

When Recorded Mail to:
KYLE A. GALLEGOS
225 30th Street
Ogden, Utah 84401

File No. 2591593JH



W3363000

E# 3363000 PG 1 OF 4
B. Rahimzadegan, WEBER COUNTY RECORDER
28-Mar-25 0203 PM FEE \$40.00 DEP SD
REC FOR: OLD REPUBLIC TITLE (LAYTON)
ELECTRONICALLY RECORDED

AFFIDAVIT OF SUCCESSOR TRUSTEE UPON DEATH OF TRUSTEE

KYLE A. GALLEGOS, being of legal age and being first duly sworn, deposes and states as follows:

1. This Affidavit is given to evidence the death of ANTHONY RODRIGUEZ, currently serving as Trustee of THE ANTHONY RODRIGUEZ REVOCABLE TRUST, under agreement dated August 6, 2024 and to establish KYLE A. GALLEGOS as Successor Trustee of said Trust. Said Trust took title on August 9, 2024 with a Deed, Recorded as Entry No. 3335813.
2. Affiant hereby certifies that the ANTHONY RODRIGUEZ listed as Trustee of THE ANTHONY RODRIGUEZ REVOCABLE TRUST, under agreement dated August 6, 2024 is one and the same person as ANTHONY RODRIGUEZ, Decedent, who is named in that particular Certificate of Death, Local file No. 2024018028, a certified copy of which is attached hereto and by this reference made a part hereof.
3. By virtue of said Death Certificate and the above-referenced Trust Agreement, Affiant does hereby declare that the conditions for the appointment of Successor Trustee have been met and that, pursuant to said Trust Agreement, the Affiant is now authorized as Successor Trustee to sell, convey, or otherwise distribute, encumber or manage the Trust assets. This affidavit is given with specific reference to the sale, conveyance, or other distribution from the Trust Estate of that certain real property located in Weber County, State of Utah and more particularly described as follows:

All of Lots 32, 33, & 34, BLOCK 2, CENTRAL PARK ADDITION TO OGDEN CITY, according to the official plat thereof, on file and of record in the office of the Weber County Recorder, State of Utah. Subject to a Perpetual 4 feet Right of Way for Ingress and Egress over the East 12.5 feet of the afore said Lot 33.

Tax Parcel Number: 04-060-0026
Property Address: 225 30th Street Ogden, Utah, 84401

29
Dated this March 28, 2025.

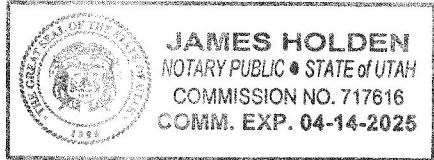
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Yer a Daffer

KYLE A. GALLEGOS, Affiant

STATE OF UTAH }
 }ss.
COUNTY OF DAVIS }

29
On this 28th day of March, 2024, personally appeared before me KYLE A. GALLEGOS, the signer of the within instrument, who duly acknowledged to me that he executed the same.



A handwritten signature of James Holden, which appears to be "JAMES HOLDEN".

Notary Public
Residing at: Weber County, Utah

My Commission Expires: 04-14-2025

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

E# 3363000 PG 3 OF 4

CERTIFICATE OF DEATH

State File Number: 2024018028

Anthony Rodriguez

DECEDENT INFORMATION

Date of Death:	October 21, 2024	Time of Death:	13:00 (Found)
City of Death:	Ogden	County of Death:	Weber
Age:	81	Date of Birth:	October 4, 1943
Place of Birth:	Rock Springs, Wyoming	Sex:	Male
Armed Services:	Yes	Marital Status:	Never Married
Spouse's Name:		Usual Occupation:	Computer Technician
Industry/Business:	United States Army	Education:	High School or GED
Residence:	Ogden, Utah	Father's Name:	Antonio Rodriguez Esquivel
Mother's Name:	Juanita Rodriguez	Facility Type:	Home
Facility or Address:	225 30th Street		

INFORMANT INFORMATION

Name:	Kyle Gallegos	Relationship:	Nephew/Power of Attorney
Mailing Address:	1215 East Logan Avenue, Salt Lake City, Utah 84105		

DISPOSITION INFORMATION

Method of Disposition:	Cremation
Place of Disposition:	Lindquist Crematory, Ogden, Utah
Date of Disposition:	October 26, 2024

FUNERAL HOME INFORMATION

Funeral Home:	Lindquist Mortuary - Ogden
Address:	3408 Washington Boulevard, Ogden, Utah 84401
Funeral Director:	Maryl K Wallace

MEDICAL CERTIFICATION

Certifying Physician: Virginia Mol APRN, Ogden VA CBOC, 3945 Washington Blvd, South Ogden, Utah 84403

CAUSE OF DEATH

Unspecified natural causes [Onset: 5 Months]
Due to (or as a consequence of): Diabetes [Onset: 20 Years]
Due to (or as a consequence of): Hypertension [Onset: 20 Years]
Other significant conditions: Tobacco use disorder
Tobacco Use: Unknown
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: October 25, 2024

Date Issued: October 25, 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, MSW, LCSW
State Registrar

Rev. 07/21



* 0 6 8 0 7 1 8 9 0 *



Brian Cowan, MPH, LEHS
Director/Health Officer
County Health Department



WEBER MORGAN
HEALTH DEPARTMENT

Affidavit to amend a record



online instructions

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 name changes after the age of one year. 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; 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

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 and an immediate family member, or two immediate family members, must sign as a witness. 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 the 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 the change is needed	9			
Documents used	10			
Oath of first witness	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 _____		
	Notary signature _____			S E A L
	12. Date signed	13. Age of witness	14. Telephone number	15. Relationship to 1a.
16. Address of witness				
Oath of second witness	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 _____		
	Notary signature _____			S E A L
	18. Date signed	19. Age of witness	20. Telephone number	21. Relationship to 1a.
22. Address of witness				