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DOC # 20240007521

Affidavit & Death Certificate Page 1 of 4
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

STATE OF UTAH)
)ss.
COUNTY OF WASHINGTON)

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 7TH 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.

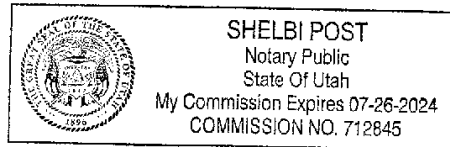
5. The Trust is in full force and effect.

Dated this 8th 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 8th 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

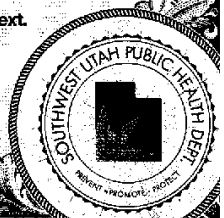
This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics.
Security features of this official document include: Intaglio Border, V & R images in top cycloids, and intaglio microtext.
This document displays the date, seal and signature of the Utah State Registrar of Vital Record and Statistics.



Linda S. Winger
Linda S. Winger, MSW, LCSW
State Registrar
REV 12/20



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



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					
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					