

ATC E2-82-22176

When recorded mail to
ROBERT E. PAYNE at 7116 S. Turnagain
Cove, Salt Lake City, UT 84121

Recorded at Request of.....

at..... M. Fee Paid \$.....

by..... Dep. Book..... Page..... Ref.:.....

Mail tax notice to..... Address.....

3707679

WARRANTY DEED

THOMAS J. BEYER and ELAYNE K. BEYER, husband and wife,
as joint tenants
of Salt Lake City County of Salt Lake State of Utah, hereby

CONVEY and WARRANT to

ROBERT E. PAYNE and CHARLENE E. PAYNE, husband and wife,
as joint tenants

of Salt Lake City County of Salt Lake, State of Utah

for the sum of TEN and other good and valuable considerations-----DOLLARS

the following described tract of land in Salt Lake County,

State of Utah, to-wit:

All of Lot 20, NUTREE WEST, according to the official plat thereof
on file and of record in the Salt Lake County recorder's office.

SUBJECT TO a Note secured by a Deed of Trust in favor of State Savings
and Loan Association as shown of record as Entry No. 3259586, in
Book 4839, at Page 364, Salt Lake County Recorder's office, the
unpaid balance of which the Grantee herein assumes and agrees to pay.

SUBJECT TO easements, restrictions and rights-of-way currently of
record and general property taxes for the year 1982 and thereafter.

WITNESS the hand of said grantor, this 1st day of September A. D. 19 82

Signed in the presence of

THOMAS J. BEYER

ELAYNE K. BEYER

STATE OF UTAH
COUNTY OF SALT LAKE

{ SS.

On the 1st day of September A. D. 19 82 personally
appeared before me THOMAS J. BEYER and ELAYNE K. BEYER

the signer of the within instrument who duly acknowledged
to me that he executed the same.

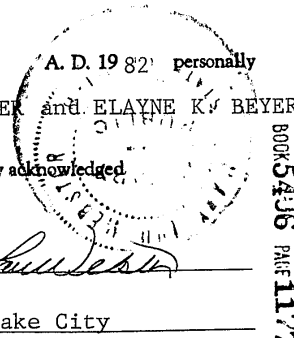


ASSOCIATED TITLE COMPANY

Notary Public

Residing at Salt Lake City

My Commission Expires: 9/18/83



Mail Notice to:
Robert E. Payne
7116 S. Turnagain Cove
Cottonwood Heights, UT 84121

13179107
01/27/2020 03:55 PM \$40.00
Book - 10889 Pg - 1872-1874
RASHELLE HOBBS
RECORDER, SALT LAKE COUNTY, UTAH
ROBERT E PAYNE
7116 S TURNAGAIN COVE
COTTONWOOD HEIGHTS UTAH 84121
BY: TSA, DEPUTY - WI 3 P.

AFFIDAVIT OF SURVIVORSHIP IN REAL PROPERTY

STATE OF UTAH)
)
) ss.
COUNTY OF SALT LAKE)

I, ROBERT E. PAYNE, being of legal age and being first duly sworn, depose and state as follows:


CHARLENE PAYNE, the decedent in the attached certificate of death, is the same person as CHARLENE PAYNE named as a party in the Deed dated September 1, 1982 pertaining to real property situated at 7116 S. Turnagain Cove, Cottonwood Heights, Utah, 84121, as Entry Number 3707679 in Book 5406, Page 1177, in the records of the Salt Lake County Recorder, official records, state of Utah.

This affidavit is given to terminate the decedent's interest in the following described properties located in Salt Lake County, State of Utah, to-wit:

All of Lot 20, Nutree West Subdivision
according to the official plat thereof as appearing
of record in the office of the Salt Lake County Recorder.

Parcel/Tax Id. No: 22-26-201-010

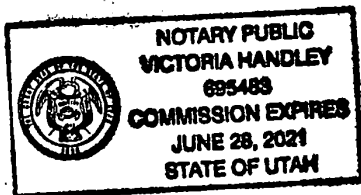
DATED this 24 day of January, 2020.




ROBERT E. PAYNE
Affiant

STATE OF UTAH)
 : ss.
COUNTY OF SALT LAKE)

On the 24th day of January, 2020, appeared before me, Robert E. Payne, signer of the above Affidavit, who being first duly sworn upon oath did acknowledge to me that he signed the same





NOTARY PUBLIC
Residing at SLC, UT

THE CITY OF NEW YORK

VITAL RECORDS CERTIFICATE

BK 10889 PG 1874

DEATH TRANSCRIPT

DATE FILED THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Certificate No. 156-16-052087

NEW YORK CITY
DEPARTMENT OF HEALTH
AND MENTAL HYGIENE
DECEMBER 20, 2016 05:50 PM

1. DECEDENT'S
LEGAL NAME **CHARLENE PAYNE**
(First, Middle, Last)

| | | | | | |
|---|--|---|---|--|--|
| MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician) | 2a. New York City | 2c. Type of Place <input type="checkbox"/> Hospital Inpatient <input type="checkbox"/> Emergency Dept./Outpatient <input checked="" type="checkbox"/> Dead on Arrival | 4 <input type="checkbox"/> Nursing Home/Long Term Care Facility 5 <input type="checkbox"/> Hospice Facility 6 <input type="checkbox"/> Decedent's Residence 7 <input type="checkbox"/> Other Specify _____ | 2d. Any Hospice care in last 30 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown | 2e. Name of hospital or other facility (if not facility, street address) Woodhull Medical and Mental Health Center |
| | 2b. Borough Brooklyn | | | | |
| PERSONAL PARTICULARS (To be filled in by Funeral Director or, in case of City Burial, by Physician) | Date and Time of Death 3a. (Month) (Day) (Year-yyyy) December 17 2016 | | 3b. Time 11:20 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM | | 4. Sex Female |
| | 5. Date last attended by a Physician mm dd yyyy 12 17 2016 | | | | |
| 6. Certifier: I certify that death occurred at the time, date and place indicated and that to the best of my knowledge traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. See instructions on reverse of certificate. | | | | | |
| Name of Physician Hideki Kishikawa MD (Type or Print) Address 760 Broadway, Brooklyn, New York 11206 | | | Signature <i>Hideki Kishikawa</i> M.D. Signature Electronically Authenticated License No. 003946 Date DEC-18-2016 | | |
| 7a. Usual Residence State Utah | | 7b. County Salt Lake | 7c. City or Town Cottonwood Heights | 7d. Street and Number 7116 Turnagain Cove | 7e. Inside City Limits? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| 8. Date of Birth (Month) (Day) (Year-yyyy) February 23 1947 | | 9. Age at last birthday (years) 69 | | 10. Social Security No. 050-38-0745 | |
| 11a. Usual Occupation (Type of work done during most of working life. Do not use "retired") Management | | 11b. Kind of business or industry Insurance | | 12. Aliases or AKAs Charlene Elizabeth Payne | |
| 13. Birthplace (City & State or Foreign Country) Bronx, New York | | 14. Education (Check the box that best describes the highest degree or level of school completed at the time of death) 1 <input type="checkbox"/> 8th grade or less; none 4 <input checked="" type="checkbox"/> Some college credit, but no degree 7 <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) 2 <input type="checkbox"/> 9th - 12th grade; no diploma 5 <input type="checkbox"/> Associate degree (e.g., AA, AS) 8 <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) 3 <input type="checkbox"/> High school graduate or GED 6 <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) | | | |
| 15. Ever in U.S. Armed Forces? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No | | 16. Marital/Partnership Status at time of death 1 <input checked="" type="checkbox"/> Married 2 <input type="checkbox"/> Domestic Partnership 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Married, but separated 5 <input type="checkbox"/> Never Married 6 <input type="checkbox"/> Widowed 7 <input type="checkbox"/> Other, Specify _____ 8 <input type="checkbox"/> Unknown | | 17. Surviving Spouse's/Partner's Name (If wife, name prior to first marriage) (First, Middle, Last) Robert E. Payne | |
| 18. Father's Name (First, Middle, Last) Esteve Morales | | 19. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last) Marjorie Gluck | | | |
| 20a. Informant's Name Robert E. Payne | | 20b. Relationship to Decedent Spouse | | 20c. Address (Street and Number Apt. No. City & State ZIP Code) 7116 Turnagain Cove, Cottonwood Heights, Utah 84121 | |
| 21a. Method of Disposition 1 <input type="checkbox"/> Burial 2 <input checked="" type="checkbox"/> Cremation 3 <input type="checkbox"/> Entombment 4 <input type="checkbox"/> City Cemetery 5 <input type="checkbox"/> Other Specify _____ | | 21b. Place of Disposition (Name of cemetery, crematory, other place) Utah Funeral Directors Cremation Center | | | |
| 21c. Location of Disposition (City & State or Foreign Country) South Jordan, Utah | | | | 21d. Date of Disposition mm dd yyyy 12 26 2016 | |
| 22a. Funeral Establishment Paccione Funeral Services | | 22b. Address (Street and Number City & State ZIP Code) 530 Narrows Road S, Staten Island, New York 10304 | | | |

VR 15 (Rev. 01/09)

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

Do not accept this transcript unless it bears the security features listed on the back. Reproduction or alteration of this transcript is prohibited by §3.19(b) of the New York City Health Code if the purpose is the evasion or violation of any provision of the Health Code or any other law.

Steven P. Schwartz
Steven P. Schwartz, Ph.D., City Registrar



December 21, 2016 Order No. 20161218601

FILED DISTRICT COURT
Third Judicial District

By _____
JUL 14 2025
SALT LAKE COUNTY
Deputy Clerk

In the District Court of Utah

3rd Judicial District Salt Lake City County

Court Address 450 South State Street, Salt Lake City, UT, 84111

In the Matter of the Estate of

Robert Payne
Deceased

Letters Testamentary

№ 253901800

Case Number

Coral Sanchez

Judge

1. The will of the decedent was admitted to probate. The appointed personal representative is:

Kathryn Payne (name).

2. The personal representative is:

[X] not supervised.

[] supervised. The personal representative may not make any distribution of the estate or exercise the following powers without prior order of the court:

7-14-25
Date

Signature ►

Printed Name of Clerk or Registrar

MA

