

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 9<sup>th</sup> 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 9<sup>th</sup> 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:

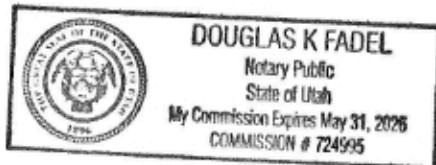
**NANCY L. FOOTE, or successor, as Trustee of the TERRY AND NANCY FOOTE FAMILY TRUST, dated November 9, 2005.**

DATED this 23 day of April, 2025.

Nancy Foote  
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  
City of Death: South Weber  
Age: 76  
Place of Birth: Nephi, Utah  
Armed Services: No  
Spouse's Name: Nancy Hills Barben  
Industry/Business: Property Management  
Residence: South Weber, Utah  
Mother's Name: Jean Denison  
Facility or Address: 2368 East 8300 South

Time of Death: 09:00  
County of Death: Davis  
Date of Birth: December 19, 1948  
Sex: Male  
Marital Status: Married  
Usual Occupation: Property Owner  
Education: Bachelor's Degree  
Father's Name: Chester Lawrence Foote  
Facility Type: Home

**INFORMANT INFORMATION**

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

**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

**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. Wninger*

Linda S. Wninger, MSW, LCSW  
State Registrar

Rev 12/20



\* 0 6 7 8 0 9 5 1 8 \*

*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.

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 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		
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.			
	11a. Signature of witness (Must sign in front of notary)		11b. Printed name of witness	
	12. Date signed	13. Age of witness	14. Telephone number	15. Relationship to 1a.
	16. Address of witness			
	Subscribed to and Sworn to before me this ____ day of ____ 20____			
State _____ County _____				
Notary signature _____				
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.			
	17a. Signature of witness (Must sign in front of notary)		17b. Printed name of witness	
	18. Date signed	19. Age of witness	20. Telephone number	21. Relationship to 1a.
	22. Address of witness			
	Subscribed to and sworn to before me this ____ day of ____ 20____			
State _____ County _____				
Notary signature _____				