ENT 30576:2006 PG 1 of 1
RANDALL A. COVINGTON
UTAH COUNTY RECORDER
2006 Mar 15 12:32 pm FEE 10.00 BY SW
RECORDED FOR AFFILIATED FIRST TITLE COMP
ELECTRONICALLY RECORDED

Mail tax notice to:
Eric T. Von Pingel
2339 East Dragoon Avenue
Mesa, AZ 85204

Space above this line for recording data.

WARRANTY DEED

Eric T. Von Pingel

GRANTOR(S)

of , County of Utah, State of UTAH

Hereby ***Convey(s)*** and ***Warrant(s)*** to

Eric T. Von Pingel and Teddi Von Pingel, husband and wife as joint tenants ,

GRANTEE(S)

of Mesa , STATE OF Arizonia for the sum of

TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION,

the following described tract(s) of land in ***Utah*** County, State of **Utah**:

Lot 28, Plat "A", SUMMER CREST SUBDIVISION, Lehi, Utah, according to the official plat thereof on file and of record in the office of the Utah County Recorder, Utah.

52-439-0028

SUBJECT TO Easements, Restrictions, and Rights of Way of record and to general property taxes for the year 2006 and each year thereafter.

WITNESS, the hand(s) of said Grantor(s), on March 10, 2006.

Signed in the Presence of

_____

Eric T. Von Pingel

_____

STATE OF Arizona)
):ss
COUNTY OF Maricopa)

On March 10, 2006 personally appeared before me
Eric T. Von Pingel

signer(s) of the within instrument, who duly acknowledged to me that he executed the same.

Notary Public

"OFFICIAL SEAL"
Mikki D. Spaulding
Notary Public-Arizona
Maricopa County
My Commission Expires 10/22/08

ENT 21121:2025 PG 1 of 2
ANDREA ALLEN
UTAH COUNTY RECORDER
2025 Mar 25 03:28 PM FEE 40.00 BY LM
RECORDED FOR Pro-Title and Escrow, Inc.
ELECTRONICALLY RECORDED

Send Tax Notices to:

2273 North 1060 East
Lehi, UT 84043

AFFIDAVIT - DEATH OF A JOINT TENANT

Tax Serial No. 52:439:0028

I, Eric T. Von Pingel, being of legal age and being first duly sworn upon oath, depose and state as follows:

I know by my own knowledge that Teddi Lynn Covey Von Pingel, the decedent in the attached certificate of death is the same person as Teddi Von Pingel named as a party in that certain Warranty Deed dated March 10, 2006, recorded March 15, 2006, as Entry No. 30576:2006, Utah County Recorder's Office, Utah County, Utah.

This affidavit is given to terminate of record the decedent's interest in the following described parcel of land:

Lot 28, Plat "A", SUMMER CREST SUBDIVISION, Lehi, Utah, according to the official plat thereof on file and of record in the office of the Utah County Recorder, Utah.

Dated this day, March 25, 2025.

Eric T. Von Pingel

State of Utah)
)§
County of Utah)

On this day, March 25, 2025 , personally appeared before me Eric T. Von Pingel, proved on the basis of satisfactory evidence to be the person(s) whose name is subscribed to in this document, and acknowledged he executed the same

Notary Public

JILL CHRISTENSEN
NOTARY PUBLIC • STATE OF UTAH
My Commission Expires April 8, 2026
COMMISSION NUMBER 723749

STATE OF ARIZONA
CERTIFICATION OF VITAL RECORD

ENT 21121:2025 PG 2 of 2

ORIGINAL
STATE COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

State File Number
102-2025-002279

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX)	2. AKA'S (IF ANY)	3. DATE OF DEATH
TEDDI, LYNN, COVEY VON PINGEL		01/10/2025

4. SEX	5. SOCIAL SECURITY NUMBER	6. DATE OF BIRTH	7. AGE
FEMALE	[redacted]	01/05/1967	58 YEARS

8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH
MESA, MARICOPA, 85206

9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS)
INPATIENT - BANNER BAYWOOD MEDICAL CENTER

10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	11. MARITAL STATUS	12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX)
GLOBE, ARIZONA	MARRIED	ERIC, THOMAS, VON PINGEL

13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP)
10412 E LOS LAGOS VISTA AVENUE, MESA, MARICOPA, AZ, 85209

14. DECEDENT'S HISPANIC ORIGIN(S):	15. DECEDENT'S RACE(S):	16. EVER IN ARMED FORCES / 17. OCCUPATION
NO, NOT SPANISH/HISPANIC/LATINO	WHITE	16. NO 17. ASL INTERPRETER

18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX)	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX)
CLAYBERT, NEIL, COVEY	PRISCILLA, ANN, COLVIN

20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX)	21. RELATIONSHIP
ERIC, THOMAS, VON PINGEL	SPOUSE

22. INFORMANT'S MAILING ADDRESS
10412 E LOS LAGOS VISTA AVENUE, MESA, AZ, 85209

23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON	24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON	25. LICENSE NUMBER
A WISE CHOICE DESERT VIEW CHAPEL 9702 E MAIN STREET, MESA, AZ, 85207	BRYCE, , BUNKER	FDL-01704

26. METHOD(S) OF DISPOSITION	27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY	28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY
CREMATION	EAST VALLEY CREMATORY, MESA, AZ, US	

MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I

29. A. IMMEDIATE CAUSE OF DEATH	30. APPROXIMATE INTERVAL
CARDIOPULMONARY ARREST	DAYS
31. B. DUE TO OR AS A CONSEQUENCE OF:	32. APPROXIMATE INTERVAL
BACTEREMIA	DAYS
33. C. DUE TO OR AS A CONSEQUENCE OF:	34. APPROXIMATE INTERVAL
INFECTIVE ENDOCARDITIS	DAYS
35. D. DUE TO OR AS A CONSEQUENCE OF:	36. APPROXIMATE INTERVAL

CAUSE OF DEATH PART II

37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:	38. INJURY?	39. INJURY AT WORK?	40. MANNER OF DEATH
	NO		NATURAL DEATH
	41. TIME OF DEATH	42. WAS AN AUTOPSY PERFORMED?	43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
STROKE	08:58 PM	NO	

CAUSE AND MANNER CERTIFICATION

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ABOVE IS CORRECT AND THE DEATH OCCURRED DUE TO THE CAUSE(S) AND MANNER	44. NAME OF PERSON COMPLETING CAUSE OF DEATH	45. DATE CERTIFIED
	RITESH, , KANOTRA	01/13/2025

46. CERTIFIER'S ADDRESS
6644 E BAYWOOD AVENUE, MESA, AZ, 85206

Date Registered: 01/17/2025 Date Issued: 01/28/2025 VS-49 Rev. 12/2017

J5434076

This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA.
Revised 07/2016

Krystal Colburn
KRYSTAL COLBURN
ASSISTANT STATE REGISTRAR

ARIZONA DEPARTMENT OF HEALTH SERVICES

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE