

WHEN RECORDED, MAIL TAX NOTICES TO:

James Deutsch, Successor Trustee
Henry A. Deutsch Trust
c/o Fabian Vancott, Jennifer Decker
95 S. State Street, Suite 2300
Salt Lake City, UT 84111

PARCEL NO. 28-11-426-013

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

JAMES DEUTSCH, the affiant herein, being first duly sworn, states and represents as follows:

1. That JAMES DEUTSCH resides in Obispo County, State of California, that he is over the age of eighteen (18) years and has personal knowledge of the matters set forth herein.

That JAMES DEUTSCH is the child of HENRY A. DEUTSCH.

2. On September 3, 1999, HENRY A. DEUTSCH, as Trustor, and as Trustee, executed HENRY A. DEUTSCH TRUST, dated September 3, 1999 (the "Trust"). The undersigned hereby certifies the Trust is in full force and effect.

3. HENRY A. DEUTSCH died on August 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 HENRY ANDREW DEUTSCH in the attached death certificate is one and the same as the HENRY A. DEUTSCH who executed the Trust.

4. Upon HENRY A. DEUTSCH's death, then JAMES DEUTSCH shall serve as Successor Trustee of the Trust.

5. JAMES DEUTSCH 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.

6. The assets of the Trust include, among other things, an interest in the following described real property located in **Salt Lake County, State of Utah**, with a street address of 12 La Montagne Lane, Sandy, UT 84092, more particularly described as follows:

Lot 12, The Villas La Montagne, a Planned Unit Development, according to the Official Plat thereof on file and of record in the Office of the Salt Lake County Recorder, State of Utah

Together with: (a) the undivided interest in said Project's Common Areas and Facilities which is appurtenant to said Unit; (b) the exclusive right to use and enjoy each of the Limited Common Areas which is appurtenant to said Unit; (c) the non-exclusive right to use and enjoy the Common Areas and Facilities included in said Project (as said project may hereafter be expanded) in accordance with the aforesaid Declaration and Survey Map (as said Declaration and Map may hereafter be amended or supplemented).

Tax Serial No. 28-11-426-013

(the "Property").

7. As a result of the death of HENRY A. DEUTSCH, and the acceptance of the undersigned, JAMES DEUTSCH, as the Successor Trustee of the Trust, the interest in the Property is now vested in the name of: JAMES DEUTSCH, as Successor Trustee of the Trust.

8. 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 interest in the Property as **James Deutsch, as Successor Trustee of HENRY A. DEUTSCH TRUST, dated September 3, 1999** and no one else.

9. 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.

IN WITNESS WHEREOF, the undersigned has executed this "Affidavit of Death and Acceptance of Successor Trustee and Certificate of Trust Existence and Authority".

DATED this 27 day of August, 2024.



James Deutsch

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ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
 Santa Barbara) : ss.
COUNTY OF ~~OBISPO~~ *J. L.*)

On August 27th, 2024, before me, J. Espinoza, a Notary Public in and for the State of California, personally appeared JAMES DEUTSCH, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their signature(s) on the instrument the person(s), or the entity upon of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

(Seal)

Signature _____ *J. Espinoza*

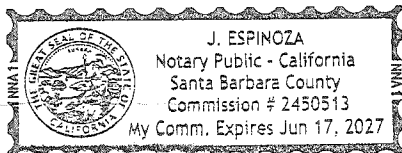


Exhibit "A"
Death Certificate

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2023013981

Henry Andrew Deutsch

DECEDENT INFORMATION

Date of Death:	August 25, 2023	Time of Death:	09:10
City of Death:	Sandy	County of Death:	Salt Lake
Age:	71	Date of Birth:	July 22, 1952
Place of Birth:	Pontiac, Michigan	Sex:	Male
Armed Services:	No	Marital Status:	Married but Separated
Spouse's Name:	Kimberly Diane Gallegos	Usual Occupation:	International Sourcing
Industry/Business:	Retail	Education:	Bachelor's Degree
Residence:	Sandy, Utah	Father's Name:	William Leonard Deutsch
Mother's Name:	Vivian Adele Nussbaum	Facility Type:	Home
Facility or Address:	9600 S 285 E		

INFORMANT INFORMATION

Name:	Kimberly Diane Deutsch	Relationship:	Spouse
Mailing Address:	#12 Lamontagne Lane, Sandy, Utah 84092		

DISPOSITION INFORMATION

Method of Disposition:	Cremation
Place of Disposition:	Larkin Sunset Lawn Crematory, Salt Lake City, Utah
Date of Disposition:	September 8, 2023

FUNERAL HOME INFORMATION

Funeral Home:	Utah Simple Cremations
Address:	4377 South State Street, Murray, Utah 84107
Funeral Director:	Carlyann Kent

MEDICAL CERTIFICATION

Certifying Physician: Kacy A Krehbiel MD, Office of the Medical Examiner, 4451 South 2700 West, Taylorsville, Utah 84129

CAUSE OF DEATH

Pending
Tobacco Use: Unknown if User
Medical Examiner Contacted: Yes Autopsy Performed: Yes Autopsy Available: Yes Manner of Death: Pending

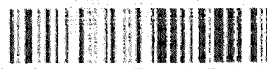
Date Registered: September 1, 2023

Date Issued: September 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, MSW, LCSW
State Registrar



* 0 6 7 4 3 4 6 3 4 *



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		STATE _____ COUNTY _____	
	12. DATE SIGNED	13. AGE OF WITNESS	14. DAYTIME TELEPHONE		NOTARY SIGNATURE _____	
	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		NOTARY SIGNATURE _____	
	22. ADDRESS OF WITNESS					