

RECORDING REQUESTED BY:

Voyant Legal, PLLC

WHEN RECORDED, MAIL TO
AND MAIL TAX STATEMENTS TO:

Laree Cobb
1854 Van Buren Avenue
Ogden, Utah 84401

APN: 03-089-0045

THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT--DEATH OF CO-TRUSTEE

LaRee W. Cobb, of legal age, being first sworn, deposes and says:

That Richard Neil Cobb, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Richard Cobb, named as Co-Trustee in that certain unrecorded trust agreement, The LaRich Family Trust, dated March 27, 2003, executed by Richard Cobb and LaRee Cobb, and which Trust was named as the Grantee in that certain Warranty Deed, dated March 13, 2013, and recorded on March 20, 2013, in the Office of the Recorder of the County of Box Elder, State of Utah, as Document No. 323470 of Official Records, relating to the real property located in said County and more particularly described in Exhibit "A" (attached hereto and incorporated herein by reference).

Executed on December 19, 2024 in Weber County, Utah.

LaRee W. Cobb

LAREE W. COBB

STATE OF UTAH

)

) ss.

COUNTY OF WEBER

)

SUBSCRIBED AND SWORN TO (or affirmed)
before me on December 19, 2024, by LaRee W.
Cobb, proved to me on the basis of satisfactory
evidence to be the person(s) who appeared before
me.

A. Clark

NOTARY PUBLIC

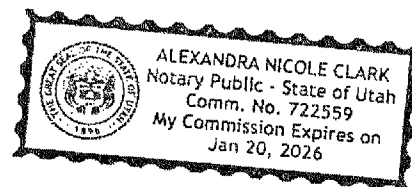


EXHIBIT "A"

Beginning at the Southeast corner of Lot 2, Block 43, Plat "C", Brigham City Survey and running thence West 165 feet, thence North 140 feet, thence East 165 feet, thence South 140 feet to the place of beginning.

TAX ID NUMBER 03-089-0045 (for reference purposes only)

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

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CERTIFICATE OF DEATH

State File Number: 2022004333

Richard Neil Cobb

DECEDENT INFORMATION

Date of Death:	March 2, 2022	Time of Death:	04:39
City of Death:	Ogden	County of Death:	Weber
Age:	88	Date of Birth:	March 28, 1933
Place of Birth:	Brigham City, Utah	Sex:	Male
Armed Services:	Yes	Marital Status:	Married
Spouse's Name:	LaRee Wells	Usual Occupation:	Food Service Supervisor
Industry/Business:	School	Education:	High School or GED
Residence:	Ogden, Utah	Father's Name:	Everett Delwin Cobb
Mother's Name:	Ulla Neilsen	Facility Type:	Home
Facility or Address:	1854 Van Buren		

INFORMANT INFORMATION

Name:	LaRee W Cobb	Relationship:	Wife
Mailing Address:	1854 Van Buren, Ogden, Utah 84401		

DISPOSITION INFORMATION

Method of Disposition: Burial
Place of Disposition: Brigham City Cemetery, Brigham City, Utah
Date of Disposition: March 7, 2022

FUNERAL HOME INFORMATION

Funeral Home: Myers Mortuary - Ogden
Address: 845 Washington Blvd, , Ogden, Utah 84404
Funeral Director: Shaun S Myers

MEDICAL CERTIFICATION

Certifying Physician: Nathan Phelps MD, 507 North Grove Creek Lane, Farmington, Utah 84025


CAUSE OF DEATH

Pneumonia
Due to (or as a consequence of): Pneumonia Leading to Respiratory Failure
Other significant conditions: Parkinson's, Congestive Heart Failure, Chronic Kidney Disease
Tobacco Use: Unknown if User
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural


Date Registered: March 3, 2022

Date Issued: March 3, 2022

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
Rev. 07/21




Brian Cowan, MPH, LEHS
Director/Health Officer
County Health Department



STATE OF UTAH - DEPARTMENT OF HEALTH - 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 or Death 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

Physical Address: Office of Vital Records and Statistics 288 North 1460 West Salt Lake City, UT 84116

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 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)		
	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 IS CHANGE NEEDED?	9.					
DOCUMENTS 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.	
	16. ADDRESS OF WITNESS					NOTARY SIGNATURE _____
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.	
	22. ADDRESS OF WITNESS					NOTARY SIGNATURE _____