



W3319027

Mail Tax Notice To:

Kristy M. Colvin

871 W. LOYSON.
W. Bountiful, UT 84087

E# 3319027 PG 1 OF 4
Leann H. Kilts, WEBER COUNTY RECORDER
22-Mar-24 0334 PM FEE \$40.00 DEP DAC
REC FOR: BACKMAN NTP
ELECTRONICALLY RECORDED

AFFIDAVIT OF SUCCESSOR TRUSTEE

I, Kristy M. Colvin, being first duly sworn, do hereby depose and say:

1. I have personal knowledge of the facts contained in the Affidavit and I am over the age of 18 years.
2. This Affidavit is given to evidence the death of Richard C. Montag and to establish Marcia L. Montag as the Successor Trustee(s) of the Montag Family Revocable Living Trust dated June 8, 2021 ("the Trust").
3. Richard C. Montag is my father.
4. The undersigned hereby certifies that Richard C. Montag, listed as Trustee in that certain Quit Claim Deed recorded January 29, 2024 as Entry No. 3312608, is one and the same person as Richard Charles Montag listed as decedent on the attached copy of Certificate of Death.
5. By virtue of the death of Richard C. Montag, I do hereby declare that the conditions for Successor Trustee appointment have been met and that pursuant to Article 2.C Section 2 of the Trust, that Marcia L. Montag is now appointed as Successor Trustee of said Trust and is authorized to convey any assets of the Trust including the property located at 5015 South 6700 West, Hooper, UT 84315, which Property is more particularly described as follows:

A part of the Northeast Quarter of Section 14, Township 5 North, Range 3 West, Salt Lake Base and Meridian: Beginning at a point South 89°15'19" East 863.18 feet, South 00°37'25" West 993.46 feet, South 89°15'48" East 1312.31 feet from the North Quarter corner of said Section 14; and running thence South 89°15'48" East 208.00 feet to the West line of 6700 West Street; thence South 00°21'25" West 210.00 feet along said West line of Street; thence North 89°15'48" West 208.00 feet; thence North 00°21'25" East 210.00 feet to the point of beginning. Subject to a 10 foot public utility easement on the East 10 foot and West 10 foot of above described parcel.

Less and excepting:

A part of the Northeast Quarter of Section 14, Township 5 North, Range 3 West, Salt Lake Base and Meridian: Beginning at a point South 89°15'19" East 863.18 feet, South 0°37'25" West 993.46 feet, and South 89°15'48" East 1312.31 feet from the North Quarter corner of said Section 14; and running thence South 89°15'48" East 208.00 feet to the West line of 6700 West Street; thence South 00°21'25" West 100.00 feet along said West line of street; thence North 89°15'48" West 208.00 feet; thence North 00°21'25" East 100.00 feet to the point of beginning. Subject to a 10 foot public utility easement on the East 10 foot and West 10 foot of above described parcel.

Parcel No.: 10-016-0056 PCV th

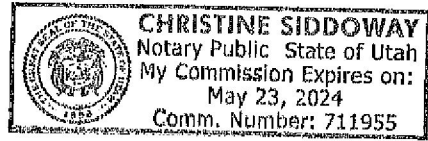
Dated this 19 day of March, 2024.

Kristy M. Colvin
Kristy M. Colvin

Subscribed and sworn to and acknowledged before me this 19th day of March, 2024, by Kristy M. Colvin.

[Signature]
Notary Public

My Commission Expires: 5-23-24 Residing at: Bountiful UT



CERTIFICATE OF DEATH

State File Number: 2023018863

E# 3319027 PG 3 OF 4

Richard Charles Montag

DECEDENT INFORMATION

Date of Death:	November 11, 2023	Time of Death:	12:20
City of Death:	Ogden	County of Death:	Weber
Age:	82	Date of Birth:	February 11, 1941
Place of Birth:	Ogden, Utah	Sex:	Male
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Marcia Lee	Usual Occupation:	Janitorial
Industry/Business:	Church	Education:	Some College but No Degree
Residence:	Hooper, Utah	Father's Name:	Richard Paul Montag
Mother's Name:	Valma Loris Flowers	Facility Type:	Hospital Inpatient
Facility or Address:	McKay-Dee Hospital Center		

INFORMANT INFORMATION

Name:	Kristy Colvin	Relationship:	Daughter
Mailing Address:	871 West 1950 North, West Bountiful, Utah 84087		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Hooper Cemetery, Hooper, Utah
Date of Disposition:	November 18, 2023

FUNERAL HOME INFORMATION

Funeral Home:	Lindquist Mortuary - Roy
Address:	3333 West 6600 South, Roy, Utah 84067
Funeral Director:	Maryl K Wallace

MEDICAL CERTIFICATION

Certifying Physician: Maria Petroulakis MD, 4401 Harrison Boulevard, Ogden, Utah 84403

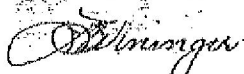
CAUSE OF DEATH

Respiratory Failure
 Due to (or as a consequence of): Viral Pneumonia
 Due to (or as a consequence of): Congestive Heart Failure
 Due to (or as a consequence of): Immunosuppressed
 Tobacco Use: Did not Contribute
 Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: November 14, 2023

Date Issued: November 14, 2023

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, MSW, LCSW
State Registrar



* 0 6 7 7 6 3 1 1 8 *



Brian Cowan, MPH, LENS
Director/Health Officer
County 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 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. 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
Contact Info: <https://VitalRecords.utah.gov> 801-538-6105 vrequest@utah.gov



online instructions

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. _____					
DOCUMENT 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					