

AFFIDAVIT OF SUCCESSOR TRUSTEE
UPON DEATH OF TRUSTEE

STATE OF UTAH
COUNTY OF SALT LAKE

Terry Melvin Lotz being of legal age and being first duly sworn, deposes and states as follows:

1. This Affidavit is given to evidence the death Dorothy Lotz Trustee of the Melvin and Dorothy Lotz Family Trust, under Trust Agreement dated August 24, 2017 and to establish Terry Melvin Lotz as Successor Trustee of said trust pursuant to paragraph .

2. Affiant hereby certifies that Dorothy Lotz listed as Trustee of the Melvin and Dorothy Lotz Family Trust is one and the same person as Dorothy Emma Miller Lotz Decedent, who is named in that particular Certificate of Death, local file no. 2018004420 a certified copy of which is attached hereto and by this reference made a part hereof, and who is the same person who took title as named as a grantee in that certain Special Warranty Deed dated August 24, 2017 with Melvin Lotz and Dorothy M. Lotz as Grantors, and recorded on November 3, 2017 as E# 3056115 of Official Records.

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 form the Trust Estate of that certain real property locating in Davis County, State of Utah and more particularly described as follows:

Property 1:

All of Lot 11, Lake Hills, according to the official plat thereof on file and of record in the Davis County Recorder's Office.

Tax Parcel #: 11-138-0011

Tax Parcel No: 11-138-0011

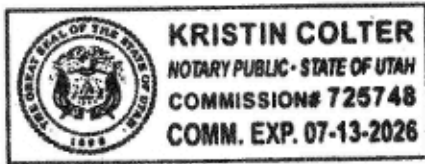
Property Address: 509 East 250 North, Kaysville, UT 84037

DATED this 19th day of July, 2023.

Terry Melvin Lotz, Successor Trustee
Terry Melvin Lotz Successor Trustee

STATE OF UTAH
COUNTY OF SALT LAKE

On this 19th day of July, 2023, personally appeared before me Terry Melvin Lotz Successor Trustee of the Melvin and Dorothy Lotz Family Trust, a Trust Agreement dated August 24, 2017, the signer of the above instrument, who duly acknowledged to me that he/she/they executed the same in accordance with the authority granted by said Trust Agreement.



Kristin Colter

Notary Public
Residing at:
My Commission Expires:

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

3537105
BK 8298 PG 324

CERTIFICATE OF DEATH

State File Number: 2018004420

Dorothy Emma Miller Lotz

DECEDENT INFORMATION

Date of Death:	March 20, 2018	Time of Death:	08:45
City of Death:	Kaysville	County of Death:	Davis
Age:	92	Date of Birth:	May 22, 1925
Place of Birth:	Kaysville, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Melvin Elmer Lotz	Usual Occupation:	Clerk
Industry/Business:	Civil Service	Education:	High School or GED
Residence:	Kaysville, Utah	Parent or Father:	Darvel Miller
Parent or Mother:	Lenora Scoffield	Facility Type:	Home
Facility or Address:	509 E. 250 N.		

INFORMANT INFORMATION

Name:	Melvin Elmer Lotz	Relationship:	Husband
Mailing Address:	509 E. 250 N., Kaysville, Utah 84037		

DISPOSITION INFORMATION

Method of Disposition: Burial
Place of Disposition: Kaysville City Cemetery, Kaysville, Utah
Date of Disposition: March 24, 2018

FUNERAL HOME INFORMATION

Funeral Home: Lindquist Mortuary - Kaysville
Address: 400 North Main Street, Kaysville, Utah 84037
Funeral Director: Daniel R Jackson

MEDICAL CERTIFICATION

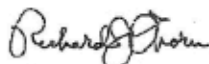
Medical Professional: Gary F Holland MD, 893 24th Street, Ogden, Utah 84401

CAUSE OF DEATH

Dehydration [Onset: 4 Days]
Due to (or as a consequence of): Delirium [Onset: 5 Days]
Due to (or as a consequence of): Vascular Dementia [Onset: 8 Years]
Due to (or as a consequence of): Atherosclerosis [Onset: 20 Years]
Tobacco Use: Non-user
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: March 26, 2018
Date Issued: March 26, 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



065749353



Brian Hatch
Director/Health Officer



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		
	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		
	18. DATE SIGNED	19. AGE OF WITNESS	20. DAYTIME TELEPHONE		21. RELATIONSHIP TO 1a.	
	22. ADDRESS OF WITNESS					