



W3253271

After Recording Mail to:
Nellie Mae James
Mail to:

E# 3253271 PG 1 OF 4
Leann H. Kilts, WEBER COUNTY RECORDER
01-Sep-22 03:26 PM FEE \$40.00 DEP SLV
REC FOR: US TITLE INSURANCE AGENCY
ELECTRONICALLY RECORDED

AFFIDAVIT OF TRUSTEE

US Title Insurance Agency File No.: 059633
APN: 13-110-0003

The undersigned hereby certifies as follows:

That William P. James was a trustee of the The William P. and Nellie Mae James Revocable Living Trust, dated December 19, 2001 (the "Trust") at the time that certain deed was executed in favor of the trustee(s) and recorded on January 10, 2002 as Entry No: 1819611, in Book 2200, at Page 2224 of the official records of the Weber County Recorder pertaining to property located at the following address 1730 21st Street, Ogden, Weber County, Utah, more particularly described as follows:

EXHIBIT "A"

The East 39 feet of Lot 3, and the West 36 feet of Lot 4, Block 42, NOB HILL ADDITION, Ogden City, Weber County, Utah according to the Official Plat thereof.

Together with that portion of the South Half of the vacated alley which abuts said land on the North.

Situated in Weber County, State of Utah

That said trustee is one and the same person as Willam Park James listed as the decedent on the attached Certificate of Death;

That pursuant to the provisions of the Trust, the undersigned is now the Sole Trustee of the Trust and has the authority to sell and convey assets of the trust, including the above described real property.

Dated the 1 day of Sept, 2022.

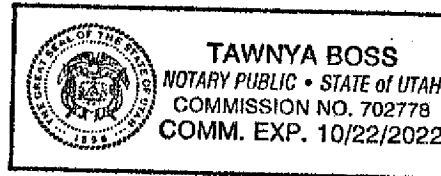
The William P. and Nellie Mae James Revocable Living Trust dated December 19, 2001, as joint tenants

BY: Nellie Mae James
Nellie Mae James
Trustee

STATE OF UTAH)
COUNTY OF Wasatch) ss

The foregoing instrument was acknowledged before me the 1 day of Sept, 2022, by Nellie Mae James, Trustee of the The William P. and Nellie Mae James Revocable.

Tawniya Boss
Notary Public



STATE OF UTAH CERTIFICATION OF VITAL RECORD

E# 3253271 PG 3 OF 4

FEB 25 2002

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

2002002168

1. NAME OF DECEDENT FIRST: William, MIDDLE: Park, LAST: JAMES		2. SEX Male	3a. DATE OF DEATH (Mo., Day, Yr.) February 14, 2002	3b. TIME OF DEATH (24 hr. clock) 10:25
4. DATE OF BIRTH (Mo., Day, Yr.) May 17, 1923	5. AGE - Last Birthday 78	6. BIRTHPLACE (City & State or Foreign Country) Ogden, Utah	7. SOCIAL SECURITY NUMBER Confidential	
8a. PLACE OF DEATH (check only one) <input checked="" type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. OOA <input type="checkbox"/> 4. Other (specify)		8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) Ogden Regional Medical Center		
9a. CITY, TOWN, OR LOCATION OF DEATH Ogden		9b. COUNTY OF DEATH Weber	9c. SURVIVING SPOUSE (if wife, give maiden name) Nellie Mae Hodgson	
10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		11. MARITAL STATUS <input type="checkbox"/> 1. Never Married <input type="checkbox"/> 3. Widowed <input checked="" type="checkbox"/> 2. Married <input type="checkbox"/> 4. Divorced		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired) owner-operator
12b. KIND OF BUSINESS OR INDUSTRY auto-marine center		13. RESIDENCE - STREET AND NUMBER 1730 21st Street		
13a. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		13b. ZIP CODE 84401	13c. COUNTY Weber	13d. STATE Utah
14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify) <input type="checkbox"/> 1. Mexican <input type="checkbox"/> 2. Cuban <input type="checkbox"/> 3. Puerto Rican <input type="checkbox"/> 4. Other (Specify)		15. RACE - Black, White, Am. Indian (race may be omitted), Japanese, etc. (Specify) white		16. EDUCATION (Specify only highest grade completed). Elementary or Secondary (K-12) College (13-16 or 17+) 12
17. FATHER'S NAME (First, Middle, Last) Walter Horne James		18. MAIDEN NAME OF MOTHER (First, Middle, Last) Edith Draney		
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Nellie Mae James, wife, 1730 21st Street, Ogden, Utah 84401				
20. METHOD OF DISPOSITION <input type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other <input checked="" type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal		21a. DATE OF DISPOSITION Feb. 19, 2002	21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Evergreen Memorial Park	21c. LOCATION - City or Town, State Ogden, Utah
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>		23. LICENSE NUMBER 114931	24. FUNERAL HOME (Name and address) 101660 Myers Mortuary 845 Washington Blvd. Ogden, UT 84404	
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN Feb. 14, 2002		26. If not certified by medical examiner, was death reported to M.E.? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No If yes, enter the date and hour reported. M.E. CASE NO. _____ HR. _____ MO. _____ DAY _____ YEAR _____		
27a. CERTIFIER <input checked="" type="checkbox"/> 1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> 2. MEDICAL EXAMINER/LAW ENFORCEMENT OFFICIAL: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner as stated.				
27b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		27c. LICENSE NUMBER 184694-1205	27d. DATE SIGNED (Month, Day, Year) FEB 21, 2002	
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print) Christopher K. Anderson, M.D., 425 East 5350 South, #335, Ogden, Utah 84405				
29. REGISTRAR'S SIGNATURE <i>[Signature]</i>		30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) FEB 22, 2002		30b. DATE FILED (Mo., Day, Yr.) FEB 22, 2002
31. PART I. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. <i>APDS: Adult Respiratory Distress Syndrome</i>				
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>APDS: Adult Respiratory Distress Syndrome</i> Approximate Interval Between Onset and Death: <i>weeks</i>				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST				
PART II: Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.		32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: <input type="checkbox"/> 1. Probably contributed to the cause of death. <input type="checkbox"/> 5. NON USER <input type="checkbox"/> 2. Was the underlying cause of death. <input type="checkbox"/> 3. Did not contribute to the cause of death. <input checked="" type="checkbox"/> 6. UNKNOWN IF USER <input type="checkbox"/> 4. Is unknown in relation to the cause of death.		33a. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
34. MANNER OF DEATH <input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Undetermined if injured <input type="checkbox"/> 6. Pending investigation		35a. DATE OF INJURY (Mo., Day, Yr.)	35b. TIME OF INJURY (24 Hour Clock)	35c. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
35d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (specify)		35e. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY should be entered in Item 31)		

USE PERMANENT BLACK INK

4-00
CAUSE OF DEATH
b

Date Issued: AUG 19 2022

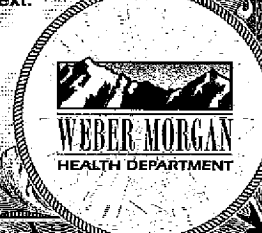
This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics. Security features of this official document include: Intaglio Border, V & R images in top cycloids, and intaglio microtext. This document displays the date, seal and signature of the Utah State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



[Signature]
Linda S. Winger, MSW, LCSW
State Registrar
Rev. 07/21



[Signature]
Brian Cowan, MPH, LEHS
Director/Health Officer
County Health Department



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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 and proof of ID.

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. SRX	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		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		22. ADDRESS OF WITNESS

S E A L