

LINCOLN COUNTY, NV **2024-167588**
\$37.00 11/13/2024 08:36 AM
Rec:\$37.00
RE-SOURCE TITLE AGENCY LLC Pgs=3 AE
OFFICIAL RECORD
AMY ELMER, RECORDER

APN#: 011-191-01

Recording Requested By:
RE-Source Title Agency, LLC
Escrow No.: 24-369-ERD

When Recorded Mail To:
Lori Isom Ross-Blasingame
1133 W Chilton Ave.
Gilbert AZ 85233

Mail Tax Statements to:
The David W. Bingham and
Kathie E. Bingham 1980 Family Trust
dated June 19, 1980
265 E. Wells Fargo Drive
Veyo, UT 84782

**AFFIDAVIT – TERMINATION OF JOINT TENANCY
(DEATH OF JOINT TENANT)**

State of Arizona
County of Maricopa

I Lori Isom Ross-Blasingame, the Affiant, being of legal age and being first duly sworn deposes and says:

That Maxine Heap, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as Maxine Heap named as one of the Grantees in that certain Deed dated August 1, 1995 and executed by M & S 12/30/85 Trust, as to an undivided one-quarter (1/4) interest, known as "Grantors" to Maxine Heap and Lori Isom as Joint Tenants with Right of Survivorship (as to an undivided one-quarter (1/4) interest), known as "Grantees", and recorded August 3, 1995 as Instrument No. 103794, of Official Records of Lincoln County, State of Nevada, covering the following property situated in the City of Alamo, County of Lincoln, State of Nevada.

See Exhibit "A" Attached Hereto and Made a Part of

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct. Witness my hand and official seal this 7 day of November, 2024

Dated: 11.07.2024

Lori Isom Ross-Blasingame
Lori Isom Ross-Blasingame

State of Arizona
County of Maricopa

Signed and sworn (or affirmed) before me on this 7th day of November, 2024 by

Paula Jean Campos

Paula Jean Campos
Signature of Notarial Officer
My Commission Expires: 10-4, 20 24

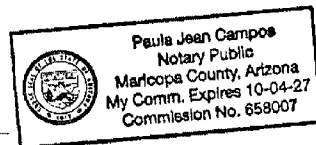


EXHIBIT "A"

The North Half (N1/2) of the North Half (N1/2) of the Northwest Quarter (NW1/4) of the Northeast Quarter (NE1/4) of Section 31, Township 6 South, Range 61 East, M.D.B.&M.

Excepting an One Hundred Foot (100") access easement along the Easterly most portion of said land.

**Assessor's Parcel Number(s):
011-191-01**



STATE OF UTAH CERTIFICATION OF VITAL RECORD

SEP 22 1999

143 99 008422

Address for Information on this form is printed under the Utah Statistics Act and Rules

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

LOCAL FILE NUMBER: 18-3922

STATE FILE NUMBER

45 124 DECEDENT 4518006 21 14 4 45 76000 604 1	1. NAME OF DECEDENT (First, Middle, Last) Maxine HEAP		2. SEX Female	3a. DATE OF DEATH (Mo., Day, Yr.) Aug. 30, 1999	3b. TIME OF DEATH (24hr clock) 12:18	
	4. DATE OF BIRTH (Mo., Day, Yr.) Sept. 20, 1950		5. AGE (Last Birthday) 48	6. BIRTHPLACE (City & State or Foreign Country) Cedar City, Utah		
	7. SOCIAL SECURITY NUMBER Confidential		8a. PLACE OF DEATH (check only one) <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/OA/patient <input type="checkbox"/> 3. DOA <input type="checkbox"/> 4. Nursing Home <input type="checkbox"/> 5. Residence <input type="checkbox"/> 6. Other			
	8b. CITY, TOWN OR LOCATION OF DEATH Salt Lake City		8c. COUNTY OF DEATH Salt Lake			
9. SURVIVING SPOUSE (If wife give maiden name)		10. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location) St. Mark's Hospital				
11. MARITAL STATUS <input checked="" type="checkbox"/> 1. Never Married <input type="checkbox"/> 2. Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired)		12b. KIND OF BUSINESS OR INDUSTRY		
13a. RESIDENCE - STREET AND NUMBER 3994 South 1515 West Apt #2B		13b. CITY, TOWN OR COMMUNITY Salt Lake City		13c. COUNTY Salt Lake	13d. STATE Utah	
14. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		15. RACE (Black, White, Am. Indian, etc. Specify)		16. EDUCATION (Specify only highest grade completed) Elementary or Secondary (9-12) College (13-16 or 17+)		
17. FATHER'S NAME (First, Middle, Last) James Allen Heap		18. MAIDEN NAME OF MOTHER (First, Middle, Last) Utahna Colleen Hardy				
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Tawna Thomas, Sister, 1491 East Bryan Road, Erda, Utah 84074						
20. METHOD OF DISPOSITION <input checked="" type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other <input type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal		21a. DATE OF DISPOSITION Sept. 3, 1999	21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Parowan City Cemetery	21c. LOCATION: City or Town, State Parowan, Utah		
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Todd Sawyer</i>		23. LICENSE NUMBER 11502	24. FUNERAL HOME (Name, address and license number) Southern Utah Mortuary 190 North 300 West Cedar City, Utah 84720			
26. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 8/26/99		26. If not certified by medical examiner, was death reported to M.E.? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No If yes, enter the date and hour reported: M.E. Case No. HOUR MO. DAY YEAR				
27a. CERTIFIER <input checked="" type="checkbox"/> 1. CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> 2. MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner as stated.						
27b. SIGNATURE AND TITLE OF CERTIFIER <i>Gregory J. Litton M.D.</i>		27c. LICENSE NUMBER 87-174520-1205	27d. DATE SIGNED (Mo., Day, Yr.) 9/3/99			
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Type/print)		29. REGISTRAR'S SIGNATURE <i>David W. Blodgett</i>				
29a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) September 03, 1999		29b. DATE FILED (Mo., Day, Yr.) September 10, 1999				
31. PART I. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) Metastatic Non-small Cell Lung Cancer DUE TO (OR AS A CONSEQUENCE OF):		32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT <input checked="" type="checkbox"/> 1. Probably contributed to the cause of death. <input type="checkbox"/> 2. Was the underlying cause of death. <input type="checkbox"/> 3. Did not contribute to the cause of death. <input type="checkbox"/> 4. Is unknown in relation to the cause of death.		33a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		
34. MANNER OF DEATH <input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Undetermined If Inquest, Purpose or Accidentally <input type="checkbox"/> 6. Pending Investigation		35a. DATE OF INJURY (Mo., Day, Yr.)		35b. TIME OF INJURY (24 Hour Clock)		
35c. LOCATION (Street or rural route number, city or town, county, and state)		35d. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		35e. PLACE OF INJURY - All home, farm, street, factory, office, building, etc. (Specify)		
35f. If motor vehicle accident specify if decedent was driver, passenger or pedestrian.						
35g. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury; NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)						

UDH-BVR-48-Form 12, Rev. 1/86

DATE ISSUED
NOVEMBER 5, 2024

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Linda S. Winger
Linda S. Winger, MSW, LCSW
State Registrar
FRI 12/20



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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE