

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

**MAIL TAX NOTICES TO:**

The Ruby D. Davis Revocable Trust  
c/o Dianne D. Valentin, Successor co-Trustee  
c/o James P. Davis, Successor co-Trustee  
2141 S. 1700 E.  
Salt Lake City, UT 84106

Parcel No. 16-21-203-007-0000

**AFFIDAVIT OF DEATH AND ACCEPTANCE OF SUCCESSOR CO-TRUSTEES AND  
CERTIFICATE OF TRUST EXISTENCE AND AUTHORITY**

DIANNE D. VALENTIN and JAMES P. DAVIS, the affiants herein, being first duly sworn, state and represent as follows:

1. That Dianne D. Valentin and James P. Davis reside in Salt Lake County, State of Utah, that they are over the age of eighteen (18) years, and have personal knowledge of the matters set forth herein. Dianne D. Valentin and James P. Davis are children of Ruby D. Davis.

2. On April 25, 2008, Ruby D. Davis, as Trustor, and as Trustee, executed The Ruby D. Davis Revocable Trust, dated April 25, 2008. The trust was thereafter amended (the "Trust"). The undersigned hereby certifies the Trust is in full force and effect.

3. Ruby D. Davis died on May 24, 2023. A true and correct certified copy of her death certificate is attached hereto as Exhibit "A" and by this reference incorporated herein. The decedent named Ruby K. Davis in the attached death certificate is one and the same as the Ruby D. Davis who executed the Trust.

4. Pursuant to the terms of the Trust, upon Ruby D. Davis's death, then Dianne D. Valentin and James P. Davis shall serve as successor co-Trustees of the Trust.

5. Dianne D. Valentin and James P. Davis hereby accept the nomination and appointment to serve as successor co-Trustees of the Trust and agree to perform the duties of successor co-Trustees as set forth in the Trust Agreement and as agreed by the heirs and Trust beneficiaries of Ruby D. Davis pursuant to Stipulated Mediation Settlement Agreement, dated on or about October 18, 2023.

6. The assets of the Trust include, among other things, an interest in the following described real property located in **Salt County, State of Utah**, more particularly described as follows:

All of Lots 19 and 20, Block 4, Idlewild Addition, together with one half of the vacated right of way adjoining said lots on the East.

(the "Property").

7. As a result of the death of Ruby D. Davis, and the acceptance of the undersigned persons, Dianne D. Valentin and James P. Davis, as the successor co-Trustees of the Trust, title to the Property is now vested in the name of: Dianne D. Valentin and James P. Davis, as successor co-Trustees of the Trust.

8. The recording of this "Affidavit of Death and Acceptance of Successor co-Trustees 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 Property as **"Dianne D. Valentin and James P. Davis, as successor co-Trustees of The Ruby D. Davis Revocable Trust, dated April 25, 2008, as amended"** and no one else.

9. As successor co-Trustees, the undersigned persons have all of the powers of a trustee as set forth in the Trust Agreement and Stipulated Mediation Settlement Agreement,

including but not limited to, the power to own, sell, lease, and manage said Property.


IN WITNESS WHEREOF, the undersigned persons have executed this "Affidavit of Death and Acceptance of Successor co-Trustees and Certificate of Trust Existence and Authority".

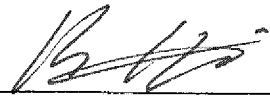
DATED this 14 day of March, 2024.

  
 \_\_\_\_\_  
 DIANNE D. VALENTIN

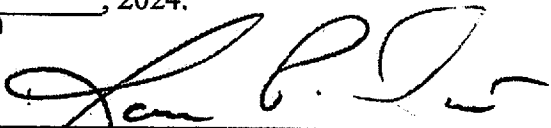
STATE OF UTAH                                     )  
   : ss.  
 COUNTY OF SALT LAKE                         )

On the 14th day of MARCH, 2024, before me, the undersigned, a Notary Public in and for the State of Utah, personally appeared DIANNE D. VALENTIN known to me or proved on the basis of satisfactory evidence to be the person whose name is subscribed to the foregoing instrument, who duly acknowledged to me that he/she executed the same for its stated purpose.

	<b>PRESTON HEWLETT SMITH</b>
	Notary Public State of Utah
	My Commission Expires on: February 14, 2027
	Comm. Number: 729421


  
 \_\_\_\_\_  
 Notary Public

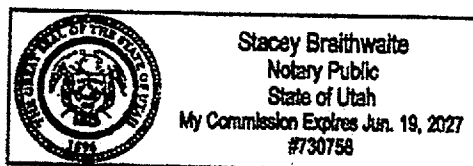
DATED this 9th day of January, 2024.

  
\_\_\_\_\_  
JAMES P. DAVIS

STATE OF UTAH                    )  
  : ss.  
COUNTY OF SALT LAKE        )

On the 9th day of January, 2024, before me, the undersigned, a Notary Public in and for the State of Utah, personally appeared JAMES P. DAVIS known to me or proved on the basis of satisfactory evidence to be the person whose name is subscribed to the foregoing instrument, who duly acknowledged to me that he/she executed the same for its stated purpose.

  
\_\_\_\_\_  
Notary Public



STATE OF UTAH  
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2023008735

Ruby K. Davis

DECEDENT INFORMATION

Date of Death:	May 24, 2023	Time of Death:	23:00
City of Death:	Salt Lake City	County of Death:	Salt Lake
Age:	99	Date of Birth:	August 4, 1923
Place of Birth:	Superior, Wyoming	Sex:	Female
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:		Usual Occupation:	Mother
Industry/Business:	Own Home	Education:	Bachelor's Degree
Residence:	Salt Lake City, Utah	Father's Name:	Bortolo Dolnodar
Mother's Name:	Erminia Anselmi	Facility Type:	Home
Facility or Address:	2141 South 1700 East		

INFORMANT INFORMATION

Name:	James P Davis	Relationship:	Son
Mailing Address:	2204 East Farm Brook Way, Cottonwood Heights, Utah 84093		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Wasatch Lawn Memorial Park, Millcreek, Utah
Date of Disposition:	May 31, 2023

FUNERAL HOME INFORMATION

Funeral Home:	Starks Funeral Parlor
Address:	3651 South 900 East, Salt Lake City, Utah 84106
Funeral Director:	Shayneh L Starks

MEDICAL CERTIFICATION

Certifying Physician:	Sean R Curzon DO, Revere Health, 700 West 800 North Suite 400, Provo, Utah 84604
-----------------------	--

CAUSE OF DEATH

Cerebrovascular Disease
Tobacco Use: Non-user
Medical Examiner Contacted: No    Autopsy Performed: No    Manner of Death: Natural

Date Registered: June 1, 2023

Date Issued: June 1, 2023

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. Winger*  
Linda S. Winger, MSW, LCSW  
State Registrar  
Rev. 07/21



*Angela C. Dunn*  
Angela C. Dunn, MD, MPH  
Director/Health Officer  
County/District Health Department



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

# 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		STATE _____ COUNTY _____
	12. DATE SIGNED	13. AGE OF WITNESS	14. DAYTIME TELEPHONE		15. RELATIONSHIP TO 1a.	
	16. ADDRESS OF WITNESS					
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		STATE _____ COUNTY _____
	18. DATE SIGNED	19. AGE OF WITNESS	20. DAYTIME TELEPHONE		21. RELATIONSHIP TO 1a.	
	22. ADDRESS OF WITNESS					