

AFFIDAVIT OF DEATH
OF TRUSTEE

Kristine Kay Will, the daughter of Lois M. Will, who is deceased, being first duly sworn on oath, state as follows:

1. I am a surviving daughter of Lois M. Will (the "Decedent"), who died in Davis County, Utah, on June 1, 2015.

2. That Lois Mae Hepworth Will, the decedent mentioned in the Certificate of Death, attached hereto (certificate no. 2015007665) is one in the same person as the Lois M. Will, as Trustee of the Lois M. Will Trust dated December 3, 2007.

3. At the time of death of the Decedent, the Decedent was record owner as Trustee of the following described real properties situated in Davis County, State of Utah:

Address: 2203 East 1200 North, Layton Serial No: 09-096-0032

ALL OF LOT 31A, AMD WOODED HILL SUB. LESS, BEG AT THE NW COR OF LOT 31A, AMD WOODED HILL SUB; & RUN TH S 56°36' E 163.57 FT; TH S 54°18' W 66.84 FT; TH S 33°24' W 40.79 FT; TH N 20°32'37" W 173.71 FT TO THE S LINE OF A STR; TH N 68°36' E 1.21 FT ALG SD STR TO THE POB. CONT. 0.128 ACRES

4. The Undersigned, Kristine Kay Will, is the named successor Trustee under the above-referenced trust, which was in effect at the time of the death of the Decedent and at this time, and is designated and empowered pursuant to the terms of said trust to serve as the successor Trustee thereof.

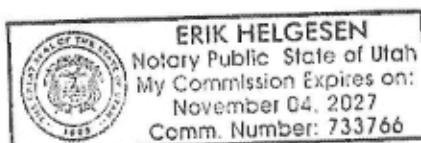
5. This Affidavit is given to remove and replace Lois M. Will, Trustee of the above-referenced trust, with Kristine Kay Will as successor Trustee on the above-referenced real property in Davis County, Utah.

Dated: 1-15-15

Kristine K. Will
Kristine Kay Will

STATE OF UTAH)
: ss.
COUNTY OF DAVIS)

Subscribed and sworn to before me, a notary public, by Kristine Kay Will this 15th day of January, 2025.



Notary Public

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

3602766
BK 8669 PG 240

CERTIFICATE OF DEATH

State File Number: 2015007665

Lois Mae Hepworth Will

DECEDENT INFORMATION

Date of Death:	June 1, 2015	Time of Death:	23:05
City of Death:	Layton	County of Death:	Davis
Age:	78	Date of Birth:	May 12, 1937
Place of Birth:	Salt Lake City, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Divorced
Spouse's Name:		Usual Occupation:	Financial Analyst
Industry/Business:	Civil Service	Education:	Some College but No Degree
Residence:	Layton, Utah	Father's Name:	James Arco Hepworth
Mother's Name:	Louise Emily Wretburg	Facility Type:	Home
Facility or Address:	2203 E. 1200 N.		

INFORMANT INFORMATION

Name:	Kristine Will	Relationship:	Daughter
Mailing Address:	2203 E. 1200 N., Layton, Utah 84040		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Salt Lake City Cemetery, Salt Lake City, Utah
Date of Disposition:	June 5, 2015

FUNERAL HOME INFORMATION

Funeral Home:	Lindquist Mortuary - Layton
Address:	1867 North Fairfield Road, Layton, Utah 84041
Funeral Director:	Marshall M Gardner

MEDICAL CERTIFICATION

Medical Professional: Casey L Stelter MD, 2950 North Church Street, Layton, Utah 84040

CAUSE OF DEATH

Adenocarcinoma Of The Lung
Tobacco Use: Underlying Cause
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: June 5, 2015

Date Issued: June 5, 2015

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 and the County/District Health Officer.



Janice L. Houston
State Registrar
Rev. 6/13



* 0 6 4 5 1 4 9 8 3 *

Lewis R. Garrett
Director/Health Officer
County/District Health Department



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. 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
Contact Info: <https://VitalRecords.utah.gov> 801-538-6105 vrequest@utah.gov



online instructions

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	5. NAME OF PARENT 1 (Maiden name if applicable)			6. NAME OF PARENT 2 (Maiden name if applicable)		
	7. ITEM NO.	8a. FACTS EXACTLY AS ON ORIGINAL RECORD		8b. CORRECT INFORMATION		
WHY IS CHANGE NEEDED?	9					
DOCUMENT 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	