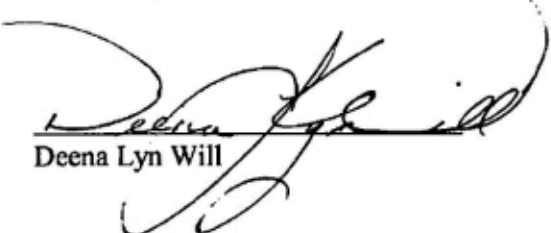


**AFFIDAVIT OF DEATH**  
**OF TRUSTEE**

Deena Lyn Will, the sister of Kristine Kay Will, who is deceased, being first duly sworn on oath, state as follows:

1. I am a sister of Kristine Kay Will (the "Decedent"), who died in Davis County, Utah, on May 27, 2025.
2. That Kristine Kay Will, the decedent mentioned in the Certificate of Death, attached hereto (certificate no. 2025009475) is one in the same person as the Kristine Kay Will, as Trustee of the Kristine Kay Will Living Trust dated January 15, 2025.
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, Deena Lyn 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 Kristine Kay Will, Trustee of the above-reference trust, with Deena Lyn Will as successor Trustee on the above-referenced real property in Davis County, Utah.

Dated: 07/29/2025

  
Deena Lyn Will

STATE OF UTAH                    )  
  : ss.  
COUNTY OF DAVIS            )

Subscribed and sworn to before me, a notary public, by Deena Lyn Will this 29<sup>th</sup> day of July, 2025.



  
Notary Public

**STATE OF UTAH**  
**CERTIFICATION OF VITAL RECORD**

3627164  
BK 8799 PG 313

**CERTIFICATE OF DEATH**

State File Number: 2025009475

**Kristine Kay Will**

**DECEDENT INFORMATION**

Date of Death:	May 27, 2025	Time of Death:	11:40
City of Death:	Layton	County of Death:	Davis
Age:	66	Date of Birth:	December 10, 1958
Place of Birth:	Salt Lake City, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Never Married
Spouse's Name:		Usual Occupation:	Research Scientist
Industry/Business:	Oil and Gas	Education:	Bachelor's Degree
Residence:	Layton, Utah	Father's Name:	Leonard Ernest Will
Mother's Name:	Lois Mae Hepworth	Facility Type:	Home
Facility or Address:	2203 East 1200 North		

**INFORMANT INFORMATION**

Name:	Deena Will	Relationship:	Sister
Mailing Address:	9284 East Aster Drive, Scottsdale, Arizona 85260		

**DISPOSITION INFORMATION**

Method of Disposition:	Burial
Place of Disposition:	Salt Lake City Cemetery, Salt Lake City, Utah
Date of Disposition:	June 4, 2025

**FUNERAL HOME INFORMATION**

Funeral Home:	Lindquist Mortuary - Layton
Address:	1867 North Fairfield Road, Layton, Utah 84041
Funeral Director:	Michael L Stuart

**MEDICAL CERTIFICATION**

Certifying Physician:	Anna C Beck MD, 6949 South High Tech Drive, Midvale, Utah 84047
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**CAUSE OF DEATH**

Vulvar cancer [Onset: 4 Years]
Tobacco Use: Did not Contribute
Medical Examiner Contacted: No    Autopsy Performed: No    Manner of Death: Natural

Date Registered: May 29, 2025

Date Issued: May 29, 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. Wininger, MSW, LCSW  
State Registrar  
June 12, 2025



  
Brian Hatch  
Director/Health Officer



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.
	16. Address of witness					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.					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.
	22. Address of witness					Notary signature _____