

WHEN RECORDED MAIL TO:
Cottonwood Title Insurance Agency, Inc.
7020 South Union Park Avenue
Midvale, UT 84047

File No.: 171458-BJI

SUCCESSOR TRUSTEE AFFIDAVIT

I, the undersigned James B. Naccarato as Successor Trustee, do hereby affirm the following:

1. The copy of the trust document provided to Cottonwood Title Insurance Agency, Inc. is a true and correct copy of the trust agreement or certification of trust of The Gregory John Naccarato Family Trust, dated the 21st day of June, 2001 (The "Trust"), as it may have been amended, and that it is in full force and effect and that it has not been revoked or terminated.
2. I was (we were) well and personally acquainted with Gregory John Naccarato, a trustee named in that certain Quit-Claim Deed recorded June 21, 2001 as Entry no 7928846, records of the Salt Lake County Recorder, Utah.
3. I (we) know of my (our) own knowledge that Gregory John Naccarato in the said deed and Gregory John Naccarato mentioned in the attached Certificate of Death was one and the same person.
4. Pursuant to the terms of the trust, and the successor trustee provisions therein, I (we) have been duly appointed and named as successor trustee(s) of the Trust.
5. I (we) have full power to convey title, sell, or enter into any contract pertaining to real property currently held in the Trust. Said Property is located in Salt Lake County, State of Utah, and more particularly described as:

Unit 10, in Building 4, contained within MT. VERNON COVE CONDOMINIUM, as the same is identified in the Plat filed in the office of the Salt Lake County Recorder, Utah, on January 31, 1979 as Entry No. 3231216 in Book 79-1 of Plats at Page 36 and in the declaration recorded January 31, 1979 as Entry No. 3231217 in Book 4807 at Page 1360 (as said declaration may have been subsequently restated, amended and/or supplemented).

TOGETHER WITH the undivided ownership interest in and to the Common Areas and Facilities defined under said declaration.

TAX ID NO.: 22-08-102-015 (for reference purposes only)

6. The Trust has not been terminated or amended in any way to restrict my (our) ability to convey title to the above-mentioned property.
7. I am (we are) still the current successor trustee(s) of the Trust, and there are no new successor trustees.
8. In light of the foregoing facts, the undersigned, in consideration of the issuance by Alliant National Title Insurance Company of a policy of Title Insurance covering the said Property in the manner described, the undersigned, hereby promises, covenants and agrees to hold harmless, protect and indemnify Cottonwood Title Insurance Agency, Inc. and Alliant National Title Insurance Company against any liabilities, losses, damages, expenses and charges that may arise as a result of reliance on this Affidavit.

Signed this August 16, 2023


James B. Naccarato, Successor Trustee

STATE OF UTAH

COUNTY OF SALT LAKE

Subscribed and sworn to before me this August 16, 2023, by James B. Naccarato.


Notary Public

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2023012031

Gregory John Naccarato

DECEDENT INFORMATION

Date of Death:	July 20, 2023	Time of Death:	18:58
City of Death:	Murray	County of Death:	Salt Lake
Age:	56	Date of Birth:	July 21, 1966
Place of Birth:	Salt Lake City, Utah	Sex:	Male
Armed Services:	No	Marital Status:	Never Married
Spouse's Name:		Usual Occupation:	Software Developer
Industry/Business:	Computer Technology	Education:	Bachelor's Degree
Residence:	Holladay, Utah	Father's Name:	James Bradley Naccarato
Mother's Name:	Rebecca JoAnn Fraizer	Facility Type:	Hospital Inpatient
Facility or Address:	Intermountain Medical Center		

INFORMANT INFORMATION

Name:	James Bradley Naccarato	Relationship:	Father
Mailing Address:	8120 Cottage Pines Cove, Cottonwood Heights, Utah 84121		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Holladay Memorial Park, Holladay, Utah
Date of Disposition:	July 27, 2023

FUNERAL HOME INFORMATION

Funeral Home:	Cottonwood Memorial Mortuary
Address:	4670 Highland Drive, Salt Lake City, Utah 84117
Funeral Director:	Francis L. Mortensen

MEDICAL CERTIFICATION

Certifying Physician:	Jeffrey McNally MD, Intermountain Homecare, 11520 South Redwood Road, South Jordan, Utah 84095
-----------------------	--

CAUSE OF DEATH

Pneumonia
 Other significant conditions: Quadriplegia, Chronic Respiratory Failure
 Tobacco Use: Non-user
 Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: July 25, 2023

Date Issued: July 25, 2023

14142248 B: 11439 P: 1328

Page 3 of 4

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: Intaglio Border, V & R images in top cycloids, and intaglio microtext. This document displays the date, seal and signature of the Utah State Registrar of Vital Record and Statistics.



Linda S. Winerger

Linda S. Winerger, MSW, LCSW
State Registrar

Per: 07/21



* 0 6 7 4 8 0 6 9 1 *

Angela C. Dunn

Angela C. Dunn, MD, MPH
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 may be made by affidavit but an item on a birth record may be corrected by affidavit only once. A court order is required for gender or subsequent changes. This form is not used with a court order. A court order is necessary to make any corrections to a Delayed Birth Certificate or Death Certificate. This affidavit cannot be used to correct medical information. Many changes, including marital status, require more information; please visit our website or contact our office. Please return any copies of the certificate with this completed affidavit and all supporting documentation. 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 with the correct fees, proof of ID and application for a new certificate.

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
Contact Info: <https://VitalRecords.utah.gov> 801-538-6105 vrequest@utah.gov



Affidavit Instructions: Please print or type. Items 1-6: Enter the facts as reported on the current vital record. Item 7: Enter the 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. Item 9: Enter the reason the change is necessary. Item 10: Enter the proofs used to support the change. The proofs must match the asserted fact(s) exactly. Proofs must be submitted with the affidavit. Items 11-22: Enter witness information.

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. If adding a spouse, the spouse must sign as a witness. If no immediate family, a person who is knowledgeable of the facts may sign.

[] BIRTH [] DEATH [] STILLBIRTH STATE FILE NUMBER: _____

INFORMATION AS REPORTED ON RECORD	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)		
STATEMENT OF AMENDMENTS	7. ITEM NO.	8a. FACTS EXACTLY AS ON ORIGINAL RECORD			8b. CORRECT INFORMATION	
WHY IS CHANGE NEEDED?	9. _____					
DOCUMENTS USED	10. _____					
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 to and Sworn to before me this ____ day of ____ 20__.	
	11a. SIGNATURE OF WITNESS (Must sign in front of Notary)			11b. PRINTED NAME OF WITNESS		
	12. DATE SIGNED		13. AGE OF WITNESS	14. DAYTIME TELEPHONE		15. RELATIONSHIP TO 1a.
	16. ADDRESS OF WITNESS					
	STATE _____ COUNTY _____				NOTARY SIGNATURE _____	
OATH OF SECOND 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 to and Sworn to before me this ____ day of ____ 20__.	
	17a. SIGNATURE OF WITNESS (Must sign in front of Notary)			17b. PRINTED NAME OF WITNESS		
	18. DATE SIGNED		19. AGE OF WITNESS	20. DAYTIME TELEPHONE		21. RELATIONSHIP TO 1a.
	22. ADDRESS OF WITNESS					
	STATE _____ COUNTY _____				NOTARY SIGNATURE _____	