

E 3595385 B 8628 P 794-799
RICHARD T. MAUGHAN
DAVIS COUNTY, UTAH RECORDER
11/15/2024 2:45 PM
FEE 40.00 Pgs: 6
DEP AJH REC'D FOR PATRICIA
S OLSON

AFFIDAVIT OF SUCCESSOR TRUSTEE

13-096-0046

State of Utah
County of Davis

AFFIANT: I, Patricia S Olson ("Affiant"), being duly sworn, depose and affirm under penalty of perjury that the following statements are true and correct to the best of my knowledge.

TRUST. The Trust is known as the Robert Val Adkins and Sherry D. Adkins Revocable Family Trust ("Trust").

- a) Type: Irrevocable
- b) Date: The Trust was signed on August 14, 2020
- c) Tax ID Number: 33-6507939

GRANTEES: Robert Val Adkins and Sherry D Adkins with a mailing address of 581 W 1400 N Clinton, Utah 84015

PREVIOUS TRUSTEES: Robert Val Adkins and Sherry D Adkins with a mailing address of 581 W 1400 N Clinton, Utah 84015

SUCCESSOR TRUSTEE: Patricia S Olson with a mailing address of 2612 Doolittle, Arcadia, CA 91006

The Successor Trustee recognizes that she is currently acting on behalf of the Trust. The Trust has not been revoked, modified, or amended in any manner which would cause the representations contained herein to be incorrect.

The Successor Trustee understands that she may be required to provide copies of excerpts from the original Trust pertaining to the succession of the Successor Trustee.

POWERS: The Successor Trustee shall have full powers to sell, convey or to mortgage or encumber real and personal property under this Trust.

REAL ESTATE: It shall be known that the Trust includes real estate described as:

All of Lot 46, Lazy "L" Estates Subdivision No. 2, a subdivision of part of Section 26, Township 5 North, Range 2 West, Salt Lake Meridian, in the City of Clinton, according to the official plat thereof, State of Utah.

EXECUTION: I, the "Affiant" have read this affidavit. I declare that the foregoing statements are true and correct to the best of my knowledge. I understand that I make the foregoing statements under penalty of perjury.

Affiant's Signature

Patricia S. Olson

Date:

11/13/24

Printed Name

Patricia S. Olson

RETURNED

NOV 15 2024

UTAH NOTARY ACKNOWLEDGMENT

State of Utah

County of Davis

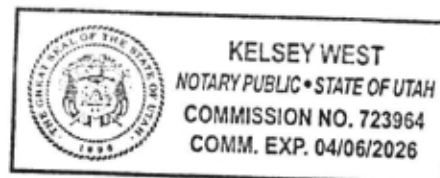
On the 13 day of November 2024, before me

Kelsey West (notary public name) a notary public, personally
appeared Patricia S Olson (name of document signer), proved
on the basis of satisfactory evidence to be the person whose name is
subscribed to this instrument, and acknowledged she executed the same.

Witness my hand and official seal.

Kelsey West

Notary Public



(Seal)

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

3595385
BK 8628 PG 796

CERTIFICATE OF DEATH

State File Number: 2024018751

Robert Val Adkins

DECEDENT INFORMATION

Date of Death:	November 4, 2024	Time of Death:	11:12 (Found)
City of Death:	Clinton	County of Death:	Davis
Age:	71	Date of Birth:	January 21, 1953
Place of Birth:	Ogden, Utah	Sex:	Male
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:		Usual Occupation:	Painter
Industry/Business:	Department of Defense	Education:	High School or GED
Residence:	Clinton, Utah	Father's Name:	Everett Adkins
Mother's Name:	Ellen Egbert	Facility Type:	Home
Facility or Address:	581 West 1400 North		

INFORMANT INFORMATION

Name:	Patty Olson	Relationship:	Niece
Mailing Address:	2612 Doolittle, Arcadia, California 91006		

DISPOSITION INFORMATION

Method of Disposition:	Cremation
Place of Disposition:	Lindquist's Crematory, Ogden, Utah
Date of Disposition:	November 13, 2024

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:	Kendell P Coburn DO, Bountiful Internal Medicine, 425 East 5350 South, Ogden, Utah 84405
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CAUSE OF DEATH

Respiratory arrest
Due to (or as a consequence of): Chronic hypoxic respiratory failure
Due to (or as a consequence of): Congestive heart failure
Other significant conditions: Tobacco use, hypertension, peripheral vascular disease, hyperlipidemia
Tobacco Use: Probably Contributed
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: November 7, 2024

Date Issued: November 7, 2024

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



* 0 6 7 7 9 7 5 9 5 *

Brian Hatch

Brian Hatch
Director/Health Officer



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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 name changes after the age of one year. This form is not used with a court order. A court order is necessary to make any corrections to a Delayed Birth Certificate. This affidavit cannot be used to correct medical information. Many changes, including marital status, require more information; 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.



online instructions

Mailing Address: Office of Vital Records and Statistics PO Box 141012 Salt Lake City, UT 84114-1012

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 and an immediate family member, or two immediate family members, must sign as a witness. 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 the 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 the change is needed	9					
Documents used	10					
Oath of first witness	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. Telephone number	15. Relationship to 1a.		Notary signature _____
	16. Address of witness					
Oath of second witness	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. Telephone number	21. Relationship to 1a.		Notary signature _____
	22. Address of witness					

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

3595385
BK 8628 PG 798

CERTIFICATE OF DEATH

State File Number: 2022014445

Sherry Lynne Daniel Adkins

DECEDENT INFORMATION

Date of Death:	August 16, 2022	Time of Death:	03:28
City of Death:	Clearfield	County of Death:	Davis
Age:	74	Date of Birth:	July 19, 1948
Place of Birth:	Macon, Georgia	Sex:	Female
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Robert Adkins	Usual Occupation:	Aerospace Program Manager
Industry/Business:	Department of Defense	Education:	Some College but No Degree
Residence:	Clearfield, Utah	Father's Name:	Robert Milton Daniel
Mother's Name:	Barbra Rabel Singletary	Facility Type:	Home
Facility or Address:	581 West 1400 North		

INFORMANT INFORMATION

Name:	Robert Adkins	Relationship:	Husband
Mailing Address:	581 West 1400 North, Clearfield, Utah 84015		

DISPOSITION INFORMATION

Method of Disposition:	Cremation
Place of Disposition:	Lindquist's Crematory, Ogden, Utah
Date of Disposition:	August 30, 2022

FUNERAL HOME INFORMATION

Funeral Home:	Lindquist Mortuary - Layton
Address:	1867 North Fairfield Road, Layton, Utah 84041
Funeral Director:	Rachel VanDerMeide

MEDICAL CERTIFICATION

Certifying Physician:	Mark Kirkham MD, 1750 East 3100 North, Layton, Utah 84040
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CAUSE OF DEATH

Chronic Obstructive Airway Disease [Onset: 30 Years]
Due to (or as a consequence of): Pulmonary Embolism [Onset: 3 Months]
Tobacco Use: Unknown if User
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: August 29, 2022

Date Issued: August 29, 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.
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Linda S. Winger, MSW, LCSW
State Registrar

Next 12/20



* 0 6 6 8 6 5 5 7 9 *


Brian Hatch
Director/Health Officer



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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

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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