

WHEN RECORDED MAIL TO:  
Cottonwood Title Insurance Agency, Inc.  
2421 East Parleys Way  
Salt Lake City, UT 84109

File No.: 187432-DJP

### SUCCESSOR TRUSTEE AFFIDAVIT

I, the undersigned Linda K.Preston as Successor Trustee, do hereby affirm the following:

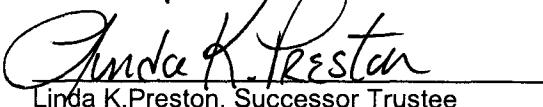
1. The copy of the trust document provided to Cottonwood Title Insurance Agency, Inc. is a true and correct copy of the trust agreement or certification of trust of The Delaine Hatcher Keel Living Trust dated the 30th day of March 2011 (the "Trust"). The Trust is in full force and effect, and it has not been revoked or terminated.
2. I was (we were) well and personally acquainted with Delaine Hatcher Pearson Keel aka Delaine Hatcher Keel, a trustee named in that certain Special Warranty Deed recorded March 31, 2011 as Entry No. 354895 in the records of the Tooele County Recorder.
3. I (we) know of my (our) own knowledge that Delaine Hatcher Pearson Keel aka Delaine Hatcher Keel in the said deed and Delaine Hatcher Pearson Keel 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 (we) have been duly appointed and named as successor trustee(s) of the Trust.
5. I (we) 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 382, OVERLAKE ESTATES SUBDIVISION PHASE 1C, according to the official plat thereof as recorded in the office of the Tooele County Recorder.

**TAX ID NO.: 12-057-0-0382** (for reference purposes only)

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

Signed this March 10, 2025



Linda K.Preston, Successor Trustee

**COURTESY RECORDING ONLY**  
Cottonwood Title disclaims any  
liability as to the condition of title  
and as to the content, validity,  
or effects of this document.

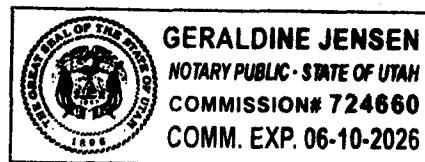
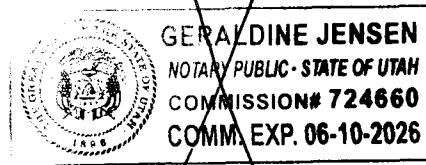
STATE OF UTAH

COUNTY OF SALT LAKE

Subscribed and sworn to before me this March 10, 2025, by Linda K.Preston.

Linda K. Preston

Notary Public



STATE OF UTAH  
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2024001427

Delaine Hatcher Pearson Keel

DECEDENT INFORMATION

Date of Death:	January 21, 2024	Time of Death:	09:09
City of Death:	Tooele	County of Death:	Tooele
Age:	95	Date of Birth:	1929
Place of Birth:	Bend, Oregon	Sex:	Female
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:		Usual Occupation:	Guidance and Control Systems
Industry/Business:	Manufacturing	Education:	High School or GED
Residence:	Tooele, Utah	Father's Name:	James Franklin Daniels
Mother's Name:	Clara Henrietta McAffee	Facility Type:	Hospital Inpatient
Facility or Address:	Mountain West Medical Center		

INFORMANT INFORMATION

Name:	Gale Reynolds	Relationship:	Daughter
Mailing Address:	1928 North 1700 West, Tooele, Utah 84074		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Larkin Sunset Gardens, Sandy, Utah
Date of Disposition:	January 26, 2024

FUNERAL HOME INFORMATION

Funeral Home:	Larkin Sunset Gardens
Address:	1950 East 10600 South, Sandy, Utah 84092
Funeral Director:	Thomas A Ligman IV

MEDICAL CERTIFICATION

Certifying Physician: Carolyn Forbes MD, Valley Family Medicine, 1959 North Aaron Drive Suite F, Tooele, Utah 84074

CAUSE OF DEATH

Sepsis [Onset: 1 Day]

Due to (or as a consequence of): Hyperkalemia

Due to (or as a consequence of): Acute Liver Failure

Due to (or as a consequence of): Sepsis

Other significant conditions: Acute kidney failure

Tobacco Use: Unknown

Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: January 24, 2024

Date Issued: January 25, 2024

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  
Page 0721



\* 0 6 7 4 5 8 0 6 2 \*

*Angela C. Dunn*  
Angela C. Dunn, MD, MPH  
Director/Health Officer  
County/District Health Department

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)			
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					