

When Recorded Mail To:

Karen Waite
2175 W 1700 S, Syracuse UT
File No.: 626578 84075

Space above this line for Recorder's use

Affidavit of Successor Trustee

NOW COMES, the undersigned, Karen Waite, and upon oath duly sworn states as follows:

That your Affiant(s) is/are of legal age.

This Affidavit concerns certain real property located in the county of ^{Davis} ~~Weber~~, state of Utah, more particularly described as follows:

TID 12-092-0020

Beginning at a point 10.26 chains West from the Northeast corner of Section 16, Township 4 North, Range 2 West, Salt Lake Base and Meridian, running thence West 3.15 chains; thence South 4.1 chains, thence East 3.20 chains, thence North 0°42' West 4.1 chains to the point of beginning.


Together with a Right of Way in a driveway which lies just outside the Western boundary of the above described property on property sold by the immediately prior owner, Anna Waite, and her husband, Alvin B Waite to Lanny Holbrook on July 5, 1967, and the right and Easement to use the irrigation ditch running along the East edge of the above described property in order to water the property herein conveyed, said Rights of Way and Easements having been reserved by Anna Waite and her husband when the adjoining property was sold to Lanny Holbrook. Said Rights of Way and Easements having also been recorded when the above described property was purchased by the grantor and deeds of record.

This affidavit is given to evidence the death of Lloyd Sherman Waite, Trustee of the Lloyd Sherman Waite and Karen Waite Living Trust dated February 25, 2013, and to establish Karen Waite, as Successor Trustee of said Trust.

The undersigned hereby certifies that Lloyd Sherman Waite listed as Trustee of the Lloyd Sherman Waite and Karen Waite Living Trust dated February 25, 2013, is one and the same person as Lloyd Sherman Waite, listed as decedent on the attached Certificate of Death, and shown as Grantee in the Deed recorded August 21, 203, as Entry No.2761796.

And by virtue of that death certificate attached hereto and recorded as part hereof and said Declaration of Trust. I do hereby declare that the conditions for Successor Trustee appointment have been met and that pursuant to said Declaration of Trust, that I, the undersigned, Karen Waite, is now authorized as Successor Trustee of said Trust to convey any assets of the Trust.

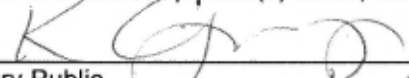
Dated this 5 day of May, 2020.



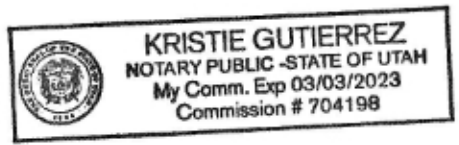
Karen Waite, Successor Trustee

State of Utah
County of Weber

On this ^{5th} 1st day of May, 2020, personally appeared before me, the undersigned Notary Public, personally appeared Karen Waite, who is/are the Successor Trustee(s) of the Lloyd Sherman Waite and Karen Waite Living Trust dated February 25, 2013, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged before me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.



Notary Public
My commission expires: 03/03/23



STATE OF UTAH

3249528
BK 7508 PG 1583

CERTIFICATE OF DEATH

State File Number: 2013011614

Lloyd Sherman Waite

DECEDENT INFORMATION

Date of Death:	September 9, 2013	Time of Death:	03:20
City of Death:	Syracuse	County of Death:	Davis
Age:	60	Date of Birth:	June 5, 1953
Place of Birth:	Ogden, Utah	Sex:	Male
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Karen Wayment	Usual Occupation:	Master Plumber
Industry/Business:	Plumbing & Heating	Education:	Some College but No Degree
Residence:	Syracuse, Utah	Father's Name:	Sherman Barnes Waite
Mother's Name:	Dorothy Ruth Parkin	Facility Type:	Home
Facility or Address:	2175 West 1700 South		

INFORMANT INFORMATION

Name:	Karen Waite	Relationship:	Spouse
Mailing Address:	2175 West 1700 South, Syracuse, Utah 84075		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Syracuse City Cemetery, Syracuse, Utah
Date of Disposition:	September 13, 2013

FUNERAL HOME INFORMATION

Funeral Home:	Myers Mortuary - Roy
Address:	5865 South 1900 West, Roy, Utah 84067
Funeral Director:	George H. Franklin III

MEDICAL CERTIFICATION

Medical Professional: John R Wood MD, 3776 Wall Avenue, Ogden, Utah 84404

CAUSE OF DEATH

Bladder Cancer [Onset: 2 Years]
Tobacco Use: Non-user
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: September 10, 2013
Date Issued: September 10, 2013

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RAISED SEAL
ORIGINAL

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 and the County/District Health Officer.



Janice L. Houston, State Registrar
Office of Vital Statistics



* 0 6 3 9 8 8 8 2 9 *



Lewis R. Garrett
Director/Health Officer
County/District Health Department



AFFIDAVIT FOR CORRECTION

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 certificate may be corrected by affidavit only once; a court order will be required for subsequent corrections.

**PLEASE RETURN ALL COPIES WITH ONE COMPLETED AFFIDAVIT WITHIN 90 DAYS FOR REPLACEMENT TO:
VITAL RECORDS, PO BOX 141012, SALT LAKE CITY, UTAH 84114-1012.
OR BRING COPIES AND COMPLETED AFFIDAVIT TO OUR OFFICE AT 288 NORTH 1460 WEST, SALT LAKE CITY, UTAH.**

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. If the person listed on the record is under 18 years of age, both parents of record **MUST** sign the affidavit. If the person listed on the record is 18 years or older, he/she **MUST** sign as one of the witnesses. Parents are the preferred witnesses for the second signature. If no father is listed on the record, an immediate relative of the mother may sign if he/she is of legal age. All 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 documentation. The first, and/or middle name can be corrected or added without documentation until the child's sixth birthday.
4. This affidavit cannot be used to add a father or correct medical information on a birth certificate.
5. A Delayed Birth Certificate requires a court order to make any corrections.

DEATH 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 death.
2. This form is to be used to correct non-medical information **ONLY**. The informant **MUST** sign as a witness along with an immediate member of the decedent's family, or a person who is knowledgeable of the facts. Corrections to marital status **MUST** be approved and processed by the State Office of Vital Records and Statistics. Contact our office for assistance.
3. All medical information **MUST** be corrected with a **MEDICAL AFFIDAVIT** completed by the health care provider who signed the original death certificate.

BIRTH

DEATH

STILLBIRTH

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. _____		
DOCUMENTS 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.		
	5. SIGNATURE OF WITNESS _____		
	6. DATE SIGNED _____	7. AGE OF WITNESS _____	8. DAYTIME TELEPHONE OF WITNESS () _____
	9. ADDRESS OF WITNESS (Street, City, State, Zip) _____		
	10. RELATIONSHIP TO PERSON IN 1a. (Circle one) Self Parent/Guardian Spouse Funeral Director Informant Other (Specify) _____		
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.		
	11. SIGNATURE OF WITNESS _____		
	12. DATE SIGNED _____	13. AGE OF WITNESS _____	14. DAYTIME TELEPHONE OF WITNESS () _____
	15. ADDRESS OF WITNESS (Street, City, State, Zip) _____		
	16. RELATIONSHIP TO PERSON IN 1a. (Circle one) Self Parent/Guardian Spouse Funeral Director Informant Other (Specify) _____		
UDOH-OVRS REV 05/13	Subscribed & Sworn to before me this ____ day of _____ 20____ Notary Public _____ My Commission Expires _____ S E A L		