

WHEN RECORDED MAIL TO:  
Cottonwood Title Insurance Agency, Inc.  
1996 East 6400 South, Suite 120  
Salt Lake City, UT 84121

171848-TOF

**TRUSTEE AFFIDAVIT**

I, the undersigned Anita A. Bates as 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 Bates Family Trust dated November 28, 2001 (The "Trust"), as it may have been amended, and that it is in full force and effect and that it has not been revoked or terminated.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. I was well and personally acquainted with Charles Patrick Bates, a trustee named in that certain Warranty Deed recorded September 4, 2014 as Entry no 2821741, records of the Davis County Recorder, Utah.
3. I know of my own knowledge that Charles Patrick Bates in the said deed and Charles Patrick Bates mentioned in the attached Certificate of Death was one and the same person.
4. Pursuant to the terms of the trust, and the trustee provisions therein, I am named as a trustee of the Trust.
5. I 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:

**Lot 9, THE WOODS AT WINDSOR LANE PHASE 1, according to the official plat thereof as recorded in the office of the Davis County Recorder.**

**TAX ID NO.: 11-748-0009** (for reference purposes only)

6. The Trust has not been terminated or amended in any way to restrict my ability to convey title to the above-mentioned property.
7. I am still the current trustee 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. and against any liabilities, losses, damages, expenses and charges that may arise as a result of reliance on this Affidavit.

Signed this Anita A. Bates October 11, 2023

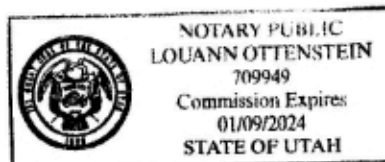
Anita A. Bates  
Anita A. Bates, Trustee

STATE OF UTAH

COUNTY OF Davis

Subscribed and sworn to before me this October 11, 2023 by Anita A. Bates.

Louann Ottenstein  
Notary Public



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

3547149  
BK 8356 PG 713

**CERTIFICATE OF DEATH**

State File Number: 2021018596

**Charles Patrick Bates**

**DECEDENT INFORMATION**

Date of Death:	October 24, 2021	Time of Death:	18:00 (Found)
City of Death:	Kaysville	County of Death:	Davis
Age:	80	Date of Birth:	January 24, 1941
Place of Birth:	Denver, Colorado	Sex:	Male
Armed Services:	Yes	Marital Status:	Married
Spouse's Name:	Anita Anderson	Usual Occupation:	Ranch Broker
Industry/Business:	Real Estate	Education:	Bachelor's Degree
Residence:	Kaysville, Utah	Father's Name:	Elmer Dale Bates
Mother's Name:	Geraldine Dolan	Facility Type:	Home
Facility or Address:	506 Windsor Way		

**INFORMANT INFORMATION**

Name:	Anita Anderson Bates	Relationship:	Wife
Mailing Address:	506 Windsor Way, Kaysville, Utah 84037		

**DISPOSITION INFORMATION**

Method of Disposition:	Burial
Place of Disposition:	Kaysville City Cemetery, Kaysville, Utah
Date of Disposition:	October 30, 2021

**FUNERAL HOME INFORMATION**

Funeral Home:	Lindquist Mortuary - Layton
Address:	1867 North Fairfield Road, Layton, Utah 84041
Funeral Director:	Norris R Nalder

**MEDICAL CERTIFICATION**

Certifying Physician:	Michael Scheuller MD, 4403 Harrison Boulevard #2645, Ogden (Weber), Utah 84403
-----------------------	--

**CAUSE OF DEATH**

Myocardial Infarction  
Tobacco Use: Did not Contribute  
Medical Examiner Contacted: No    Autopsy Performed: No    Manner of Death: Natural

Date Registered: October 26, 2021

Date Issued: October 26, 2021

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  
Reg. 12-20



*Brian Hatch*  
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		STATE _____ COUNTY _____
	12. DATE SIGNED	13. AGE OF WITNESS	14. DAYTIME TELEPHONE	15. RELATIONSHIP TO 1a.		NOTARY SIGNATURE _____
	16. ADDRESS OF WITNESS					S E A L
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.		NOTARY SIGNATURE _____
	22. ADDRESS OF WITNESS					S E A L