

When Recorded Mail to:
JEFFERY GRAFF
195 E 1200 S
OREM, UT 84058

(19-14-104; 19-14-105,
18-44-76, & 18-044-0077)

ENT 15591:2025 PG 1 of 7
ANDREA ALLEN
UTAH COUNTY RECORDER
2025 Mar 04 01:26 PM FEE 40.00 BY KR
RECORDED FOR Inwest Title Services - Sal
ELECTRONICALLY RECORDED

FILE # 312436

AFFIDAVIT OF TRUSTEE INCUMBENCY
DEATH OF TRUSTEES

JEFFERY GRAFF, BEING FIRST DULY SWORN DEPOSES AND SAYS:

THAT HE IS OF LEGAL AGE AND A RESIDENT OF UTAH, AND THAT
THAT V. DORAL GRAFF AND AFTON F. GRAFF, AND THEIR SUCCESSORS IN TRUST,
TRUSTEES OF THE V & A GRAFF TRUST, DATED THE 20TH DAY OF FEBRUARY, 1989
ARE NAMED AS GRANTEEES ON THAT CERTAIN QUIT CLAIM DEED DATED JUNE 2, 2017
AND RECORDED JUNE 27, 2017, AS ENTRY NO. 61806:2017, IN THE RECORDS OF UTAH
COUNTY, UTAH. SAID PREMISES IS LOCATED IN UTAH COUNTY, STATE OF UTAH, AND
MORE PARTICULARLY DESCRIBED AS FOLLOWS:

(19-14-104; 19-14-105 AND 18-44-76)

See Attached Exhibit "A"

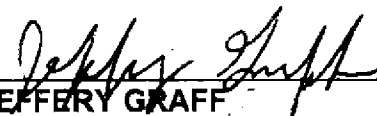
AND, THAT AFTON F. GRAFF, TRUSTEE OF THE V. & A. GRAFF TRUST, DATED
FEBRUARY 20, 1989 IS NAMED AS GRANTEE ON THAT CERTAIN QUIT CLAIM DEED
DATED MARCH 29, 2022 AND RECORDED APRIL 7, 2022, AS ENTRY NO.43564:2022 IN THE
RECORDS OF UTAH COUNTY, UTAH. SAID PREMISES IS LOCATED IN UTAH COUNTY,
STATE OF UTAH, AND MORE PARTICULARLY DESCRIBED AS FOLLOWS:

(18-044-0077)

See Attached Exhibit "B"

THAT THE DECEDENTS NAMED IN THE ATTACHED CERTIFICATES OF DEATH ARE ONE
AND THE SAME PERSONS AS V. DORAL GRAFF AND AFTON F. GRAFF, TRUSTEES
NAMED AS GRANTEE(S) ON THE ABOVE DESCRIBED QUIT CLAIM DEEDS. THAT SAID V.
DORAL GRAFF DIED ON NOVEMBER 25, 2017, IN OREM, UTAH. THAT SAID AFTON F.
GRAFF DIED ON JUNE 29, 2024, IN PROVO, UTAH. THAT THE ABOVE PROPERTIES ARE
NOW VESTED IN JEFFERY GRAFF AND CARLA BENNETT, SUCCESSOR TRUSTEES OF
THE V & A GRAFF TRUST, DATED THE 20TH DAY OF FEBRUARY, 1989 AKA THE V. & A.
GRAFF TRUST, DATED FEBRUARY 20, 1989

February 19, 2025
Dated: ~~NOVEMBER 22, 2024~~


JEFFERY GRAFF

STATE OF UTAH)
) ss.
COUNTY OF UTAH)

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ON FEBRUARY 19, 2025 PERSONALLY APPEARED BEFORE ME, **JEFFERY GRAFF** THE SIGNER(S) OF THE FOREGOING AFFIDAVIT WHO DULY ACKNOWLEDGED TO ME THAT HE/SHE/THEY EXECUTED THE SAME.



Corey Bayles
NOTARY PUBLIC

PARCEL 1 (19-014-0104):

COMMENCING AT A POINT LOCATED EAST 781.476 FEET AND SOUTH 23.664 FEET FROM THE NORTHWEST CORNER OF SECTION 26, TOWNSHIP 6 SOUTH, RANGE 2 EAST, SALT LAKE BASE AND MERIDIAN (BASIS OF BEARING IS SOUTH 89°24'38" EAST ALONG THE SECTION LINE FROM SAID SECTION CORNER); THENCE SOUTH 89°16' EAST 121.131 FEET ALONG THE SOUTH BOUNDARY OF 1200 SOUTH STREET; THENCE SOUTH 0°03'02" EAST 173.513 FEET ALONG A FENCE LINE; THENCE EAST 87.05 FEET; THENCE SOUTH 0°00'46" WEST 25.75 FEET ALONG THE TITLE LINE OF R.W. AUTO SALES INC. (WD ENT 48144, BK.3000, PG. 895); THENCE WEST 214.677 FEET; THENCE NORTH 1°48'48" EAST 200.912 FEET TO THE POINT OF BEGINNING.

LESS THE FOLLOWING: BEGINNING AT A POINT EAST 782.23 FEET AND SOUTH 01°48'48" WEST 224.58 FEET FROM THE NORTHWEST CORNER OF SECTION 26, TOWNSHIP 6 SOUTH, RANGE 2 EAST, SALT LAKE BASE AND MERIDIAN AND RUNNING THENCE EAST 214.68 FEET; THENCE NORTH 21.00 FEET; THENCE WEST 214.47 FEET; THENCE SOUTH 01°48'48" WEST 21.01 FEET TO THE POINT OF BEGINNING.

SITUATE IN UTAH COUNTY, STATE OF UTAH.

PARCEL 2 (19-014-0105):

COMMENCING NORTH 33 FEET AND EAST 1300.12 FEET FROM THE SOUTHWEST CORNER OF SECTION 23, TOWNSHIP 6 SOUTH, RANGE 2 EAST, SALT LAKE BASE AND MERIDIAN; THENCE NORTH 107.73 FEET; THENCE NORTH 88°58'27" WEST 66.42 FEET; THENCE NORTH 84°38'30" WEST 1.6 FEET; THENCE SOUTH 109.06 FEET; THENCE EAST 68 FEET TO BEGINNING.

SITUATE IN UTAH COUNTY, STATE OF UTAH.

PARCEL 3 (18-044-0076):

BEGINNING AT A POINT EAST 661.06 FEET AND SOUTH 21.91 FEET FROM THE NORTHWEST CORNER OF SECTION 26, TOWNSHIP 6 SOUTH, RANGE 2 EAST, SALT LAKE BASE AND MERIDIAN AND RUNNING THENCE SOUTH 89°10'00" EAST 120.43 FEET; THENCE SOUTH 01°48'48" WEST 103.26 FEET; THENCE SOUTH 89°15'52" WEST 115.21 FEET; THENCE NORTH 01°03'02" WEST 106.46 FEET TO THE POINT OF BEGINNING.

RESERVING TO GRANTOR AN EASEMENT OVER THE FOLLOWING DESCRIBED PROPERTY FOR A SEWER LINE DESCRIBED AS FOLLOWS: BEGINNING AT A POINT EAST 661.06 FEET AND SOUTH 21.91 FEET FROM THE NORTHWEST CORNER OF SECTION 26, TOWNSHIP 6 SOUTH, RANGE 2 EAST, S.L.B. & M. AND RUNNING THENCE SOUTH 01°03'02" EAST 106.46 FEET; THENCE SOUTH 01°11'14" EAST 96.14 FEET; THENCE EAST 20.00 FEET; THENCE NORTH 01°11'14" WEST 67.69 FEET; THENCE NORTH 01°03'02" WEST 134.62 FEET; THENCE NORTH 89°10'00" WEST 20.08 FEET TO THE POINT OF BEGINNING.

SITUATE IN UTAH COUNTY, STATE OF UTAH.

PARCEL 4: (18-044-0077):

COMMENCING NORTH 28.15 FEET AND EAST 1300.11 FEET FROM THE SOUTHWEST CORNER OF SECTION 23, TOWNSHIP 6 SOUTH, RANGE 2 EAST, SALT LAKE BASE AND MERIDIAN, THENCE NORTH 112.58 FEET, SOUTH 88°58'34" EAST 6.95 FEET, THENCE SOUTH 0°43'39" WEST 112.53 FEET, THENCE NORTH 89°17'8" WEST 5.52 FEET TO THE POINT OF BEGINNING.

SITUATE IN UTAH COUNTY, STATE OF UTAH.

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

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CERTIFICATE OF DEATH

State File Number: 2017016817

Vance Doral Graff

DECEDENT INFORMATION

Date of Death:	November 25, 2017	Time of Death:	15:20
City of Death:	Orem	County of Death:	Utah
Age:	90	Date of Birth:	April 7, 1927
Place of Birth:	Provo, Utah	Sex:	Male
Armed Services:	Yes	Marital Status:	Married
Spouse's Name:	Afton Finch	Usual Occupation:	Letter Carrier
Industry/Business:	United States Postal Service	Education:	Some College but No Degree
Residence:	Orem, Utah	Parent or Father:	Chester Graff
Parent or Mother:	Winnie Terry	Facility Type:	Nursing Home/Assisted Living
Facility or Address:	Summerfield Retirement		

INFORMANT INFORMATION

Name:	Afton Graff	Relationship:	Spouse
Mailing Address:	134 East 1200 South, Orem, Utah 84058		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Orem City Cemetery, Orem, Utah
Date of Disposition:	December 2, 2017

FUNERAL HOME INFORMATION

Funeral Home:	Sundberg-Olpin Mortuary
Address:	495 South State, , Orem, Utah 84058
Funeral Director:	Sean D Rood

MEDICAL CERTIFICATION

Medical Professional:	Richard E Allen MD, St Marks Hospital, 1250 East 3900 South Suite 260, Salt Lake City, Utah 84124
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CAUSE OF DEATH

Urinary Tract Infection
Due to (or as a consequence of): Diabetes
Due to (or as a consequence of): Congestive Heart Failure
Due to (or as a consequence of): Dementia
Tobacco Use: Non-user
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: November 28, 2017

Date Issued: November 28, 2017

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: High Resolution Border, V & R images in top cycloids, and microtext.
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Richard J. Oborn

Richard J. Oborn, MPA
State Registrar
Rev. 1/16



065403602

Ralph A. Clegg

Ralph Clegg, EHS, MPA
Executive Director
Utah County Health
Department

Utah County
HEART of UTAH
Health Department

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

ENT 15591:2025 PG 6 of 7

CERTIFICATE OF DEATH

State File Number: 2024011119

Afton Finch Graff

DECEDENT INFORMATION

Date of Death:	June 29, 2024	Time of Death:	15:00
City of Death:	Provo	County of Death:	Utah
Age:	95	Date of Birth:	April 29, 1929
Place of Birth:	Orem, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:	Vance Doral Graff	Usual Occupation:	Homemaker
Industry/Business:	Own Home	Education:	High School or GED
Residence:	Orem, Utah	Father's Name:	Joseph William Finch
Mother's Name:	Elizabeth Ethel Davis	Facility Type:	Nursing Home/Assisted Living
Facility or Address:	Legacy Village Provo		

INFORMANT INFORMATION

Name:	Sandra Clayson	Relationship:	Daughter
Mailing Address:	4587 South Farm Meadow Lane, Salt Lake City, Utah 84117		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Orem Cemetery, Orem, Utah
Date of Disposition:	July 13, 2024

FUNERAL HOME INFORMATION

Funeral Home:	Sundberg-Olpin Mortuary
Address:	495 South State, Orem, Utah 84058
Funeral Director:	Curtis B Wilkey

MEDICAL CERTIFICATION

Certifying Physician:	Holly L Carter APRN, Zeal Medical, 545 W 800 S, Genola, Utah 84655
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CAUSE OF DEATH

Protein calorie malnutrition
Tobacco Use: Non-user
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: July 8, 2024

Date Issued: July 8, 2024

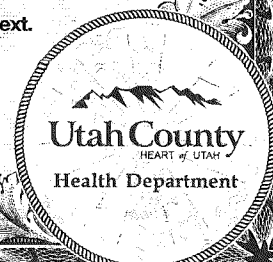
This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics.
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Linda S. Winer
Linda S. Winer, MSW, LCSW
State Registrar
Rev. 12/20



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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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.



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 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____. State _____ County _____ Notary signature _____
	11a. Signature of witness (Must sign in front of notary)			11b. Printed name of witness		
	12. Date signed	13. Age of witness	14. Telephone number		15. Relationship to 1a.	
	16. Address of witness					
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____. State _____ County _____ Notary signature _____
	17a. Signature of witness (Must sign in front of notary)			17b. Printed name of witness		
	18. Date signed	19. Age of witness	20. Telephone number		21. Relationship to 1a.	
	22. Address of witness					