

WHEN RECORDED MAIL TO:

Cottonwood Title Insurance Agency, Inc.
1216 W. Legacy Crossing Blvd., Suite 100
Centerville, UT 84014

File No.: 189544-DWP

SUCCESSOR TRUSTEE AFFIDAVIT

I, the undersigned Elizabeth P. Seat as Successor Co-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 David L. Seat and Elizabeth P. Seat Trust U/A dtd 2/20/01 (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 The Trust is in full force and effect, and it has not been revoked or terminated.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 David L. Seat, a trustee named in that certain Warranty Deed recorded February 20, 2001 as Entry No. 159322 in the records of the Tooele County Recorder.
3. I know of my own knowledge that David L. Seat in the said deed and DAVID LEE SEAT 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 18, BEL-AIR ESTATES, a Subdivision of Tooele City, according to the official plat thereof on file and of record in the office of the Tooele County Recorder.

TAX ID NO.: 08-001-0-0018 (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 Old Republic National 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 Old Republic National Title Insurance Company against any liabilities, losses, damages, expenses and charges that may arise as a result of reliance on this Affidavit.

Signed this June 6, 2025

Elizabeth P. Seat
Elizabeth P. Seat, Successor Co-Trustee

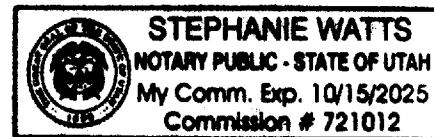
STATE OF UTAH

COUNTY OF DAVIS

Subscribed and sworn to before me this June 6, 2025, by Elizabeth P. Seat.



Notary Public



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2007013639

David Lee Seat

DECEDENT INFORMATION

Date of Death:	December 11, 2007	Time of Death:	09:07
City of Death:	Stockton	County of Death:	Tooele
Age:	68	Date of Birth:	September 26, 1939
Place of Birth:	Payson, Utah	Sex:	Male
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Elizabeth Ann Park	Usual Occupation:	Electronic Technician
Industry/Business:	Civil Service	Education:	Some College but No Degree
Residence:	Tooele, Utah	Father's Name:	John Bruce Seat
Mother's Name:	Mamie Lathora DeGraw	Facility Type:	Deseret Chemical Depot Medical Aid Station
Facility or Address:	11500 Stark Road Bldg 5010		

INFORMANT INFORMATION

Name:	Elizabeth Seat	Relationship:	Wife
Mailing Address:	498 West 500 South, Tooele, Utah 84074		

DISPOSITION INFORMATION

Method of Disposition:	Burial	Date of Disposition:	December 17, 2007
Place of Disposition:	Tooele City Cemetery, Tooele, Utah		

FUNERAL HOME INFORMATION

Funeral Home:	Tate Mortuary
Address:	PO Box 569, 110 South Main Street, Tooele, Utah 84074
Funeral Director:	Daniel P Call

MEDICAL CERTIFICATION

Certifying Physician: Gary W Matravers, Deseret Chemical Depot TOGDF Medical Clinic, Stockton, Utah 84071

CAUSE OF DEATH

Cardiopulmonary Arrest
Cardiovascular Disease
Tobacco Use: Non-user
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Issued: December 13, 2007



This is an exact reproduction of the document registered in the State Office of Vital Statistics. Security features of this official document include: Intaglio Border, V & R images in top cycloids, ultra violet fibers and hologram image of the Utah State Seal, over the words "State of Utah". This document displays the date, seal and signature of the State Registrar and the County/District Health Officer.



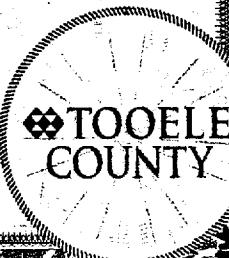
Barry E. Nangle

Barry E. Nangle, State Registrar
Office of Vital Statistics



* 0 6 1 7 2 1 4 8 8 *


Myron Bateman
Director/Health Officer
County/District Health Department



AFFIDAVIT FOR CORRECTION

This is a legal document. Complete in black ink and do not alter.

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE. A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

All vital records are registered as received. Corrections must be made by affidavit. An item on the birth or death certificate may be corrected by affidavit only once; a court order will be required for subsequent corrections.

There is no processing fee for affidavits registered within one year of the date of the event. After one year from the date of the event, there is a fee for filing the affidavit which includes one replacement copy. Affidavits completed **within 90 days of issuance** may be given credit for monies previously paid. (Multiple copies may require an additional fee.)

**PLEASE RETURN ALL COPIES WITH ONE COMPLETED AFFIDAVIT WITHIN 90 DAYS FOR REPLACEMENT TO:
UTAH DEPT. OF HEALTH, OFFICE OF VITAL RECORDS AND STATISTICS, P O BOX 141012,
SALT LAKE CITY, UT 84114-1012**

BIRTH CERTIFICATES

1. List the facts exactly as stated on the reverse side. Opposite each item, correct the information as it should have been stated at the time of the birth.
2. **Who may sign the affidavit for corrections:** If the person listed on the record is under 18, both parents listed on the record. If the person listed on the record is 18 he/she **must** sign as one of the witnesses, unless mentally incompetent or physically incapacitated. Parents or other older relatives are preferred witnesses for the second signature. If no father is listed on the record, an older-relative of the mother of legal age may sign. The signatures **must be notarized**.
3. The parent(s) may add or correct the surname from that listed on the record until the child's first birthday without proofs. The first, and/or middle name can be corrected or added without proofs until the child's sixth birthday.
4. If the child is under the age of six and there is no father listed on the record, the child's surname may be corrected to match the mother's maiden name without documentation.
5. Minor corrections in spelling or parents' information may be corrected anytime. Some corrections may require documentary proof.
6. This affidavit cannot be used to add a father to or correct medical information on a birth certificate.

DEATH CERTIFICATES

1. If corrections to non medical information are not being made by the Funeral Home, the Informant **MUST** sign as a witness along with an older relative of the decedent, or another person who is knowledgeable of the facts.
2. The medical information (Cause of Death) may only be corrected by the certifying physician or the Medical Examiner.

	<input type="checkbox"/> BIRTH	<input type="checkbox"/> DEATH	<input type="checkbox"/> STILLBIRTH	
LOCAL FILE NUMBER				STATE FILE NUMBER
NAME AS REPORTED ON REVERSE	1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	
STATEMENT OF CORRECTIONS	2a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD		2b. CORRECT INFORMATION	
WHY IS CHANGE NECESSARY?	3.			
PROOFS USED TO AMEND RECORD	4.			
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 & Sworn to before me this ____ day of ____ 20____	
	5. SIGNATURE OF WITNESS		Notary Public _____	
			My Commission expires _____	
	6. DATE SIGNED	7. AGE OF WITNESS	8. DAYTIME TELEPHONE # OF WITNESS	S
	()			E
	9. ADDRESS OF WITNESS (Street, City, State, Zip)			A
	10. RELATIONSHIP TO PERSON IN 1a: Self Parent/Guardian Spouse Funeral Director Informant Other (Specify)			L
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 & Sworn to before me this ____ day of ____ 20____	
	11. SIGNATURE OF WITNESS		Notary Public _____	
			My Commission expires _____	
	12. DATE SIGNED	13. AGE OF WITNESS	14. DAYTIME TELEPHONE # OF WITNESS	S
	()			E
	15. ADDRESS OF WITNESS (Street, City, State, Zip)			A
	16. RELATIONSHIP TO PERSON IN 1a: Self Parent/Guardian Spouse Funeral Director Informant Other (Specify)			L

REGISTRARS USE ONLY: Number of Certificates Replaced: _____ Initials: _____ Date: _____