

AFFIDAVIT OF SUCCESSOR TRUSTEE  
UPON DEATH OF TRUSTEE

STATE OF UTAH  
COUNTY OF SALT LAKE

Virginia Lee Kerby Tapp (Affiant), being of legal age and being first duly sworn, deposes and states as follows:

1. This Affidavit is given to evidence the death Donald D. Tapp (Deceased Trustee Name), Trustee of the Tapp Family Trust, under Trust Agreement dated and to establish May 25, 1992, Virginia Lee Kerby Tapp (Name of Successor Trustee) as Successor Trustee of said trust pursuant to paragraph .

2. Affiant hereby certifies that Donald D. Tapp (Name of Current Trustee) listed as Trustee of the Tapp Family Trust (Name of Trust) is one and the same person as Donald DeeRay Tapp (Name of Current Trustee as on death certificate), Decedent, who is named in that particular Certificate of Death, local file no. 2023020347, 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 Warranty Deed (Type of Deed) dated September 27<sup>th</sup>, 2016 (vesting deed date) with Donald D. Tapp and Virginia Lee Kerby Tapp (vesting deed grantor names) as Grantors, and recorded on October 3, 2016 (recording date) as 2970843 (Entry No) 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 from the Trust Estate of that certain real property locating in Davis County, State of Utah and more particularly described as follows:

Property 1:  
Lot 302, DIAMOND HILLS NO.3, Section 21, Township 4 North, Range 1 West, Salt Lake Meridian,  
according to the official plat thereof.

Tax Parcel #: 10-082-0302

Tax Parcel No: 10-082-0302

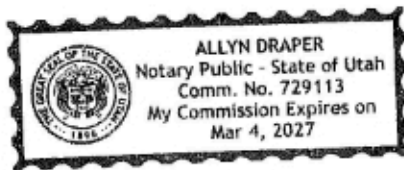
Property Address: 31 West 1000 North, Layton, UT 84041

DATED this 19th day of July, 2024.

Virginia Lee Kerby Tapp  
Virginia Lee Kerby Tapp as Successor Trustee

STATE OF UTAH PO  
COUNTY OF ~~SALT LAKE~~ Davis

On this 19th day of July, 2024, personally appeared before me Virginia Lee Kerby Tapp as Successor Trustee of the Tapp Family Trust, a Trust Agreement dated May 25, 1992, 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.



Allyn Draper  
Notary Public

STATE OF UTAH  
CERTIFICATION OF VITAL RECORD

**CERTIFICATE OF DEATH**

State File Number: 2023020347

**Donald DeeRay Tapp**

**DECEDENT INFORMATION**

|                      |                           |                   |                    |
|----------------------|---------------------------|-------------------|--------------------|
| Date of Death:       | December 6, 2023          | Time of Death:    | 02:45              |
| City of Death:       | Ogden                     | County of Death:  | Weber              |
| Age:                 | 86                        | Date of Birth:    | November 6, 1937   |
| Place of Birth:      | Carlisle, Kentucky        | Sex:              | Male               |
| Armed Services:      | Yes                       | Marital Status:   | Married            |
| Spouse's Name:       | Virginia Lee Kerby        | Usual Occupation: | Sheet Metal Worker |
| Industry/Business:   | Department of Defense     | Education:        | High School or GED |
| Residence:           | Layton, Utah              | Father's Name:    | James Tapp         |
| Mother's Name:       | Pauline Vise              | Facility Type:    | Hospital Inpatient |
| Facility or Address: | McKay-Dee Hospital Center |                   |                    |

**INFORMANT INFORMATION**

|                  |  |               |      |
|------------------|--|---------------|------|
| Name:            | Virginia Tapp                          | Relationship: | Wife |
| Mailing Address: | 31 W Gordon Avenue, Layton, Utah 84041 |               |      |

**DISPOSITION INFORMATION**

|                        |  |
|------------------------|--|
| Method of Disposition: | Burial   |
| Place of Disposition:  | Lindquist's Memorial Park Layton, Layton, Utah |
| Date of Disposition:   | December 13, 2023                              |

**FUNERAL HOME INFORMATION**

|                   |   |
|-------------------|---|
| Funeral Home:     | Lindquist Mortuary - Layton                   |
| Address:          | 1867 North Fairfield Road, Layton, Utah 84041 |
| Funeral Director: | Matthew C Yardley                             |

**MEDICAL CERTIFICATION**

|                       |   |
|-----------------------|---|
| Certifying Physician: | Beau Bailey MD, 1034 North 500 West, Layton, Utah 84041 |
|-----------------------|---|

**CAUSE OF DEATH**

Reduced ejection fraction heart failure  
Due to (or as a consequence of): Acute renal failure  
Due to (or as a consequence of): Atrial fibrillation  
Due to (or as a consequence of): Coronary artery disease  
Tobacco Use: Unknown  
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: December 22, 2023

Date Issued: December 22, 2023

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  
No. 0101



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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

# STATE OF UTAH - DEPARTMENT OF HEALTH - OFFICE OF VITAL RECORDS AND STATISTICS

3580635

## AFFIDAVIT TO AMEND A RECORD

BK 8550 PG 202

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](mailto: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   |   |                              |   |                         |  |
|  |  |   |                              |   |                         |  |
| 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   |   |                              |   |                         |  |
|  |  |   |                              |   |                         |  |