

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
RECODER, 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:

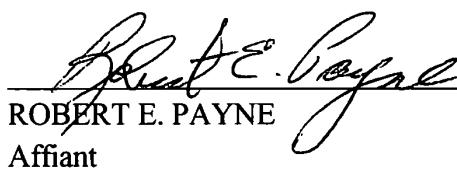
CHARLENE PAYNE, the decedent in the attached certificate of death, is the same person as CHARLENE PAYNE named as a party in the Deed dated September 1, 1982 pertaining to real property situated at 7116 S. Turnagain Cove, Cottonwood Heights, Utah, 84121, as Entry Number 3707679 in Book 5406, Page 1177,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

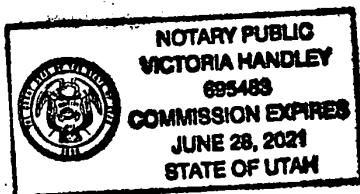
DATED this 29 day of January, 2020.


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




Victoria Handley
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. DECEASED'S
LEGAL NAME CHARLENE PAYNE

(First, Middle, Last)

MEDICAL CERTIFICATE OF DEATH (To be filed in by the Physician)	2a. New York City		2c. Type of Place		4 <input type="checkbox"/> Nursing Home/Long Term Care Facility		2d. Any Hospice care in last 30 days		2e. Name of hospital or other facility (if not facility, street address)				
	Place Of Death	Brooklyn	1 <input type="checkbox"/> Hospital Inpatient	5 <input type="checkbox"/> Hospice Facility	2 <input type="checkbox"/> Emergency Dept./Outpatient	6 <input type="checkbox"/> Decedent's Residence	7 <input type="checkbox"/> Other Specify _____	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Unknown	Woodhull Medical and Mental Health Center		
PERSONAL PARTICULARS (To be filed in by Funeral Director or in case of City Burial by Physician)	Date and Time of Death		3a. (Month)	(Day)	(Year-YYYY)	3b. Time	11:20	AM	4. Sex	mm 12 dd 17 yyyy 2016			
	December	17	2016	11:20	AM	Female							
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 <u>Hideki Kishikawa MD</u> (Type or Print) Address <u>760 Broadway, Brooklyn, New York 11206</u>					Signature <u>Hideki Kishikawa</u> DO. M.D. Signature Electronically Authenticated License No. <u>003946</u> Date <u>DEC-18-2016</u>								
7a. Usual Residence State <u>Utah</u>		7b. County <u>Salt Lake</u>		7c. City or Town <u>Cottonwood Heights</u>		7d. Street and Number <u>7116 Turnagain Cove</u>		Apt. No.		ZIP Code <u>84121</u>	7e. Inside City Limits? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
8. Date of Birth <u>February 23 1947</u>		(Month) (Day) (Year-YYYY)		9. Age at last birthday (years) <u>69</u>		Under 1 Year Months <u>2</u> Days <u>3</u> Hours <u>4</u> Minutes <u>5</u>		10. Social Security No. <u>050-38-0745</u>					
11a. Usual Occupation (Type of work done during most of working life. Do not use "retired") <u>Management</u>					11b. Kind of business or industry <u>Insurance</u>			12. Aliases or AKA's <u>Charlene Elizabeth Payne</u>					
13. Birthplace (City & State or Foreign Country) <u>Bronx, New York</u>					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 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 3 <input type="checkbox"/> High school graduate or GED 6 <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) 9 <input type="checkbox"/> Professional degree (e.g., MD, DDS, DVM, LLB, JD)								
15. Ever in U.S. Armed Forces? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No					16. Marital/Partnership Status at time of death 1 <input 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/Partner's Name (If wife, name prior to first marriage) (First, Middle, Last) <u>Robert E. Payne</u>		
18. Father's Name (First, Middle, Last) <u>Esteve Morales</u>					19. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last) <u>Marjorie Gluck</u>								
20a. Informant's Name <u>Robert E. Payne</u>					20c. Address (Street and Number) Apt. No. City & State ZIP Code <u>7116 Turnagain Cove, Cottonwood Heights, Utah 84121</u>								
21a. Method of Disposition 1 <input type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Entombment					21b. Place of Disposition (Name of cemetery, crematory, other place) <u>Utah Funeral Directors Cremation Center</u>								
21c. Location of Disposition (City & State or Foreign Country) <u>South Jordan, Utah</u>					21d. Date of Disposition mm dd yyyy <u>12 26 2016</u>								
22a. Funeral Establishment <u>Paccione Funeral Services</u>					22b. Address (Street and Number) City & State ZIP Code <u>530 Narrows Road S, Staten Island, New York 10304</u>								

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

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FILED DISTRICT COURT
Third Judicial District
JUL 14 2025
SALT LAKE COUNTY

By _____
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:

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

