

When Recorded Mail To:
The Dennis Lynn Dille Living Trust
6323 W Clearvista Drive
Kearns, UT 84118

13990466 B: 11359 P: 3359 Total Pages: 4
07/26/2022 04:17 PM By: bmeans Fees: \$40.00
Rashelle Hobbs, Recorder, Salt Lake County, Utah
Return To: MERAKI TITLE INSURANCE AGENCY
2137 E 3300 SSALT LAKE CITY, UT 841092688

File No.: M2066-HJ

SPACE ABOVE FOR RECORDER'S USE

AFFIDAVIT OF SUCCESSOR TRUSTEE

This Affidavit is given to evidence the death of Dennis Lynn Dille, Trustee of the The Dennis Lynn Dille Living Trust, dated July 16, 2018, and to establish Jason Dennis Dille, Successor Trustee of said Trust.

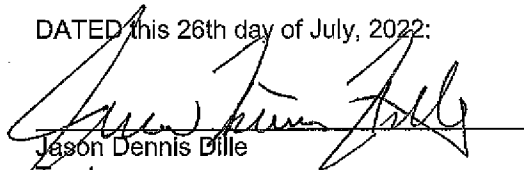
The undersigned hereby certifies that Dennis Lynn Dille listed as Trustee in that certain Quit Claim Deed recorded July 30, 2018 as Entry No. 12819153 official records of Salt Lake County, UT is one and the same person as Dennis Lynn Dille, listed as decedent on the attached certified Certificate of Death.

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 pursuant to said Declaration of Trust, that I the undersigned, am now authorized as Successor Trustee of said Trust to sell, convey and borrow against any assets of the following described property:

Lot 140, Southridge Subdivision No. 8, according to the Official Plat thereof, on file and of record in the Office of the Salt Lake County Recorder.

Tax Parcel No.: 21-08-332-003

DATED this 26th day of July, 2022:

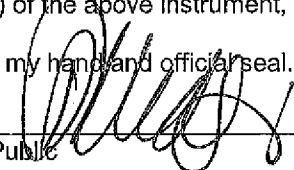

Jason Dennis Dille
Trustee

State of Utah }
 }ss.

County of Salt Lake

On this 26 day of July, 2022, personally appeared before me Jason Dennis Dille, Trustee of the Dennis Lynn Dille Living Trust dated July 16, 2018, and any amendments thereto, the signer(s) of the above instrument, who duly acknowledged to me that he/she/they, executed the same.

Witness my hand and official seal.


Notary Public



CERTIFICATE OF DEATH

State File Number: 2022009075

Dennis Lynn Dille

DECEDENT INFORMATION

Date of Death:	May 20, 2022	Time of Death:	09:56
City of Death:	Taylorsville	County of Death:	Salt Lake
Age:	77	Date of Birth:	November 7, 1944
Place of Birth:	Salt Lake City, Utah	Sex:	Male
Armed Services:	Yes	Marital Status:	Divorced
Spouse's Name:		Usual Occupation:	Refrigeration Mechanic
Industry/Business:	Diesel Mechanic	Education:	Some College but No Degree
Residence:	Taylorsville, Utah	Father's Name:	Paul Hyrum Dille
Mother's Name:	Dorothy Francell Dittmer	Facility Type:	Home
Facility or Address:	3733 West 5140 South		

INFORMANT INFORMATION

Name:	Jason Dennis Dille	Relationship:	Son
Mailing Address:	6323 West Clear Vista Drive, Kearns, Utah 84118		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Utah Veterans Memorial Park, Bluffdale, Utah
Date of Disposition:	May 25, 2022

FUNERAL HOME INFORMATION

Funeral Home:	Jenkins-Soffe Mortuary - Murray
Address:	4760 South State Street, Murray, Utah 84107
Funeral Director:	Brandon W Burningham

MEDICAL CERTIFICATION

Certifying Physician:	Mark D Johnson MD, 6321 South Redwood Road Suite 201, Taylorsville, Utah 84123
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CAUSE OF DEATH

Osteomyelitis Of Vertebrae
 Due to (or as a consequence of): Stage 4 Sacral Pressure Ulcer
 Tobacco Use: Non-user
 Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: May 24, 2022
 Date Issued: May 24, 2022

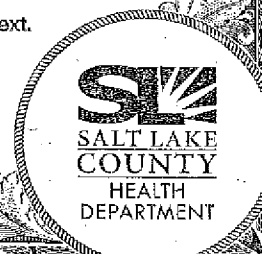
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This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics. Security features of this official document include: Intaglio Border, V & R images in top cycloids, and intaglio microtext. This document displays the date, seal and signature of the Utah State Registrar of Vital Records and Statistics.

Linda S. Wininger
 Linda S. Wininger, MSW, LCSW
 State Registrar



Angela C. Dunn
 Angela C. Dunn, MD, MPH
 Director/Health Officer
 County/District 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.		NOTARY SIGNATURE _____
	16. ADDRESS OF WITNESS					
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.		NOTARY SIGNATURE _____
	22. ADDRESS OF WITNESS					