

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.

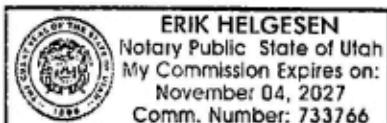
5. This Affidavit is given to remove and replace Kristine Kay Will, Trustee of the above-reference trust, with Deena Lyn Will as successor Trustee on the above-referenced real property in Davis County, Utah.

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 29th 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
City of Death: Layton
Age: 66
Place of Birth: Salt Lake City, Utah
Armed Services: No
Spouse's Name:
Industry/Business: Oil and Gas
Residence: Layton, Utah
Mother's Name: Lois Mae Hepworth
Facility or Address: 2203 East 1200 North

Time of Death: 11:40
County of Death: Davis
Date of Birth: December 10, 1958
Sex: Female
Marital Status: Never Married
Usual Occupation: Research Scientist
Education: Bachelor's Degree
Father's Name: Leonard Ernest Will
Facility Type: Home

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

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. Winger
Linda S. Winger, MSW, LCSW
State Registrar

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* 0 6 7 8 1 3 1 1 3 *

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.



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 _____		Notary signature _____	
	12. Date signed	13. Age of witness	14. Telephone number	15. Relationship to 1a.
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 _____		Notary signature _____	
	18. Date signed	19. Age of witness	20. Telephone number	21. Relationship to 1a.
22. Address of witness				