

Mail Tax Notice To:
Nancy L. Foote, Trustee
2368 E. 8300 S.
South Weber, UT 84405

AFFIDAVIT OF SUCCESSOR TRUSTEE

STATE OF UTAH :
: ss.
County of Davis :

NANCY L. FOOTE, being first duly sworn under oath, states as follows:

1. The TERRY AND NANCY FOOTE FAMILY TRUST, dated the 9th day of November, 2005, owns certain real property located in Davis County, State of Utah, and more particularly described as follows:

**ALL OF LOT 22, SILVERLEAF ESTATES SUBDIVISION PHASE 2. CONT. 0.29000
ACRES.**

Parcel No. 09-352-0022

2. Title to the described property vested in the TERRY AND NANCY FOOTE FAMILY TRUST, dated the 9th day of November, 2005, in a document recorded November 19, 2009, as entry 2494540, in book 4905, page 443 in the records of the Davis County Recorder.

3. Pursuant to the terms of the TERRY AND NANCY FOOTE FAMILY TRUST, dated the 9th day of November, 2005, C. TERRY FOOTE, also known as CHESTER TERRY FOOTE has been removed as Trustee.

4. Pursuant to the terms of the TERRY AND NANCY FOOTE FAMILY TRUST, dated the 9th day of November, 2005, NANCY L. FOOTE is now serving as sole Trustee.

5. Title to the property should be held as:

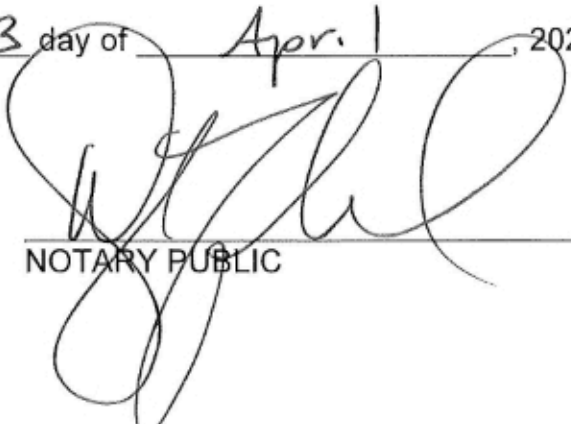
**NANCY L. FOOTE, or successor, as Trustee of the TERRY AND NANCY
FOOTE FAMILY TRUST, dated November 9, 2005.**

DATED this 23 day of April, 2025.

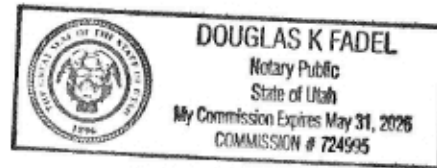


NANCY L. FOOTE, Trustee

Subscribed and sworn before me on this 23 day of Apr. 1, 2025
by, NANCY L. FOOTE as Trustee.



NOTARY PUBLIC



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

3616823
BK 8747 PG 616

CERTIFICATE OF DEATH

State File Number: 2025006447

Chester Terry Foote
(AKA Terry Foote)

DECEDENT INFORMATION

Date of Death:	April 6, 2025	Time of Death:	09:00
City of Death:	South Weber	County of Death:	Davis
Age:	76	Date of Birth:	December 19, 1948
Place of Birth:	Nephi, Utah	Sex:	Male
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Nancy Hills Barben	Usual Occupation:	Property Owner
Industry/Business:	Property Management	Education:	Bachelor's Degree
Residence:	South Weber, Utah	Father's Name:	Chester Lawrence Foote
Mother's Name:	Jean Denison	Facility Type:	Home
Facility or Address:	2368 East 8300 South		

INFORMANT INFORMATION

Name:	Nancy Hills Foote	Relationship:	Spouse
Mailing Address:	2368 East 8300 South, South Weber, Utah 84405		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Nephi City Cemetery, Nephi, Utah
Date of Disposition:	April 12, 2025

FUNERAL HOME INFORMATION

Funeral Home:	Myers Mortuary - Roy
Address:	5865 South 1900 West, Roy, Utah 84067
Funeral Director:	Shawn B Kotter

MEDICAL CERTIFICATION


Certifying Physician:	David A VandeMerwe MD, Canyon Hospice, 5926 Fashion Point Drive Suite 200, South Ogden, Utah 84403
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CAUSE OF DEATH

Hepatic Failure
Due to (or as a consequence of): Metastatic Papillary Urothelial Bladder Carcinoma
Other significant conditions: Type 2 Diabetes
Tobacco Use: Non-user
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: April 9, 2025
Date Issued: April 9, 2025

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. Wining, MSW, LCSW
State Registrar
Rev 12/00




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					