

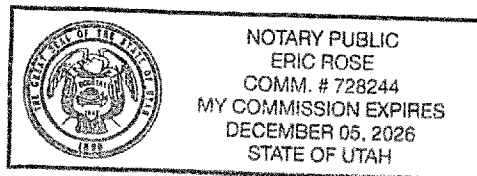
3. Marilyn S. Walters died in Sandy, Utah on March 27, 2024 and a certified copy of her death certificate is attached hereto as Exhibit "A" and by this reference is made a part hereof.
4. Affiant knows of his own personal knowledge that the Marilyn S. Walters that held title to the above-described real property as the Trustee of the Marilyn S. Walters Revocable Living Trust, dated February 13, 2002 is one and the same person as the Marilyn Faye Walters named in the Exhibit "A".
5. Affiant now has all authority to act as Successor Trustee of the Marilyn S. Walters Revocable Living Trust, dated February 13, 2002.

The Marilyn S. Walters Revocable Living Trust, dated February 13, 2002

State of Utah
County of Salt Lake
)ss:

On this date, February 25, 2025, personally appeared before me Carol RaNae Smith, Successor Trustee of The Marilyn S. Walters Revocable Living Trust, dated February 13, 2002, the signer(s) of the within instrument, who duly acknowledged to me that they/he/she executed the same.

Notary Public



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2024005539

Marilyn Faye Walters

DECEDENT INFORMATION

Date of Death:	March 27, 2024	Time of Death:	08:26
City of Death:	Sandy	County of Death:	Salt Lake
Age:	90	Date of Birth:	February 10, 1934
Place of Birth:	South Gate, California	Sex:	Female
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:		Usual Occupation:	Homemaker
Industry/Business:	Own Home	Education:	High School or GED
Residence:	Sandy, Utah	Father's Name:	Frederick William Snyder
Mother's Name:	Emma Fay Bennett	Facility Type:	Hospital Inpatient
Facility or Address:	Alta View Hospital		

INFORMANT INFORMATION

Name:	RaNae Smith	Relationship:	Daughter
Mailing Address:	2275 East 9800 South, Sandy, Utah 84092		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Larkin Sunset Gardens, Sandy, Utah
Date of Disposition:	April 2, 2024

FUNERAL HOME INFORMATION

Funeral Home:	Larkin Sunset Gardens
Address:	1950 East 10600 South, Sandy, Utah 84092
Funeral Director:	Thomas A Ligman IV

MEDICAL CERTIFICATION

Certifying Physician: Jeffrey McNally MD, Intermountain Homecare, 11520 South Redwood Road, South Jordan, Utah 84095

CAUSE OF DEATH

Congestive heart failure
Due to (or as a consequence of): Atrial fibrillation with rapid ventricular response
Tobacco Use: Non-user
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: March 29, 2024

Date Issued: March 29, 2024

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



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



online Instructions

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

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 _____
	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