

DOC # 20240007521

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Affidavit & Death Certificate  
Gary Christensen Washington County Recorder  
03/13/2024 01:38:34 PM Fee \$ 40.00  
By BRINDLEY SULLIVAN



WHEN RECORDED, MAIL TO:  
M. Sean Sullivan, Esq.  
BRINDLEY SULLIVAN, PLLC  
50 E. 100 S., Ste. 302  
St. George, Utah 84770

SEND TAX NOTICE TO:  
Anna Oakden, Trustee  
363 S. 200 W.  
St. George, UT 84770

**Tax ID No. SG-1511-A**

**AFFIDAVIT OF SUCCESSOR TRUSTEE**  
RE: DEATH OF TRUSTEE

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STATE OF UTAH )  
COUNTY OF WASHINGTON )ss.  
 )

I, ANNA OAKDEN, the successor Trustee of the ZELLA VIOLATE MARTIN REVOCABLE LIVING TRUST, under agreement dated September 28, 2006 (the "Trust"), of legal age, being first duly sworn, declare the following.

1. ZELLA VIOLATE MARTIN, the decedent mentioned in the attached certified copy of Certificate of Death, who died January 31, 2024, is the same person as ZELLA VIOLATE MARTIN, a Trustee of the ZELLA VIOLATE MARTIN REVOCABLE LIVING TRUST, under agreement dated September 28, 2006, named as a grantee in that certain Warranty Deed dated September 28, 2006, executed by Zella Violate Martin as Grantor, recorded as Document No. 20060045589, on October 2, 2006.

2. The real property subject to this Affidavit is located in Washington County, state of Utah:

ST. GEORGE CITY SURVEY\*\* (SG) BLOCK: 13, BEG AT NE COR  
LOT 7, BLK 13 PLAT C SGCS, & RN TH S 4 RDS; TH W 8 RDS; TH N  
4 RDSTO N LN SD LOT 7; TH E ALG N LN SD LOT 7<sup>TH</sup> E ALG N LN  
SD LOT 7 A DIST OF 8 RDSM/L TO POB

SUBJECT TO easements, restrictions, reservations, and rights of way  
currently appearing of record and enforceable in law and equity.

3. All of the conditions to appoint me as the successor sole Trustee under the Trust have been met.

4. I now have full authority to act as sole Trustee in all respects, including all powers granted Trustees under Utah Code Annotated §§75-7-813 and 75-7-814.

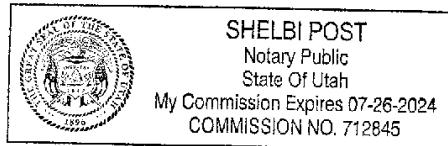
5. The Trust is in full force and effect.

Dated this 8<sup>th</sup> day of March, 2024.

  
ANNA OAKDEN, Trustee of the Zella  
Violate Martin Revocable Living Trust  
UAD 09-28-06

SUBSCRIBED AND SWORN TO before me on this 8<sup>th</sup> day of March, 2024, by  
ANNA OAKDEN, Trustee of ZELLA VIOLATE MARTIN REVOCABLE LIVING TRUST, under  
agreement dated September 28, 2006.

  
NOTARY PUBLIC



**CERTIFICATE OF DEATH**

State File Number: 2024002128

**Zella Violate Martin****DECEDENT INFORMATION**

Date of Death:	January 31, 2024	Time of Death:	05:14
City of Death:	St George	County of Death:	Washington
Age:	87	Date of Birth:	August 15, 1936
Place of Birth:	Utah	Sex:	Female
Armed Services:	No	Marital Status:	Divorced
Spouse's Name:		Usual Occupation:	Custodian
Industry/Business:	School District	Education:	High School or GED
Residence:	St George, Utah	Father's Name:	Herschel Quilter Partner
Mother's Name:	Mada Violate Willis	Facility Type:	Nursing Home/Assisted Living
Facility or Address:	Seasons Assisted Living		

**INFORMANT INFORMATION**

Name:	Anna Marie Oakden	Relationship:	Daughter
Mailing Address:	363 South 200 West, St George, Utah 84770		

**DISPOSITION INFORMATION**

Method of Disposition:	Burial
Place of Disposition:	Henrieville, Henrieville, Utah
Date of Disposition:	February 7, 2024

**FUNERAL HOME INFORMATION**

Funeral Home:	Spilsbury Mortuary
Address:	110 South Bluff, St George, Utah 84770
Funeral Director:	Jody Snow

**MEDICAL CERTIFICATION**

Certifying Physician:	Shawn G Mecham DO, Intermountain Medical Center, 1380 East Medical Center Drive, St George, Utah 84790
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**CAUSE OF DEATH**

Neurodegenerative decline

Due to (or as a consequence of): Subarachnoid hemorrhage, subdural hemorrhage, acute Cerebrovascular accident

Other significant conditions: Remote Cerebrovascular accident, pneumothorax, flank hematoma

Tobacco Use: Non-user

Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Accident

**INJURY INFORMATION**

Date of Injury:	January 5, 2024	Time of Injury:	Unknown
Injury at Work:	No	Place of Injury:	Residence
Location of Injury:	430 South 200 West, St George, Utah		
How Injury Occurred:	Fall down stairs		
Motor Vehicle Accident:	No		

Date Registered: February 7, 2024

Date Issued: February 7, 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.

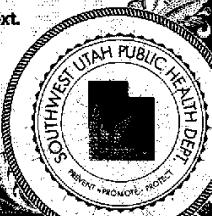


*Linda S. Wininger*  
 Linda S. Wininger, MSW, LCSW  
 State Registrar  
 Rev 12/20



\* 0 6 7 5 4 4 5 4 4 \*

*David W. Blodgett, MD, MPH*  
 David W. Blodgett, MD, MPH  
 Director/Health Officer



**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](mailto: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)			
STATEMENT OF AMENDMENTS	5. NAME OF PARENT 1 ( Maiden name if applicable)		6. NAME OF PARENT 2 ( Maiden name if applicable)			STATE FILE NUMBER: _____	
	7. ITEM NO.		8a. FACTS EXACTLY AS ON ORIGINAL RECORD		8b. CORRECT INFORMATION		
WHY IS CHANGE NEEDED?	9.					STATE FILE NUMBER: _____	
	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_____ 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. DAYTIME TELEPHONE		15. RELATIONSHIP TO 1a.		
	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_____ 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. DAYTIME TELEPHONE		21. RELATIONSHIP TO 1a.		
	22. ADDRESS OF WITNESS						