



OFFICIAL RECORDS OF  
PINAL COUNTY RECORDER  
LAURA DEAN-LYTLE

When Recorded, Mail To:  
MATTHEW S. DANA  
DANA LAW FIRM, P.A.  
8817 E. Bell Road, Suite 201  
Scottsdale, Arizona 85260

DATE/TIME: 11/08/2010 1416  
FEE: \$14.00  
PAGES: 2  
FEE NUMBER: 2010-104951



EXEMPT UNDER A.R.S. § 11-1134 B (12)

**BENEFICIARY DEED**

For and in consideration of TEN AND NO/100 DOLLARS, and other good and valuable consideration, I, DEVON R. MERRITT, a widowed woman, ("Grantor"), do hereby convey to LATOYAKA K. MERRITT, as her sole and separate property, ("Grantee"), effective upon my death the following described real property situated in Pinal County, Arizona:

Lot 63, of Final Plat of JOHNSON RANCE UNIT 29, according to the plat of record in the office of the County Recorder of Pinal County, Arizona recorded in Cabinet E. Slide 23.

SUBJECT TO: Existing taxes, assessments, liens, reservations in patents, encumbrances, covenants, conditions, restrictions, rights-of-way, and easements, obligations, and liabilities as may appear of record.

And Grantor binds himself and his successors to warrant the title conveyed hereby against all persons whomsoever, subject to the matters above set forth.


Date:

10.27.2010

  
DEVON R. MERRITT

STATE OF ARIZONA )  
 ) ss.  
County of Maricopa )

The foregoing instrument was acknowledged before me this 27 day of October 2010, by DEVON R. MERRITT, a widowed woman.

  
Notary Public



# CERTIFICATION OF VITAL RECORD

"VERIFICATION BOX" (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT. COLOR WILL CHANGE TO BLUE AND THEN RETURN.)

## STATE OF ARIZONA

ORIGINAL  
STATE  
COPY

### STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS CERTIFICATE OF DEATH

DEATH NO.

102-2008-030909

1. NAME OF DECEASED <b>FRED EMERY MERRITT</b>			2. SEX <b>MALE</b>		3. DATE OF DEATH <b>07-19-2008</b>				
4A. RACE <b>BLACK</b>			4B. WAS DECEDENT OF HISPANIC ORIGIN: <b>NO</b>		4C. IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.		5. WAS DECEDENT EVER IN U.S. ARMED FORCES? <b>YES</b>		
6A. COUNTY <b>MARICOPA</b>			6B. TOWN OR CITY <b>CHANDLER</b>		6C. HOSPITAL OR INSTITUTION <b>2164 E BARTLETT PLACE</b>			6D. DECEDENT'S RESIDENCE	
7. DATE OF BIRTH <b>01-19-1929</b>			8A. AGE (YEARS LAST BIRTHDAY) <b>79</b>		8B. F UNDER 1 YEAR MOS. DAYS <b>79</b>		8C. F UNDER 1 DAY HRS. MIN <b>79</b>		
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>MARRIED</b>			10. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>DEVON R GREEN</b>						
11. STATE AND CITY OF BIRTH (If not in USA, name country) <b>JACKSONVILLE, FLORIDA</b>			12. CITIZEN OF WHAT COUNTRY? <b>INTENTIONALLY LEFT BLANK</b>		13. SOCIAL SECURITY NO.		14. USUAL OCCUPATION <b>FOREMAN</b>		
15A. STATE <b>ARIZONA</b>			15B. COUNTY <b>MARICOPA</b>		15C. TOWN OR CITY <b>CHANDLER</b>		15D. ZIP CODE <b>85249</b>		
16. HOW LONG IN ARIZONA? <b>5 YEARS</b>			17. EDUCATION HIGHEST GRADE COMPLETED <b>2 YEARS OF COLLEGE</b>						
18A. ELEMENTARY SECONDARY (0-12) <b>2</b>			18B. COLLEGE (1-4 or 5+) <b>2</b>						
19. FATHER'S NAME A. FIRST <b>NERO</b>			B. MIDDLE <b>MERRITT</b>		C. LAST <b>MERRITT</b>				
20. MOTHER'S MAIDEN NAME <b>ETHEL JENKINS</b>			A. FIRST <b>ETHEL</b>		B. MIDDLE <b>JENKINS</b>		C. LAST <b>JENKINS</b>		
21. INFORMANT'S SIGNATURE <b>DEVON R MERRITT</b>			22. RELATIONSHIP TO DECEASED <b>SPOUSE</b>		23. ADDRESS <b>2164 E BARTLETT PL, CHANDLER, ARIZONA 85249</b>				
24. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>CREMATION</b>			25. DATE <b>07-30-2008</b>		26. CEMETERY OR CREMATORY - NAME/LOCATION <b>AZ CREMATION SERVICES, MESA, ARIZONA</b>		27A. EMBALMER'S SIGNATURE <b>INTENTIONALLY LEFT BLANK</b>		
28. FUNERAL HOME NAME <b>ALLEN FUNERAL HOME &amp; ARIZONA CREMATION</b>			29. STREET ADDRESS <b>1130 S. HORNE MESA, AZ</b>		30. CITY AND STATE <b>CHANDLER, ARIZONA</b>		31. FUNERAL DIRECTOR or person acting as such (SIGNATURE) <b>KARYN THONHOFF, FUNERAL DIRECTOR</b>		
32. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. A. SIGNATURE AND TITLE <b>MARIA T. STEVENS, M.D.</b>			33. DATE SIGNED (Mo., Day, Year) <b>07-25-2008</b>		34. HOUR OF DEATH <b>1145</b>		35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		
36. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. A. SIGNATURE AND TITLE <b>WILLIAM STANO, M.D.</b>			37. DATE SIGNED (Mo., Day, Year) <b>07-25-2008</b>		38. HOUR OF DEATH <b>AT</b>		39. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		
40. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY <b>MARIA T. STEVENS, M.D. 1510 E FLOWER ST PHOENIX, AZ 85014-5656</b>			41. AUTHORIZED FOR CREMATION <b>YES</b>		42. MEDICAL EXAMINER'S SIGNATURE <b>WILLIAM STANO, M.D.</b>				
43. DATE REGISTERED <b>08-14-2008</b>			44. REG. FILE NO. <b>2008MC-011765</b>		45. REGISTRAR'S SIGNATURE <b>MICHELE CASTANEDA-MARTINEZ</b>		46. REG. DISTRICT <b>INTENTIONALLY LEFT BLANK</b>		
47. DATE REC'D IN STATE OFFICE <b>INTENTIONALLY LEFT BLANK</b>			48. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ONEACH LINE) <b>DEMENTIA, ALZHEIMER'S TYPE</b>						
49. DUE TO OR AS A CONSEQUENCE OF: <b>DEMENTIA, ALZHEIMER'S TYPE</b>			50. YEARS <b>79</b>						
51. DUE TO OR AS A CONSEQUENCE OF: <b>DEMENTIA, ALZHEIMER'S TYPE</b>			52. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>79</b>						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I									
53. MYESTHENIA GRAVIS			54. AUTOPSY <b>NO</b>			55. WAS CASE REFERRED TO MEDICAL EXAMINER <b>YES</b>			
56. MANNER OF DEATH <b>NATURAL DEATH</b>			57. DATE OF INJURY <b>07-19-2008</b>			58. INJURY AT WORK? <b>NO</b>			
59. PLACE OF INJURY SPECIFY <b>NATURAL DEATH</b>			60. WHERE LOCATED? <b>CHANDLER, ARIZONA</b>			61. STREET ADDRESS <b>2164 E BARTLETT PLACE</b>			
62. CITY OR TOWN <b>CHANDLER</b>			63. STATE <b>ARIZONA</b>			64. SUPPLEMENTARY ENTRIES			

Date Issued: 08-15-2008

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

*Patricia Adams*

PATRICIA ADAMS  
ASSISTANT STATE REGISTRAR

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 DOCUMENT

Arizona  
Department of  
Health Services