

Recorded at the Request of
Sterling S. Olander, Esq.
Kirton McConkie
50 E. South Temple, Suite 400
Salt Lake City, UT 84111

12768132
5/8/2018 9:54:00 AM \$15.00
Book - 10672 Pg - 3508-3510
ADAM GARDINER
Recorder, Salt Lake County, UT
KIRTON & MCCONKIE
BY: eCASH, DEPUTY - EF 3 P.

Mail Tax Notice to:

Susan M. Cook, Trustee
6629 S. Georgia Drive
West Jordan, UT 84084

Space above for County Recorder's use

PARCEL I.D.# 21-20-332-002

AFFIDAVIT OF TRUSTEE SUCCESSION

STATE OF UTAH)
COUNTY OF UTAH) : ss

Susan M. Cook, being duly sworn, deposes and says:

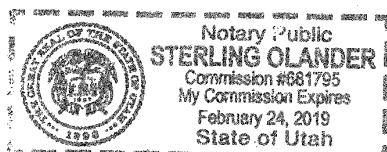
1. That Affiant is of legal age, a resident of Salt Lake County, State of Utah, and is fully competent to make this Affidavit.
2. That Phillip A. Cook and Susan M. Cook, as trustees of The Cook Family Trust dated July 26, 2013, as amended (the "Trust"), appear of record as the owner of certain real property located in Salt Lake County, State of Utah, more particularly described as follows:

LOT 313, DIXIE VALLEY NO. 5, according to the official plat thereof, as recorded in the office of the Salt Lake County Recorder in Book "LL", of Plats, at Page 55.
3. That said Phillip A. Cook, who died on July 6, 2016 and is the same person as the decedent named in the certified copy of the certificate of death attached hereto, has ceased to serve as Trustee.
4. That Affiant is the sole Trustee of the Trust pursuant to the First Amended and Restated Trust Agreement for the Cook Family Trust dated the 6th day of April, 2018.

DATED this 6th day of April, 2018.

Susan M. Cook

Subscribed and sworn to before me this 6th day of April, 2018 by Susan M. Cook, the signer of the within Affidavit, who personally appeared before me.




Notary Public

4816-4831-9583

Ent 12768132 BK 10672 PG 3508

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2016009751

BK 10672 PG 3509

Phillip Alonzo Cook

DECEDENT INFORMATION

Date of Death:	July 6, 2016	Time of Death:	13:28
City of Death:	Murray	County of Death:	Salt Lake
Age:	69	Date of Birth:	November 13, 1946
Place of Birth:	Huntington, Utah	Sex:	Male
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Susan Mary Mabey	Usual Occupation:	Industrial Engineer
Industry/Business:	Boeing	Education:	Master's Degree
Residence:	West Jordan, Utah	Parent or Father:	Omer Alonzo Cook
Parent or Mother:	Eva Otterstrom	Facility Type:	Hospital Inpatient
Facility or Address:	Intermountain Medical Center		

INFORMANT INFORMATION

Name: Susan Cook Relationship: Wife
Mailing Address: 6629 South Georgia Drive, West Jordan, Utah 84084

DISPOSITION INFORMATION

Method of Disposition: Burial
Place of Disposition: South Jordan City Cemetery, South Jordan, Utah
Date of Disposition: July 11, 2016

FUNERAL HOME INFORMATION

Funeral Home: McDougal Funeral Home
Address: 4330 South Redwood Road, Salt Lake City, Utah 84123
Funeral Director: Eric S Sjoberg

MEDICAL CERTIFICATION

Medical Professional: Nathan C Dean MD, Intermountain Medical Center, 5121 South Cottonwood Street, Murray, Utah 84107

CAUSE OF DEATH

Respiratory Failure [Onset: 3 Days]

Due to (or as a consequence of): Hemoptysis [Onset: 4 Days]

Due to (or as a consequence of): Adenocarcinoma Of The Lung [Onset: 5 Years]

Tobacco Use: Non-user

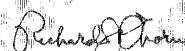
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: July 12, 2016

Date Issued: June 5, 2017

This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics.
Security features of this official document include: High Resolution Border, V & R images in top cycloids, and microtext.
This document displays the date, seal, and signature of the Utah State Registrar of Vital Records and Statistics.




Richard J. Oborn

Richard J. Oborn, MPA
State Registrar
Rev. 1/16



065291162

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE


Gary L. Edwards
Director/Health Officer
County/District Health
Department



**STATE OF UTAH - DEPARTMENT OF HEALTH - OFFICE OF VITAL RECORDS AND STATISTICS
AFFIDAVIT TO AMEND A RECORD**

Corrections to a vital record must be made by affidavit but an item on a birth record may be corrected by affidavit only once. A court order is required for subsequent changes. A court order is necessary to make any corrections to a Delayed Birth Certificate. This affidavit cannot be used to correct medical information. Please return any copies of the certificate with this affidavit completed. If corrected certificates are reissued within 90 days of issuance, the new certificate fee will be waived but affidavit fees may still apply. This affidavit may be mailed or hand delivered.

Mailing Address
Office of Vital Records and Statistics
PO Box 141012
Salt Lake City, UT 84114-1012

Physical Address
Office of Vital Records and Statistics
288 North 1460 West
Salt Lake City, UT 84116

Affidavit Instructions

Please print or type in black ink.

Items 1-6: Enter the facts as reported on the current vital record.
Item 7: Enter Item number from items 1-6 that will be changed, if applicable.

Item 8a: Enter the information as stated on the original record.

Item 8b: Enter the correct information as it should be stated on the record.

Item 9: Enter the reason the change is necessary.

Item 10: Enter the proofs used to support the change, if applicable. The proofs must match the asserted fact(s) exactly.

Items 11-22: Enter witness information.

Witness Instructions

Witnesses for Birth Certificate: If the person listed on the record is under 18 years of age, both parents of record MUST sign the affidavit. If only one parent is listed, the second witness MUST be an immediate family member of the listed parent. If the person listed on the record is 18 years of age or older, he/she MUST sign as one of the witnesses. The second witness MUST be their immediate family member.

Witnesses for Death Certificate: The informant must sign as a witness along with an immediate member of the decedent's family, or a person who is knowledgeable of the facts.

	<input type="checkbox"/> BIRTH	<input type="checkbox"/> DEATH	<input type="checkbox"/> STILLBIRTH	STATE FILE NUMBER		
STATEMENT OF AMENDMENTS	1a. FIRST NAME		1b. MIDDLE NAME		1c. LAST NAME	
	2. SEX	3. DATE OF EVENT	4. PLACE OF OCCURRENCE (City and County)			
	5. NAME OF PARENT 1 (Maiden name if Applicable)			6. NAME OF PARENT 2 (Maiden name if Applicable)		
	7. ITEM NO.	8a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD			8b. CORRECT INFORMATION	
WHY IS CHANGE NECESSARY?	9a.					
	9b.					
DOCUMENTS USED TO AMEND RECORD	10a.					
	10b.					
OATH OF FIRST WITNESS (MUST BE 18 OR OLDER)	I hereby certify, under penalty of perjury, that I have personal knowledge of the above facts and that the information given is true and correct.				Subscribed & Sworn to before me this _____ day of _____ 20_____ Notary Signature _____ State _____ County _____	
	11a. SIGNATURE OF WITNESS (Must be signed in front of a Notary)		11b. PRINTED NAME OF WITNESS		S E A L	
	12. DATE SIGNED	13. AGE OF WITNESS	14. DAYTIME TELEPHONE OF WITNESS ()	15. RELATIONSHIP OF WITNESS		
	16. ADDRESS OF WITNESS (Street, City, State, Zip)					
	I hereby certify, under penalty of perjury, that I have personal knowledge of the above facts and that the information given is true and correct.				Subscribed & Sworn to before me this _____ day of _____ 20_____ Notary Signature _____ State _____ County _____	
	17a. SIGNATURE OF WITNESS (Must be signed in front of a Notary)		17b. PRINTED NAME OF WITNESS		S E A L	
	18. DATE SIGNED	19. AGE OF WITNESS	20. DAYTIME TELEPHONE OF WITNESS ()	21. RELATIONSHIP OF WITNESS		
22. ADDRESS OF WITNESS (Street, City, State, Zip)						