

**AFFIDAVIT TERMINATING JOINT TENANCY**

State of Nevada

County of Lincoln }  
}

Ken Newby, being first duly sworn, deposes and says that affiant is over the age of 21 years and competent to be a witness as to matters hereinafter stated.

The affiant is Ken Newby, the person named as Ken Newby, one of the grantees in that certain deed recorded March 17, 1989, as Document No. 90866 in Book 84 page 275, of Official Records, in the office of the county Recorder of Lincoln County, State of Nevada.

That Joy Peterson was one of the grantees named in said deed and was the identical person named as Joy Peterson, the decedent, in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof.

Ken Newby  
Ken Newby

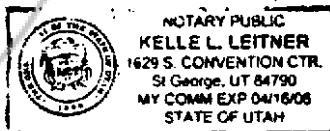
State of Utah  
County of Washington  
On June 6 2002 personally  
appeared before me, a Notary Public.

Ken Newby  
517 Belmont Dr.  
St. George, UT 84770

who acknowledged that he  
executed the above instrument.

Signature Kelle L. Leitner  
Notary Public

Notary Seal



STATE OF UTAH - DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

LOCAL FILE NUMBER 27,488 STATE FILE NUMBER \_\_\_\_\_

1. NAME OF DECEDENT: **JOY L. Peterson**

2. SEX: **Male** 3. DATE OF DEATH (Mo., Day, Yr.): **June 2, 2000** 4. TIME OF DEATH (Mo., Day, Yr.): **0830**

5. DATE OF BIRTH (Mo., Day, Yr.): **April 11, 1921** 6. AGE, Last Birthday: **79** 7. UNDER 1 YEAR: **None** 8. UNDER 5 YEARS: **None** 9. BIRTHPLACE (City & State or Foreign Country): **Clay Springs, Ariz.** 10. SOCIAL SECURITY NUMBER: \_\_\_\_\_

11. PLACE OF DEATH: **Clay Springs, Ariz.**

12. PLACE OF DEATH: **640 N. 120 E.**

13. CITY, TOWN OR LOCATION OF DEATH: **Hurricane** 14. COUNTY OF DEATH: **Washington**

15. SURVIVING SPOUSE (if wife, give maiden name): \_\_\_\_\_

16. MARITAL STATUS: **Married**

17. DECEDENT'S USUAL OCCUPATION: **Owner of Car Dealership and Rancher**

18. AID OF BUSINESS OR INDUSTRY: **Automotive Sales and Agriculture**

19. RESIDENCE - STREET AND NUMBER: **640 No. 120 E.** 20. CITY, TOWN OR COMMUNITY: **Hurricane** 21. COUNTY: **Washington** 22. STATE: **Utah**

23. INSIDE CITY ZIP CODE: **84737** 24. WAS DECEDENT OF HISPANIC ORIGIN? **No**

25. RACE: **White**

26. EDUCATION: **8**

27. FATHER'S NAME (First, Middle, Last): **Thorvald Peterson** 28. MOTHER'S NAME (First, Middle, Last): **Madora Mae Hancock**

29. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT: **Marlin Joy Peterson (son) 1365 N. 1100 W., St. George, Ut. 84770**

30. METHOD OF DISPOSITION: **Burial** 31. DATE OF DISPOSITION: **June 6, 2000** 32. PLACE OF DISPOSITION: **St. George City Cemetery** 33. LOCATION: **St. George, Utah**

34. DATE OF DEATH: **June 2, 2000** 35. LICENSE NUMBER: **112551** 36. FUNERAL HOME (Name and address): **Spilsbury & Beard Mortuary, 110 So. Bluff St., St. George, Ut. 84770**

37. DATE OF DEATH: **June 2, 2000** 38. REGISTERED PHYSICIAN: **Dr. Jerrold L. Hagen, 577 So. River Rd., St. George, Ut. 84790**

39. SIGNATURE AND TITLE OF CERTIFYING PHYSICIAN: **Dr. Jerrold L. Hagen, M.D.** 40. LICENSE NUMBER: **178066** 41. DATE SIGNED: **June 7, 2000**

42. REGISTERAR'S SIGNATURE: **Barry E. Nangle** 43. DATE REGISTERAR NOTIFIED OF DEATH: **JUN 13 2000**

44. IMMEDIATE CAUSE: **Chronic obstructive lung disease**

45. UNDERLYING CAUSE: \_\_\_\_\_

46. MANNER OF DEATH: **1. Natural**

47. DATE OF INJURY: \_\_\_\_\_ 48. TIME OF INJURY: \_\_\_\_\_ 49. INJURY AT WORK? **No** 50. PLACE OF INJURY: \_\_\_\_\_

51. LOCATION (Street or rural route number, city or town, county and state): \_\_\_\_\_ 52. DESCRIBE HOW INJURY OCCURRED: \_\_\_\_\_

This is to certify that this is a true copy of the certificate on file in this office. The certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued: **JUN 09 2000**  
County: **Washington**

**Barry E Nangle**

Registrar: **Barry E. Nangle**

**Barry E. Nangle**  
DIRECTOR OF VITAL RECORDS

By **[Signature]** 3007 1896 PAGE

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WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES. ANY ALTERATION OR ERASURE VOID THIS CERTIFICATION.

COPY

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FILED FOR RECORDING  
AT THE REQUEST OF

Tonia L. Bowen R

2022 SEP 09 PM 3:22

LINCOLN COUNTY RECORDER  
FILE NO. 2022-0000000000  
LESLIE BOWEN