

Prepared by:
First American Title Insurance Company
5929 S Fashion Pointe Dr, Ste 120
South Ogden, UT 84403
(801)479-6600

14403009 B: 11582 P: 444 Total Pages: 4
06/27/2025 02:46 PM By: ctafoya Fees: \$40.00
Rashelle Hobbs, Recorder, Salt Lake County, Utah
Return To: FIRST AMERICAN - FASHION POINTE
5929 FASHION POINT DR STE 120 OGDEN, UT 844034683

AFTER RECORDING RETURN TO:
Shanna Lee Ballard
9635 N 6530 W
Highland, Ut. 84003

SPACE ABOVE THIS LINE (3 1/4" X 5") FOR RECORDER'S USE

AFFIDAVIT OF SUCCESSOR TRUSTEE

Escrow No. **338-6360400 (JJ)**
A.P.N.: **16-19-328-008-0000**

This Affidavit is given to evidence the death of Phillip K. Watts, Trustee of the The Phillip Watts Revocable Trust, dated April 27, 2016, and to establish Shanna Lee Ballard, Successor Trustee of said Trust.

The undersigned hereby certifies that the Phillip K. Watts listed as Trustee of The Phillip Watts Revocable Trust in that certain Warranty Deed recorded July 13, 2016 as Entry No. 12319568 in Book 10451, at Page 9768, records of the Recorder of Salt Lake County, Utah is one and the same person as Phillip Keith Watts, listed decedent on the attached certified Certificate of Death.


And by virtue of that death certificate attached hereto and recorded as part hereof and said Declaration of Trust, I do hereby declare that the conditions for Successor Trustee appointment have been met and pursuant to said Declaration of Trust, that I the undersigned, am now authorized as Successor Trustee of said Trust to sell, convey and borrow against any assets of the Trust particularly the property located at 250 E Beryl Ave, South Salt Lake, UT 84115, and more particularly described as follows:

Lots 35 and 36, Block 5, CENTRAL PARK, according to the Official Plat thereof on file and of record in the Salt Lake County Recorder's Office.

Together with 1/2 vacated alley on the South.

DATED: June ²⁷~~23~~, 2025

The Phillip Watts Revocable Trust


Shanna Lee Ballard, Successor Trustee

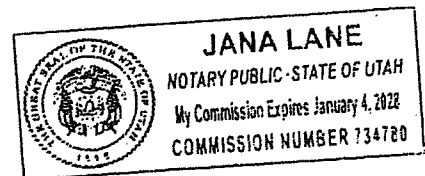
STATE OF Utah)
County of Utah)ss.

On June 27, 2025 before me, the undersigned Notary Public, personally appeared **Shanna Lee Ballard, Successor Trustee of The Phillip Watts Revocable Trust**, personally known to me (or 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 authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

My Commission Expires: January 04, 2028

Jana Lane
Notary Public



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2025008163

Phillip Keith Watts

DECEDENT INFORMATION

Date of Death:	May 4, 2025	Time of Death:	21:43
City of Death:	Salt Lake City	County of Death:	Salt Lake
Age:	67	Date of Birth:	June 15, 1957
Place of Birth:	Bakersfield, California	Sex:	Male
Armed Services:	Yes	Marital Status:	Never Married
Spouse's Name:		Usual Occupation:	Electronic Repairman
Industry/Business:	Electronics	Education:	Associate Degree
Residence:	South Salt Lake City, Utah	Father's Name:	Paul Leon Watts
Mother's Name:	Loretta Nanaleen Clason	Facility Type:	Nursing Home/Assisted Living
Facility or Address:	Monument Health Group		

INFORMANT INFORMATION

Name:	Shanna Ballard	Relationship:	Sister
Mailing Address:	9635 N 6530 W, Highland, Utah 84003		

DISPOSITION INFORMATION

Method of Disposition:	Cremation
Place of Disposition:	McDougal's Taylorsville Group, Taylorsville, Utah
Date of Disposition:	May 15, 2025

FUNERAL HOME INFORMATION

Funeral Home:	Serenicare
Address:	2281 South West Temple, Salt Lake City, Utah 84115
Funeral Director:	Kristal Hyde

MEDICAL CERTIFICATION

Certifying Physician:	Cherie Brunker MD, 8th Avenue & C Street, Salt Lake City, Utah 84143
-----------------------	--

CAUSE OF DEATH

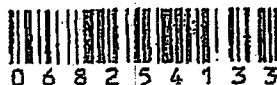
Non-Small Cell Lung Cancer
Tobacco Use: Probably Contributed
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: May 13, 2025

Date Issued: May 13, 2025

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.

Nicole Bissonette
Nicole Bissonette, MPH, MCHES
State Registrar



Dorothy Adams
Dorothy Adams, MPA, LEHS
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 name changes after the age of one year. 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; 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 information: <https://VitalRecords.utah.gov> 801-538-6105 vrequest@utah.gov



online instructions

Affidavit instructions: 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 and an immediate family member or two immediate family members must sign as a witness. 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 the 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 the change is needed	9. _____					
Documents used	10. _____					
Oath of first witness	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 (sign in front of notary)			11b. Printed name of witness		State _____ County _____
	12. Date signed	13. Age of witness	14. Telephone number		15. Relationship to 1a.	Notary signature _____
	16. Address of witness					S E A L
Oath of second witness	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 (sign in front of a notary)			17b. Printed name of witness		State _____ County _____
	18. Date signed	19. Age of witness	20. Telephone number		21. Relationship to 1a.	Notary signature _____
	22. Address of witness					S E A L