

WHEN RECORDED RETURN TO:

Dana B. Howes
8780 Farschon Place
Granite Bay, CA 95746

AFFIDAVIT OF SUCCESSOR TRUSTEE

STATE OF Utah

COUNTY OF Utah

Dana B. Howes, being duly sworn, states as follows:

1. Dana B. Howes is currently a resident of Placer County, State of California, and is of sound mind and free from any duress or coercion whatsoever in the executing of this Affidavit.
2. Shirley L. Ball was the Grantor in a certain Quit Claim Deed dated November 7, 2000 and recorded December 29, 2000, in the records of the Davis County Recorder, Entry No. 1631747 in Book 2731 at Page 967, and conveyed to Shirley L. Ball, Trustee (or successor Trustees) of The Shirley L. Ball Trust, dated the 7 day of November, 2000 and that certain Affidavit of Trusteeship dated February 16, 2016 that evidenced the death of Shirley L. Ball and to establish Sherryl B. Hart as Successor Trustee of the Shirley L. Ball Trust dated the 7th day of November, 2000 and recorded February 17, 2016 as Entry Number 2921104 in Book 6454 at Page 85-88 over the following described land in Davis County, State of Utah:

For APN/Parcel ID(s): 11-101-0025

BEGINNING AT A POINT NORTH 67°00' EAST 314 FEET FROM THE SOUTHWEST CORNER OF BLOCK 17, PLAT "D", KAYSVILLE TOWNSITE SURVEY AND RUNNING THENCE NORTH 67°00' EAST ON THE NORTH LINE OF CRESTWOOD ROAD 100 FEET TO A POINT 12.7 FEET NORTH 67°00' EAST OF THE SOUTHEAST CORNER OF SAID BLOCK 17; THENCE NORTH 32°21' WEST 315.2 FEET; THENCE SOUTH 58°15' WEST 100 FEET; THENCE SOUTH 32°36' EAST 299.8 FEET TO THE POINT OF BEGINNING.

Tax Serial No.: 11-101-0025

3. That the above named Sherryl B. Hart the Successor Trustee of The Shirley L. Ball Trust, dated the 7th day of November, 2000, died on August 11, 2021. The death of Sherryl B. Hart is evidenced by that certain death certificate with a State Filing No. of 2021013495.. A copy of said Death Certificate is attached hereto and by this reference made a part hereof.
4. That Sherryl B. Hart is one and the same person as the Sherryl B. Hart shown in the aforementioned death certificate.
5. That pursuant to the terms of the The Shirley L. Ball Trust, dated the 7th day of November 2000, Dana B. Howes is appointed as Successor Trustee and as such has full authority to sign all documents for the subject property held in the name of said Trust.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Dana B. Howes
Dana B. Howes

State of UTAH

County of Utah

Subscribed and sworn to before me on this 10th day of December, in the year 2024, by Dana B. Howes.

Witness my hand and official seal.

Signature: Marnae Ballantyne

(Seal)



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

3598959
BK 8646 PG 1227

CERTIFICATE OF DEATH

State File Number: 2021013495

Sherry B Hart

DECEDENT INFORMATION

Date of Death:	August 11, 2021	Time of Death:	03:00
City of Death:	Layton	County of Death:	Davis
Age:	73	Date of Birth:	October 14, 1947
Place of Birth:	Ogden, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:		Usual Occupation:	Office Manager
Industry/Business:	Manufacturing	Education:	High School or GED
Residence:	Layton, Utah	Father's Name:	Shirley L Ball
Mother's Name:	Doris Love	Facility Type:	Hospital-Inpatient
Facility or Address:	Davis Hospital and Medical Center		

INFORMANT INFORMATION

Name:	Tyler R Hart Sr	Relationship:	Son
Mailing Address:	1634 West 1850 North, Layton, Utah 84041		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Lindquist's Memorial Park Layton, Layton, Utah
Date of Disposition:	August 24, 2021

FUNERAL HOME INFORMATION

Funeral Home:	Lindquist Mortuary - Layton
Address:	1867 North Fairfield Road, Layton, Utah 84041
Funeral Director:	Connor D Griffith

MEDICAL CERTIFICATION

Certifying Physician:	Dominika Janowski MD, Davis Hospital Medical Center, 1600 West Antelope Drive, Layton, Utah 84041
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CAUSE OF DEATH

Intracerebral Hemorrhage
Tobacco Use: Unknown
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: August 17, 2021

Date Issued: August 17, 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, MSW, LCSW
State Registrar



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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)		
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	