

When Recorded Mail to:
Beverly Ann (Brown) Martini
4083 West 1400 South
Ogden, UT 84401

File No. 2487001KJO

A standard 1D barcode is positioned horizontally across the page, consisting of vertical black bars of varying widths on a white background.

W3399990

E# 3399990 PG 1 OF 4
B. Rahimzadegan, WEBER COUNTY RECORDER
07-Jan-26 1107 AM FEE \$40.00 DEP SD
REC FOR: OLD REPUBLIC TITLE (SOUTH OGDEN)
ELECTRONICALLY RECORDED

**AFFIDAVIT OF SUCCESSOR TRUSTEE
UPON DEATH OF TRUSTEE**

STATE OF UTAH }
 } ss.
COUNTY OF Weber }

Beverly Ann (Brown) Martini, being of legal age and being first duly sworn, deposes and states as follows:

1. This Affidavit is given to evidence the death of Gelindo ("Junior") Martini, currently serving as Trustee of The Martini Family Living Trust under Declaration of Trust dated March 23, 2001, as amended and to establish Beverly Ann (Brown) Martini as Successor Trustee(s) of said Trust. Said Trust took title on April 20, 2009, with a Deed, Recorded as Entry No. 2405818, in Book N/A, at Page N/A.

2. Affiant hereby certifies that the Gelindo ("Junior") Martini listed as Trustee of The Martini Family Living Trust under Declaration of Trust dated March 23, 2001, as amended is one and the same person as Gelindo Martini Jr, Decedent, who is named in that particular Certificate of Death, Local file No. 2018002506, 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:

**PART OF THE SOUTHWEST QUARTER OF SECTION 21, TOWNSHIP 6 NORTH, RANGE 2
WEST, SALT LAKE BASE AND MERIDIAN, U.S. SURVEY, DESCRIBED AS FOLLOWS:**

BEGINNING AT A POINT ON THE NORTH LINE OF THE SOUTHWEST QUARTER OF SAID SECTION 21, BEING 1326.07 FEET SOUTH 89°12'03" EAST ALONG NORTH LINE FROM THE WEST QUARTER CORNER OF SAID SECTION 21 (WEST QUARTER CORNER BEING NORTH 89°12'03" WEST 5295.89 FEET FROM THE EAST QUARTER CORNER OF SAID SECTION 21); THENCE SOUTH 89°12'03" EAST 1326.07 FEET; THENCE SOUTH 00°42'18" WEST 1323.35 FEET TO THE NORTH LINE OF DEGIORGIO SUBDIVISION PHASE 2; THENCE NORTH 89°02'28" WEST 528.01 FEET; THENCE NORTH 89°02'29" WEST 535.15 FEET; THENCE NORTH 89°02'21" WEST 260.67 FEET TO THE EAST LINE OF ANSELMI ACRES SUBDIVISION PHASE 1; THENCE NORTH 00°36'26" EAST ALONG SAID EAST LINE 779.50 FEET; THENCE SOUTH 89°29'13" EAST 258.50 FEET; THENCE NORTH 00°36'26" EAST 499.14 FEET; THENCE NORTH 88°57'26" WEST 258.51 FEET; THENCE NORTH 00°36'26" EAST 38.64 FEET TO THE POINT OF BEGINNING.

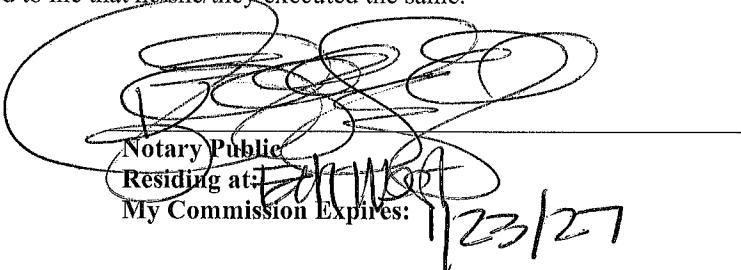
Tax Parcel Number: 15-057-0009 and 15-057-0010
Property Address: 4093 West 1400 South Ogden, Utah, 84404
Unassigned Ogden, Utah, 84404

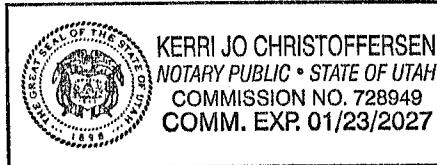
Dated this January 5, 2026.

Beverly Ann Brown Martini
Beverly Ann (Brown) Martini, Affiant

STATE OF UTAH }
 }ss.
COUNTY OF Weber }

On this 5 day of January, 2026, personally appeared before me Beverly Ann (Brown) Martini, the signer of the within instrument, who duly acknowledged to me that he/she/they executed the same.


Notary Public
Residing at: 
My Commission Expires: 1/23/27



STATE OF UTAH
CERTIFICATION OF VITAL RECORDS

E# 3399990 PG 3 OF 4

CERTIFICATE OF DEATH

State File Number: 2018002506

Gelindo Martini Jr

DECEDENT INFORMATION

Date of Death:	February 13, 2018	Time of Death:	09:40
City of Death:	Ogden	County of Death:	Weber
Age:	82	Date of Birth:	April 14, 1935
Place of Birth:	Ogden, Utah	Sex:	Male
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Beverly Ann Brown	Usual Occupation:	Self-employed
Industry/Business:	Farming	Education:	Some College but No Degree
Residence:	Ogden, Utah	Parent or Father:	Gelindo Martini
Parent or Mother:	Carena Tognoli	Facility Type:	Hospital Inpatient
Facility or Address:	Ogden Regional Medical Center		

INFORMANT INFORMATION

Name:	Beverly Martini	Relationship:	Wife
Mailing Address:	4093 W 1400 S, Ogden, Utah 84401		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Ogden City Cemetery, Ogden, Utah
Date of Disposition:	February 20, 2018

FUNERAL HOME INFORMATION

Funeral Home:	Myers Mortuary - Ogden
Address:	845 Washington Blvd., Ogden, Utah 84404
Funeral Director:	Timothy Neal

MEDICAL CERTIFICATION

Medical Professional: Rory Carrera MD, 5505 South 900 East #240, Murray, Utah 84117

CAUSE OF DEATH

Pulseless Electrical Activity Arrest
Due to (or as a consequence of): Sub-Massive Pulmonary Embolism
Due to (or as a consequence of): Brain Tumor
Due to (or as a consequence of): Esophageal Malignancy
Other significant conditions: Vasogenic Edema

Tobacco Use: Non-user

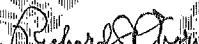
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: February 16, 2018

Date Issued: February 16, 2018

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.





Richard J. Oborn, MPA
State Registrar

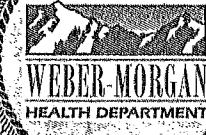
Rev. 1/16



065773454

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE


Brian W. Bennion, MPH
Director/Health Officer
County Health
Department



STATE OF UTAH - DEPARTMENT OF HEALTH - OFFICE OF VITAL RECORDS AND STATISTICS
AFFIDAVIT TO AMEND A RECORD

E# 3399990 PG 4 OF 4

Corrections to a vital record must be made by affidavit but an item on a birth record may be corrected by affidavit only once. A court order is required for subsequent changes. A court order is necessary to make any corrections to a Delayed Birth Certificate. This affidavit cannot be used to correct medical information. Please return any copies of the certificate with this affidavit completed. 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 or hand delivered.

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

Affidavit Instructions

Please print or type in black ink.

Items 1-6: Enter the facts as reported on the current vital record.
 Item 7: Enter 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 on the record.
 Item 9: Enter the reason the change is necessary.
 Item 10: Enter the proofs used to support the change, if applicable. The proofs must match the asserted fact(s) exactly.
 Items 11-22: Enter witness information.

Witness Instructions

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, or a person who is knowledgeable of the facts.

BIRTH

DEATH

STILLBIRTH

STATE FILE NUMBER

NAME AS REPORTED ON REVERSE	1a. FIRST NAME			1b. MIDDLE NAME	1c. LAST NAME
	2. SEX	3. DATE OF EVENT	4. PLACE OF OCCURRENCE (City and County)		
STATEMENT OF AMENDMENTS	5. NAME OF PARENT 1 (Maiden name if Applicable)			6. NAME OF PARENT 2 (Maiden name if Applicable)	
	7. ITEM NO.	8a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD			8b. CORRECT INFORMATION
WHY IS CHANGE NECESSARY?	9a.				
	9b.				
DOCUMENTS USED TO AMEND RECORD	10a.				
	10b.				
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.				
	11a. SIGNATURE OF WITNESS (Must be signed in front of a Notary)		11b. PRINTED NAME OF WITNESS		
	12. DATE SIGNED		13. AGE OF WITNESS	14. DAYTIME TELEPHONE OF WITNESS	15. RELATIONSHIP OF WITNESS
	16. ADDRESS OF WITNESS (Street, City, State, Zip)				
	S E A L				
	Subscribed & Sworn to before me this ____ day of ____ 20____				
	Notary Signature _____ State _____ County _____				
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.				
	17a. SIGNATURE OF WITNESS (Must be signed in front of a Notary)		17b. PRINTED NAME OF WITNESS		
	18. DATE SIGNED		19. AGE OF WITNESS	20. DAYTIME TELEPHONE OF WITNESS	21. RELATIONSHIP OF WITNESS
	22. ADDRESS OF WITNESS (Street, City, State, Zip)				
	S E A L				
	Subscribed & Sworn to before me this ____ day of ____ 20____				
	Notary Signature _____ State _____ County _____				