

After Recording Mail to:
Jay Clark Rosier
2552 W Bueno Vista Dr
West Jordan, UT 84088

14227364 B: 11484 P: 1703 Total Pages: 3
04/12/2024 09:26 AM By: ECarter Fees: \$40.00
Rashelle Hobbs, Recorder, Salt Lake County, Utah
Return To: US TITLE INSURANCE AGENCY
14884 HERITAGECREST WAY, #CBLUFFDALE, UT 84065

AFFIDAVIT OF SUCCESSOR TRUSTEE

US Title Insurance Agency File No.: 073698
APN: 21-33-252-005-0000

The undersigned hereby certifies as follows:

That Diane Clark Rosier was the Successor Trustee of the William Jay Rosier and Diane Clark Rosier Family Trust dated June 12, 1998 (the "Trust") at the time that certain deed was executed in favor of the trustee(s) and recorded on May 19th 2020 as Entry 13273816 Bk 10946 Pg 617 of the official records of the Salt Lake County Recorder pertaining to property located at the following address 2552 W Bueno Vista Dr, West Jordan, Salt Lake County, Utah, more particularly described as follows:

Lot 47, GARDEN VALLEY #3, according to the Official Plat thereof, as recorded in the records of Salt Lake County, State of Utah.

Situated in Salt Lake County, State of Utah

That said trustee is one and the same person as Diane Clark Rosier listed as the decedent on the attached Certificate of Death;

That pursuant to the provisions of the Trust, the undersigned is now the Successor Trustee of the Trust and has the authority to sell and convey assets of the trust, including the above described real property.

Dated the 10th day of April, 2024.

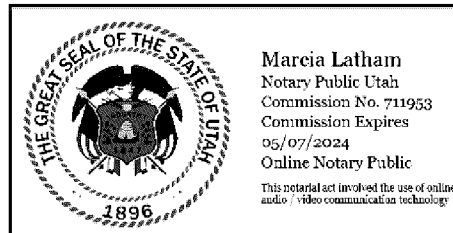
Jay Clark Rosier, Successor Trustee, of the William Jay Rosier and Diane Clark Rosier Family Trust dated June 12, 1998

BY: Jay Clark Rosier
Jay Clark Rosier
Successor Trustee

STATE OF UTAH)
)
COUNTY OF SUMMIT)

The foregoing instrument was acknowledged before me the 10th day of April, 2024, by Jay Clark Rosier, Successor Trustee of the William Jay Rosier and Diane Clark Rosier Family Trust dated June 12, 1998

Marcia Latham
Notary Public



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2024001442

Diane Clark Rosier

DECEDENT INFORMATION

Date of Death:	January 21, 2024	Time of Death:	15:07
City of Death:	Murray	County of Death:	Salt Lake
Age:	81	Date of Birth:	April 18, 1942
Place of Birth:	Alhambra, California	Sex:	Female
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:		Usual Occupation:	Homemaker
Industry/Business:	Own Home	Education:	Some College but No Degree
Residence:	West Jordan, Utah	Father's Name:	Horace Edgar Clark
Mother's Name:	LaVon Devey	Facility Type:	Hospital Inpatient
Facility or Address:	Intermountain Medical Center		

INFORMANT INFORMATION

Name:	Jay Rosier	Relationship:	Son
Mailing Address:	10469 N 6400 W, Highland, Utah 84088		

DISPOSITION INFORMATION

Method of Disposition:	Entombment
Place of Disposition:	Redwood Memorial Estates, West Jordan, Utah
Date of Disposition:	January 26, 2024

FUNERAL HOME INFORMATION

Funeral Home:	Premier Funeral Services
Address:	67 East 8000 South, Midvale, Utah 84047
Funeral Director:	Jennifer L. Estes

MEDICAL CERTIFICATION

Certifying Physician: James F. Orme MD, Intermountain Medical Center, 5121 South Cottonwood Street, Murray, Utah 84107

CAUSE OF DEATH

Very Severe Adult Respiratory Distress Syndrome
 Due to (or as a consequence of): Aspiration Pneumonia
 Due to (or as a consequence of): Small Bowel Obstruction From Inguinal Hernia
 Other significant conditions: Acute Cor Pulmonale
 Tobacco Use: Non-user
 Medical Examiner Contacted: Unknown Autopsy Performed: No Manner of Death: Natural

Date Registered: January 23, 2024
Date Issued: January 24, 2024

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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



* 0 6 7 7 2 7 4 2 5 *

Eric S. Edwards

Eric S. Edwards, MPA, MCHES
Executive Director
Utah County Health Department



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



online Instructions

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					
DOCUMENT 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 _____			
	NOTARY SIGNATURE _____					
	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 _____			
	NOTARY SIGNATURE _____					
	18. DATE SIGNED	19. AGE OF WITNESS	20. DAYTIME TELEPHONE		21. RELATIONSHIP TO 1a.	
22. ADDRESS OF WITNESS						