

RECORDING REQUESTED BY:
Southern Utah Title Company

AND WHEN RECORDED MAIL TO:
Jerry Kilfoyle
36 Bedrock Circle
Santa Clara, Utah 84765

Order No. 214894
Tax I.D. No. 12-080-0063

This area reserved for County Recorder

AFFIDAVIT OF TRUSTEE(S)

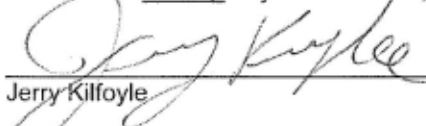
COMES NOW, Jerry Kilfoyle, UPON FIRST BEING DULY SWORN, UPON HER/HIS OATH DEPOSES AND SAYS:

1. That I/WE am/are a citizen(s) of the United States over the age of 21 years and residents of Santa Clara, County of Washington, State of Utah.
2. That he/she is the Son of Stearns Layton Kilfoyle, who passed away on the 19th day of April, 2017, and whose death is evidenced by the attached Certified copy of Certificate of Death.
3. That Stearns Layton Kilfoyle, also known as Stearns L. Kilfoyle, whose death is evidenced above, is one and the same person as that certain individual who acquired the real property shown below, as Trustee of the Kilfoyle Family Revocable Living Trust, dated the 28th day of November, 1995, by Deed recorded May 4, 2007, as Entry No. 2267834, in Book 4276, at Pages 690-691, Official Davis County Records:

BEGINNING 495 FEET SOUTH AND 2337.44 FEET WEST FROM THE NORTHEAST CORNER OF SECTION 14, TOWNSHIP 4 NORTH, RANGE 2 WEST, SALT LAKE BASE AND MERIDIAN; THENCE SOUTH 744 FEET; THENCE WEST 302.56 FEET MORE OR LESS; THENCE NORTH 744 FEET; THENCE EAST 302.56 FEET MORE OR LESS TO THE POINT OF BEGINNING.

4. That The Kilfoyle Family Revoacle Living Trust, dated November 28, 1995, was restated on October 27, 2015. That according to Section TEN under the The Kilfoyle Family Revoacle Living Trust, dated November 28, 1995, restated on October 27, 2015, that upon the death of Stearns L. Kilfoyle, Donna P. Kilfoyle was to be appointed the Successor Trustee; that the above described Trust is still in full force and effect and that by operation of said Trust, Donna P Kilfoyle is the Successor Trustee of the The Kilfoyle Family Revoacle Living Trust, dated November 28, 1995, restated on October 27, 2015.

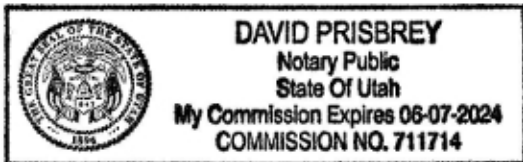
DATED this 19th day of November, 2020.



Jerry Kilfoyle

STATE OF Utah)
)
COUNTY OF Washington)
)
:ss.

On the 19th day of November, 2020, personally appeared before me, Jerry Kilfoyle, the signer of the within instrument who duly acknowledged to me that he/~~she~~ executed the same.





NOTARY PUBLIC
My Commission Expires:

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

3320378
BK 7646 PG 3940

CERTIFICATE OF DEATH

State File Number: 2017005739

Stearns Layton Kilfoyle

DECEDENT INFORMATION

Date of Death:	April 19, 2017	Time of Death:	03:10
City of Death:	Ivins	County of Death:	Washington
Age:	92	Date of Birth:	May 21, 1924
Place of Birth:	Layton, Utah	Sex:	Male
Armed Services:	Yes	Marital Status:	Married
Spouse's Name:	Donna Parker	Usual Occupation:	Manager
Industry/Business:	Food Distribution	Education:	Some College but No Degree
Residence:	St George, Utah	Parent or Father:	Reuben Kilfoyle
Parent or Mother:	Cora Layton	Facility Type:	Nursing Home/Assisted Living
Facility or Address:	Southern Utah Veterans Home		

INFORMANT INFORMATION

Name:	Donna Kilfoyle	Relationship:	Wife
Mailing Address:	1610 West 100 North #59, St George, Utah 84770		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Kaysville City Cemetery, Kaysville, Utah
Date of Disposition:	April 29, 2017

FUNERAL HOME INFORMATION

Funeral Home:	Serenity Funeral Home - St George
Address:	1316 South 400 East #A3, St George, Utah 84790
Funeral Director:	W Russell Atkin

MEDICAL CERTIFICATION

Medical Professional:	William F Esplin DO, St George Clinic, 736 South 900 East Suite 203, St George (Washington), Utah 84790
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CAUSE OF DEATH

Multi Organ Failure [Onset: 48 Hours]
Due to (or as a consequence of): End Stage Renal Disease
Other significant conditions: Atrial Fibrillation, Hyperlipidemia
Tobacco Use: Non-user
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

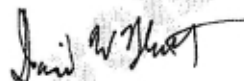
Date Registered: April 21, 2017
Date Issued: June 4, 2020

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. This document displays the date, seal, and signature of the Utah State Registrar of Vital Records and Statistics.


Linda S. Winger LCSW
State Registrar
Rev. 4/19



066165757


David W. Blodgett, MD
Director/Health Officer



STATE OF UTAH - DEPARTMENT OF HEALTH - OFFICE OF VITAL RECORDS AND STATISTICS

AFFIDAVIT TO AMEND A RECORD

3320378
BK 7646 PG 3941

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. 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	
	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					

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