

WHEN RECORDED MAIL TO:  
Cottonwood Title Insurance Agency, Inc.  
1216 W. Legacy Crossing Blvd., Suite 100  
Centerville, UT 84014

File No.: 184823-DWP

## **SUCCESSOR TRUSTEE AFFIDAVIT**

I, the undersigned Tammy R. Bedford as Successor Trustee, do hereby affirm the following:

1. The copy of the trust document provided to Cottonwood Title Insurance Agency, Inc. is a true and correct copy of the trust agreement or certification of trust of The Linda J. Mair Living Trust dated the 6th day of February 2018 (the "Trust"). The Trust is in full force and effect, and it has not been revoked or terminated.
2. I was well and personally acquainted with Linda J. Mair, a trustee named in that certain Special Warranty Deed recorded February 20, 2018 as Entry No. 463258 in the records of the Tooele County Recorder.
3. I know of my own knowledge that Linda J. Mair in the said deed and Linda Joyce Mair mentioned in the attached Certificate of Death was one and the same person.
4. Pursuant to the terms of the Trust and the successor trustee provisions therein, I have been duly appointed and named as successor trustee of the Trust.
5. I have full power to convey title, sell, or enter into any contract pertaining to real property currently held in the Trust. Said property is located in Tooele County, State of Utah (the "Property"), and is more particularly described as:

Lot 160, THE VILLAGE AT COUNTRY CROSSING NEIGHBORHOOD PHASE 2A, PLAT 4, a  
Subdivision of Stansbury Park, according to the official plat thereof as recorded in the office of the  
Tooele County Recorder.

**TAX ID NO.: 15-027-0-0160** (for reference purposes only)

6. The Trust has not been terminated or amended in any way to restrict my ability to convey title to the Property.
7. I am still the current successor trustee of the Trust, and there are no new successor trustees.
8. In light of the foregoing facts, the undersigned, in consideration of the issuance by Westcor Land Title Insurance Company of a policy of Title Insurance covering the said Property in the manner described, hereby promises, covenants and agrees to hold harmless, protect and indemnify Cottonwood Title Insurance Agency, Inc. and Westcor Land Title Insurance Company against any liabilities, losses, damages, expenses and charges that may arise as a result of reliance on this Affidavit.

Signed this December 31, 2024

*Tammy R. Bedford*

Signed with **Stavvy**

Tammy R. Bedford, Successor Trustee

STATE OF UTAH

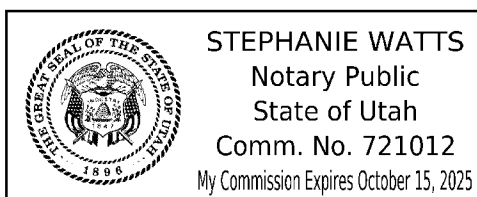
COUNTY OF DAVIS

Subscribed and sworn to before me this December 31, 2024, by Tammy R. Bedford.

*Stephanie Watts*

Signed with **Stavvy**

Notary Public



Notarized remotely via audio/video communication using Stavvy

## CERTIFICATE OF DEATH

State File Number: 2019006839

Linda Joyce Mair

## DECEDENT INFORMATION

Date of Death:	May 4, 2019	Time of Death:	08:45
City of Death:	Stansbury Park	County of Death:	Tooele
Age:	67	Date of Birth:	1951
Place of Birth:	Salt Lake City, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:		Usual Occupation:	Teacher
Industry/Business:	Elementary Education	Education:	Master's Degree
Residence:	Stansbury Park, Utah	Parent or Father:	Norman Clarence Hammer
Parent or Mother:	Dawna Gladys Ellis	Facility Type:	Home
Facility or Address:	5499 Windsor Way		

## INFORMANT INFORMATION

Name:	Shane Mair	Relationship:	Son
Mailing Address:	5499 Windsor Way, Stansbury Park, Utah 84074		

## DISPOSITION INFORMATION

Method of Disposition:	Burial/Cremation
Place of Disposition:	Stansbury Park Cemetery, Stansbury Park, Utah
Date of Disposition:	May 15, 2019

## FUNERAL HOME INFORMATION

Funeral Home:	Didericksen Memorial
Address:	PO Box 798, Grantsville, Utah 84029
Funeral Director:	Jay R Didericksen

## MEDICAL CERTIFICATION

Medical Professional:	Ann L Clark MD, Rocky Mountain Hospice, 5242 South College Drive Suite 150, Murray, Utah 84123
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## CAUSE OF DEATH

Metastatic Stage Iv Ovarian Cancer
Tobacco Use: Did not Contribute
Medical Examiner Contacted: Yes    Autopsy Performed: No    Manner of Death: Natural

Date Registered: May 10, 2019

Date Issued: May 10, 2019

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: High Resolution Border, Y & R images in top cycloids, and microtext.  
This document displays the date, seal, and signature of the Utah State Registrar of Vital Records and Statistics.

*Richard J. Oborn*  
Richard J. Oborn, MPA  
State Registrar  
Rev. 4/15



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UTAH DEPARTMENT OF HEALTH  
Office of Vital Records & Statistics  
Salt Lake City, Utah

**SL**  
SALT LAKE  
COUNTY  
HEALTH  
DEPARTMENT

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

# 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		
	12. DATE SIGNED		13. AGE OF WITNESS	14. DAYTIME TELEPHONE		15. RELATIONSHIP TO 1a.
	16. ADDRESS OF WITNESS					STATE _____ COUNTY _____ 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		
	18. DATE SIGNED	19. AGE OF WITNESS	20. DAYTIME TELEPHONE		21. RELATIONSHIP TO 1a.	
	22. ADDRESS OF WITNESS					STATE _____ COUNTY _____ NOTARY SIGNATURE _____