

WHEN RECORDED MAIL TO:  
Cottonwood Title Insurance Agency, Inc.  
1544 N Woodland Park Dr, Ste 300  
Layton, UT 84041

File No.: 160919-LMF

### SUCCESSOR TRUSTEE AFFIDAVIT

I, the undersigned Walter E. Kelly and Mark C. Kelly as Successor Trustee, do hereby affirm the following:

1. The copy of the trust document provided to Cottonwood Title Insurance Agency, Inc. is a true and correct copy of the trust agreement or certification of trust of The Roberta M. Kelly Trust dated July 16, 1998, amended February 28th, 2019 (The "Trust"), as it may have been amended, and that it is in full force and effect and that it has not been revoked or terminated.
2. We were well and personally acquainted with Roberta M. Kelly, a trustee named in that certain Special Warranty Deed recorded August 26, 1998 as Entry no 1434239, records of the Davis County Recorder, Utah.
3. We know of our own knowledge that Roberta M. Kelly in the said deed and Roberta Elvira Meline Kelly mentioned in the attached Certificate of Death was one and the same person.
4. Pursuant to the terms of the trust, and the successor trustee provisions therein, we have been duly appointed and named as successor trustees of the Trust.
5. We have full power to convey title, sell, or enter into any contract pertaining to real property currently held in the Trust. Said Property is located in Davis County, State of Utah, and more particularly described as:

All of Lot 33, EAGLES LANDING PHASE III, a Planned Unit Development, North Salt Lake City, Davis County, Utah, according to the official plat thereof on file and of record in the Davis County Recorder's office.

**TAX ID NO.:** 01-188-0033 (for reference purposes only)

6. The Trust has not been terminated or amended in any way to restrict my (our) ability to convey title to the above-mentioned property.
7. We are still the current successor trustees of the Trust, and there are no new successor trustees.
8. In light of the foregoing facts, the undersigned, hereby promises, covenants and agrees to hold harmless, protect and indemnify Cottonwood Title Insurance Agency, Inc. against those liabilities, losses, damages, expenses and charges that may arise as a result of this transaction and conveyance of property.

Signed this 29 of July 2022

Walter E. Kelly

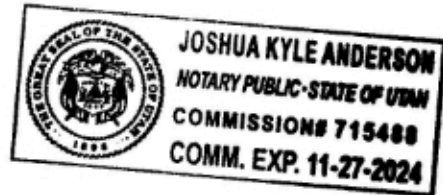
Walter E. Kelly, Successor Trustee

STATE OF UTAH

COUNTY OF DAVIS

Subscribed and sworn to before me this 29<sup>th</sup> of July 2022, by Walter E. Kelly.

[Signature]  
Notary Public



Signed this JULY 29, 2022

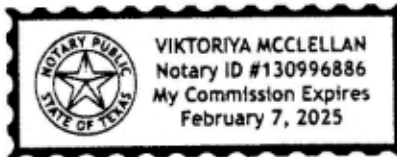
Mark C. Kelly  
Mark C. Kelly, Successor Trustee

STATE OF TEXAS

COUNTY OF Collin

Subscribed and sworn to before me this July 29, 2022, by Mark C. Kelly.

[Signature]  
Notary Public



**STATE OF UTAH**  
**CERTIFICATION OF VITAL RECORD**

3491128  
BK 8063 PG 1360

**CERTIFICATE OF DEATH**  
State File Number: 2022009617  
**Roberta Elvira Meline Kelly**

**DECEDENT INFORMATION**

Date of Death:	May 28, 2022	Time of Death:	04:42
City of Death:	North Salt Lake	County of Death:	Davis
Age:	89	Date of Birth:	January 27, 1933
Place of Birth:	Burley, Idaho	Sex:	Female
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Walter Elmer Kelly	Usual Occupation:	Homemaker
Industry/Business:	Own Home	Education:	Some College but No Degree
Residence:	North Salt Lake, Utah	Father's Name:	Irven Ferdinand Meline
Mother's Name:	Elvira Nielsen	Facility Type:	Home
Facility or Address:	241 Eagle View Circle		

**INFORMANT INFORMATION**

Name:	Walter E Kelly	Relationship:	Husband
Mailing Address:	241 Eagle View Circle, North Salt Lake, Utah 84054		

**DISPOSITION INFORMATION**

Method of Disposition: Burial  
 Place of Disposition: Wasatch Lawn Memorial Park, Millcreek, Utah  
 Date of Disposition: June 4, 2022

**FUNERAL HOME INFORMATION**

Funeral Home: Larkin Mortuary  
 Address: 260 East South Temple, Salt Lake City, Utah 84111  
 Funeral Director: Travis Greenwood

**MEDICAL CERTIFICATION**

Certifying Physician: Patrice Hirling MD, 324 Tenth Avenue, Suite 200, Salt Lake City, Utah 84103

**CAUSE OF DEATH**

Alzheimer's Disease [Onset: 10 Years]  
 Tobacco Use: Non-user  
 Medical Examiner Contacted: No    Autopsy Performed: No    Manner of Death: Natural

Date Registered: June 6, 2022  
 Date Issued: June 7, 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.



*Linda S. Winger*  
 Linda S. Winger, MSW, LCSW  
 State Registrar  
 Nov. 07/21



*Angela C. Dunn*  
 Angela C. Dunn, MD, MPH  
 Director/Health Officer  
 County/District Health Department



## 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, 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  
**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				NOTARY SIGNATURE _____	
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				NOTARY SIGNATURE _____	