My Commission Expires Aug. 6, 2012
Member, Pennsylvania Association of Notaries

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DOC # 20250002768

Affidavit & Death Certificate
Gary Christensen Washington County Recorder
01/27/2025 04:27:39 PM Fee \$ 40.00
By GURR, BRANDE & SPENDLOVE PLLC

Page 1 of 3

When Recorded, Return to:
Gurr & Brande, PLLC
491 E. Riverside Drive, #4B
St. George, Utah 84790

Mail Tax Statements To:
A. Laurie Lamont
3052 N. Snow Canyon Parkway #184
St. George, UT 84770

APN: SG-COSC-B-184

AFFIDAVIT OF SURVIVING JOINT TENANT

I, A. LAURIE LAMONT, do duly state that I personally know that:

CARL LAMONT, as shown on the attached Certificate of Death,

is one and the same person as Carl Lamont, as shown on the Warranty Deed, Entry No. 20090002390 of the official records of the Washington County Recorder, as receiving an interest as joint tenant in the following described real property:

ALL OF LOT 184, THE CLIFFS OF SNOW CANYON PLAT "B" – AMENDED & EXTENDED, according to the Official Plat thereof, on file in the Office of the Recorder of Washington County, State of Utah.

All interest of the decedent in said property under the joint tenancy indicated above is hereby terminated.

Executed on the 21st day of January, 2025.

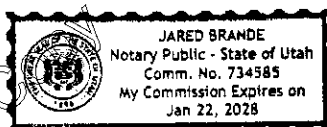

A. LAURIE LAMONT

STATE OF UTAH

COUNTY OF WASHINGTON

:SS
)

On this January 21, 2025, before me JARED BRANDE, a Notary Public, personally appeared A. LAURIE LAMONT, proved on the basis of satisfactory evidence to be the person whose name is subscribed to in this instrument, and acknowledged she executed the same.




Notary Signature

STATE OF UTAH
CERTIFICATION OF VITAL RECORD**CERTIFICATE OF DEATH**

State File Number: 2024012486

Carl M Lamont**DECEDENT INFORMATION**

| | | | |
|----------------------|----------------------------------|-------------------|--------------------|
| Date of Death: | July 23, 2024 | Time of Death: | 22:04 |
| City of Death: | St George | County of Death: | Washington |
| Age: | 78 | Date of Birth: | September 13, 1945 |
| Place of Birth: | Philadelphia, Pennsylvania | Sex: | Male |
| Armed Services: | Yes | Marital Status: | Married |
| Spouse's Name: | Annie Laurie Gouvlea | Usual Occupation: | Investor |
| Industry/Business: | Real Estate | Education: | Bachelor's Degree |
| Residence: | St George, Utah | Father's Name: | Harry Lamont |
| Mother's Name: | Estelle Hanan | Facility Type: | Home |
| Facility or Address: | 3052 North Snow Canyon PKWY #184 | | |

INFORMANT INFORMATION

| | | | |
|------------------|---|---------------|------|
| Name: | Laurie Lamont | Relationship: | Wife |
| Mailing Address: | 3052 North Snow Canyon PKWY #184, St George, Utah 84770 | | |

DISPOSITION INFORMATION

| | |
|------------------------|--|
| Method of Disposition: | Cremation |
| Place of Disposition: | Cremation Center of Southern Utah, St George, Utah |
| Date of Disposition: | July 30, 2024 |

FUNERAL HOME INFORMATION

| | |
|-------------------|--|
| Funeral Home: | Cremation Center of Southern Utah |
| Address: | 1316 South 400 East #A5, St George, Utah 84790 |
| Funeral Director: | W Russell Atkin |

MEDICAL CERTIFICATION

| | |
|-----------------------|---|
| Certifying Physician: | Loren Kyle Gulbranson MD, Intermountain Medical Center, 1380 E Medical Center Drive, Saint George, Utah 84790 |
|-----------------------|---|

CAUSE OF DEATH

Multiple Myeloma [Onset: 6 Months]
Other significant conditions: Coronary artery disease
Tobacco Use: Non-user
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: July 25, 2024

Date Issued: July 25, 2024

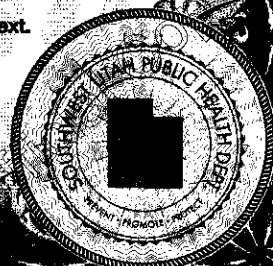
This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics. Security features of this official document include: Intaglio Border, V & R Images in top cycloids, and Intaglio microtext. This document displays the date, seal and signature of the Utah State Registrar of Vital Record and Statistics.

Linda S. Wninger
Linda S. Wninger, MSW, LCSW
State Registrar



* 067971701 *

David W. Blodgett MD, MPH
David W. Blodgett, MD, MPH
Director/Health Officer





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 name changes after the age of one year. This form is not used with a court order. A court order is necessary to make any corrections to a Delayed Birth Certificate. This affidavit **cannot** be used to correct **medical** information. Many changes, including **marital status**, require more information; 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

Contact Info: <https://VitalRecords.utah.gov> 801-538-6105 vrequest@utah.gov



online instructions

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 and an immediate family member, or two immediate family members, must sign as a witness. 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 the 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 the change is needed | 9 | | | | | |
| Documents used | 10 | | | | | |
| Oath of first witness | 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. | | | | | |
| | 11a. Signature of witness (Must sign in front of notary) | | | 11b. Printed name of witness | | |
| | 12. Date signed | 13. Age of witness | 14. Telephone number | | 15. Relationship to 1a. | |
| | 16. Address of witness | | | | | |
| | Subscribed to and Sworn to before me this ____ day of ____ 20__. | | | | | |
| Oath of second witness | 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. | | | | | |
| | 17a. Signature of witness (Must sign in front of notary) | | | 17b. Printed name of witness | | |
| | 18. Date signed | 19. Age of witness | 20. Telephone number | | 21. Relationship to 1a. | |
| | 22. Address of witness | | | | | |
| | Subscribed to and sworn to before me this ____ day of ____ 20__. | | | | | |