

**COURTESY RECORDING:** This document is being recorded solely as a courtesy and an accommodation to the parties named herein.

**WHEN RECORDED, MAIL TAX NOTICES TO:**

Marianne Bess, successor Trustee  
The Robert L. Schmidt Living Trust  
330 North Middle Oak Lane  
Salt Lake City, UT 84108

**PARCEL NO. 10-32-327-003-0000**

**AFFIDAVIT OF DEATH AND ACCEPTANCE OF SUCCESSOR TRUSTEE AND  
CERTIFICATE OF TRUST EXISTENCE AND AUTHORITY**

MARIANNE BESS, the affiant herein, being first duly sworn, states and represents as follows:

1. That MARIANNE BESS resides in Salt Lake County, State of Utah, that she is over the age of eighteen (18) years and has personal knowledge of the matters set forth herein.
2. That MARIANNE BESS is the surviving spouse of ROBERT L. SCHMIDT.
3. On October 12, 2011, ROBERT L. SCHMIDT, as Trustor, and as Trustee, executed the ROBERT L. SCHMIDT LIVING TRUST, u/t/a/d October 2, 2013, amended October 17, 2023 (the "Trust"). The undersigned hereby certifies the Trust is in full force and effect.
4. ROBERT L. SCHMIDT died on October 25, 2023. A true and correct certified copy of his death certificate is attached hereto as **Exhibit "A"** and by this reference incorporated herein. The decedent named ROBERT LANE SCHMIDT in the attached death certificate is one and the same as the ROBERT L. SCHMIDT who executed the Trust.
5. Pursuant to the Trust, section 3.2, upon ROBERT L. SCHMIDT's death, then MARIANNE BESS shall serve as successor Trustee of the Trust.

6. MARIANNE BESS hereby accepts the nomination and appointment to serve as successor Trustee of the Trust and agrees to perform the duties of Successor Trustee as set forth in the Trust Agreement.

7. The assets of the Trust include, among other things, the following described real property located in **Salt Lake County, State of Utah**, with a street address of 330 North Middle Oak Lane, Salt Lake City, UT 84108, more particularly described as follows:

**LOT 15, CONTAINED WITHIN EMIGRATION OAKS PHASE 1A, A PLANNED UNIT DEVELOPMENT, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE AND OF RECORD IN THE SALT LAKE COUNTY RECORDER'S OFFICE.**

(the "Property").

8. As a result of the death of ROBERT L. SCHMIDT, and the acceptance of the undersigned, MARIANNE BESS, as the successor Trustee of the Trust, title to the Property is now vested in the name of: MARIANNE BESS, as successor Trustee of the Trust.

9. The recording of this "Affidavit of Death and Acceptance of Successor Trustee and Certificate of Trust Existence and Authority" in the Office of the Recorder of **Salt Lake County, State of Utah**, shall be deemed effective to show record title to the Deceased's Property as **Marianne Bess, as successor Trustee of the ROBERT L. SCHMIDT LIVING TRUST, u/t/a/d October 2, 2013, as amended**, and no one else.

10. As successor Trustee, the undersigned has all of the powers of a trustee as set forth in the Trust Agreement, including but not limited to, the power to own, sell, lease, and manage said Property.

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**Exhibit "A"**  
**Death Certificate**

# STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

1069702  
I.D. TAG NO.

### OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-2023-033689  
STATE FILE NUMBER

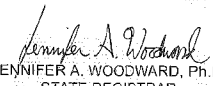
TO BE COMPLETED BY FUNERAL FACILITY	Legal Name		First	Middle	Last	Suffix	Death Date	
	Robert		Lane	Schmidt			October 25, 2023	
	Sex	Age	Social Security Number		County of Death			
	Male	70 years	281-50-3093		Multnomah			
	Birthdate		Birthplace			Was Decedent Ever in U.S. Armed Forces?		
	November 17, 1952		Akron, Ohio			No		
	Residence:		City/Town					
	330 N Middle Oak Lane		Salt Lake City					
	Residence County		State or Foreign Country		Zip Code + 4		Inside City Limits?	
	Salt Lake		Utah		84108		Yes	
Marital Status at Time of Death		Spouse's Name Prior to First Marriage						
Married		Marianne Bess						
Father's Name				Mother's Name Prior to First Marriage				
Robert Schmidt				Noel McLane				
Informant's Name		Telephone Number		Relationship to Decedent		Mailing Address		
Marianne Bess		Not Available		Spouse		330 N Middle Oak Lane, Salt Lake City, UT 84108		
Place of Death			Facility Name					
Hospice Facility			Hopewell House					
Location of Death			City/Town or Location of Death		State		Zip Code + 4	
6171 SW Capitol Highway			Portland		Oregon		97239	
Method of Disposition		Place of Disposition			Location (City/Town and State)			
Cremation		Cascade Cremation Center			Tualatin, Oregon			
Name and Complete Address of Funeral Facility								
Crown Cremation Services - Tualatin 8970 SW Tualatin-Sherwood Road, Tualatin, Oregon 97062								
Date of Disposition		Funeral Director's Signature			Electronically Signed		OR License Number	
TBD		Bruce D. Fuller					FS-0496	
Registrar's Signature				Date Received		Local File Number		
Jennifer A. Woodward				October 31, 2023				
Amendment								

TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner?		Autopsy?		Were autopsy findings available to complete the cause of death?		Time of Death		
	No		No				1517		
	CAUSE OF DEATH							Approximate Interval: Onset to Death	
	IMMEDIATE CAUSE ↓ a. Malignant neoplasm of tail of pancreas							months	
	Due to (or as a consequence of) ↓ b.								
	Due to (or as a consequence of) ↓ c.								
	Due to (or as a consequence of) ↓ d.								
	Other significant conditions contributing to death: Malignant neoplasm metastatic to lung; Malignant neoplasm metastatic to lymph node								
	Secondary malignant neoplasm of liver;								
	Manner of Death		If Female		Did tobacco use contribute to death?				
Natural		Not Applicable		No					
Date of Injury		Time of Injury		Place of Injury		Injury at Work?			
Location of Injury									
Describe how injury occurred									
If transportation injury, specify.									
Name and Address of Certifier									
Nicole L Bridges 6410 NE Halsey Street, Portland, Oregon 97213									
Name and Title of Attending Physician if Other than Certifier						Date Signed			
						October 31, 2023			
Medical Certifier		Electronically Signed		Title of Certifier		License Number			
Nicole L Bridges				N.P.		201390924NP-PP			
Amendment									

45-2CC (01/06)

  
 \*20231104286\*

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED: November 03, 2023  
  
 JENNIFER A. WOODWARD, PH.D.  
 STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

