

WHEN RECORDED MAIL TO:
Cottonwood Title Insurance Agency, Inc.
1216 W. Legacy Crossing Blvd., Suite 100
Centerville, UT 84014

14285390 B: 11516 P: 6448 Total Pages: 4
09/06/2024 04:41 PM By: tpham Fees: \$40.00
Rashelle Hobbs, Recorder, Salt Lake County, Utah
Return To: COTTONWOOD TITLE INSURANCE AGENCY, INC.
1996 EAST 6400 SOUTH SUITE 120SALT LAKE CITY, UT 84121

File No.: 180883-DWP

SUCCESSOR TRUSTEE AFFIDAVIT (2015 Trust)

I, the undersigned, Dirk Royce Hood, as Successor Trustee, do hereby affirm the following:

1. The copy of the trust document provided to Cottonwood Title Insurance Agency, Inc. ("Cottonwood") is a true and correct copy of the trust agreement or certification of trust of the **Grace Lance Revocable Trust dated December 18, 2015** (the "**2015 Trust**"), as it may have been amended, and that the 2015 Trust is in full force and effect and that it has not been revoked or terminated.
2. I was well and personally acquainted with Grace Lance (aka Grace Cox and/or Grace Cox Lance), the trustee named in that certain Warranty Deed recorded December 21, 2015, as Entry no. 12192411, in the records of the Salt Lake County Recorder.
3. I know of my own knowledge that Grace Lance in the said deed and Grace Lance mentioned in the attached Certificate of Death was one and the same person.
4. Pursuant to the terms of the 2015 Trust, and the successor trustee provisions therein, I have been duly appointed and named as a successor trustee of the 2015 Trust.
5. I have full power and authority on behalf of the 2015 Trust to convey title, sell, or enter into any contract pertaining to real property currently held (or formerly held) in the 2015 Trust. Said real property (the "Property") is located in Salt Lake County, State of Utah, and more particularly described as:

All of Lot 59, WRIGHT SUBDIVISION ADDITION NO. 4, according to the official plat thereof as recorded in the office of the Salt Lake County Recorder.

TAX ID NO.: 15-33-177-014 (for reference purposes only)

6. The 2015 Trust has not been terminated or amended to restrict my ability to convey title to the Property as successor trustee of the 2015 Trust.
7. I am still the current successor trustee of the 2015 Trust, and there are no new successor trustees.
8. Pursuant to a Warranty Deed recorded February 22, 2019, as Entry No. 12938477, in the records of the Salt Lake County Recorder, Grace Lance as trustee of the 2015 Trust conveyed (or attempted to convey) title to the Property to herself as trustee of a different trust, for which she was settlor and trustee, known as the Grace Cox Family Trust dated January 30, 2019 (the "**2019 Trust**"). This affidavit is given to evidence my authority as successor trustee of the 2015 Trust to convey the Property, to the extent deemed necessary or advisable, to the current trustee of the 2019 Trust.
9. In light of the foregoing facts, the undersigned, in consideration of the issuance by Westcor Land Title Insurance Company ("Westcor") 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 and Westcor Land Title Insurance Company against any liabilities, losses, damages, expenses and charges that may arise as a result of reliance on this Affidavit.

Signed this September 6, 2024.

Dirk Royce Hood
Signed with **Stavvy**

Dirk Royce Hood, Successor Trustee

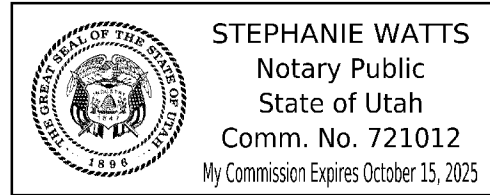
STATE OF UTAH

COUNTY OF DAVIS

Subscribed and sworn to before me this September 6, 2024, by Dirk Royce Hood.

Stephanie Watts
Signed with **Stavvy**

Notary Public



Notarized remotely via audio/video communication using Stavvy

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2023014800

Grace Lance

DECEDENT INFORMATION

Date of Death:	September 8, 2023	Time of Death:	11:23
City of Death:	West Valley City	County of Death:	Salt Lake
Age:	85	Date of Birth:	June 26, 1938
Place of Birth:	Huntington, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Divorced
Spouse's Name:		Usual Occupation:	Child Care
Industry/Business:	Child care center	Education:	High School or GED
Residence:	West Valley City, Utah	Father's Name:	Thomas Franklin Cox
Mother's Name:	Anna Anderson	Facility Type:	Home
Facility or Address:	3722 South American Drive		

INFORMANT INFORMATION

Name:	Terri Lyn Lance	Relationship:	Daughter
Mailing Address:	3564 South 4240 West #i2, WesValley City, Utah 84120		

DISPOSITION INFORMATION

Method of Disposition: Burial
Place of Disposition: Mountain View Memorial Estates, Salt Lake City, Utah
Date of Disposition: September 11, 2023

FUNERAL HOME INFORMATION

Funeral Home: Mountain View Memorial Mortuary
Address: 7800 South 3115 East, Salt Lake City, Utah 84121
Funeral Director: Francis L Mortensen

MEDICAL CERTIFICATION

Certifying Physician: Anna C Beck MD, 6949 South High Tech Drive, Midvale, Utah 84047

CAUSE OF DEATH

Pancreatic Cancer [Onset: 6 Months]
Tobacco Use: Non-user
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: September 12, 2023

Date Issued: September 12, 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



* 0 6 7 4 8 8 5 5 0 *

Angela C. Dunn

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

SALT LAKE COUNTY
HEALTH DEPARTMENT

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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.		NOTARY SIGNATURE _____
	16. ADDRESS OF WITNESS					S E A L
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.		NOTARY SIGNATURE _____
	22. ADDRESS OF WITNESS					S E A L