Mail Tax Notice To: Adam Zimmerman, Trustee 1783 E. Millbrook Road Salt Lake City, UT 84106 14082304 B: 11406 P: 4605 Total Pages: 4 03/15/2023 12:12 PM By: dkilpack Fees: \$40.00 Rashelle Hobbs, Recorder, Salt Lake County, Utah Return To: THE FADEL LAW FIRM 170 W 400 SBOUNTIFUL, UT 840106226

# <u>AFFIDAVIT OF SUCCESSOR TRUSTEE</u>

STATE OF UTAH

: ss.

County of Davis

:

ADAM MATTHEW ZIMMERMAN, being first duly sworn under oath, states as follows:

1. The CAROL M. ZIMMERMAN REVOCABLE TRUST, dated March 16, 1993, owns certain real property located in Salt Lake County, State of Utah, and more particularly described as follows:

#### LOT 17 BLK 2 LINCOLN GARDENS SUB.

#### Parcel No. 22-04-228-004-0000

- 2. Title to the described property vested in the CAROL M. ZIMMERMAN REVOCABLE TRUST, dated March 16, 1993, in a document recorded June 28, 2005, as Entry 9417488, in Book 9151, Page 4858 in the records of the Salt Lake County Recorder.
- 3. Pursuant to the terms of the CAROL M. ZIMMERMAN REVOCABLE TRUST, dated March 16, 1993, CAROL M. ZIMMERMAN have been removed as Trustee.
- 4. Pursuant to the terms of the CAROL M. ZIMMERMAN REVOCABLE TRUST, dated March 16, 1993, ADAM MATTHEW ZIMMERMAN is now serving as sole Trustee with respect to the property.
  - 5. Title to the property should be held as:

ADAM MATTHEW ZIMMERMAN, or successor, as Trustee of the CAROL M. ZIMMERMAN REVOCABLE TRUST, dated March 16, 1993.

# RECORD

## CERTIFICATION OF VITAL RECORD

## CERTIFICATE OF DEATH

State File Number: 2023003224

# **Carol Marie Zimmerman**

#### **DECEDENT INFORMATION**

Date of Death: February 21, 2023 Time of Death: 20:25
City of Death: Salt Lake City County of Death: Salt Lake

Age: Date of Birth: February 2, 1937

Place of Birth: Dallas, Texas Sex: Female
Armed Services: No. Marital Status: Widowed

Spouse's Name: Kenneth Rolland Zimmerman (deceased)Usual Occupation: Homemaker

Industry/Business: Own home Education: High School or GED Residence: Holladay, Utah Father's Name: George Frederick Wall

Mother's Name: Willa Ellen Mathers Facility Type: Nursing Home/Assisted Living Facility or Address: Auberge at Aspen Park

#### INFORMANT INFORMATION

Name: Adam Matthew Zimmerman Relationship: Son

Mailing Address: 1783 Millbrook Road, Salt Lake City, Utah 84106

#### **DISPOSITION INFORMATION**

Method of Disposition: Burial

Place of Disposition: Wasatch Lawn Memorial Park, Millcreek, Utah

Date of Disposition: March 4, 2023

#### **FUNERAL HOME INFORMATION**

Funeral Home: Wasatch Lawn Mortuary

Address: 3401 South Highland Drive, Millcreek, Utah 84106

Funeral Director: Daniel F Seron

#### MEDICAL CERTIFICATION

Certifying Physician: Charles Steven Fehlauer MD, 2773 Etienne Way, Sandy, Utah 84093

#### **CAUSE OF DEATH**

Congestive Heart Failure

Other significant conditions: Covid 19

Tobacco Use: Non-user

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

Date Registered: February 27, 2023 Date Issued: February 27, 2023

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.

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Linda S. Wininger, MSW, LCSW

Linda S. Wininger, MSW, LCSW State Registrar



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 of 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 []STILLE	BIRTH	STATE FILE NUMBER:
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MAT	2. SEX S. DATE OF EVENT	4. PLACE OF OCCURRE	NOE (City and County)
INFORMATION AS REPORTED ON RECORD	5. NAME OF PARENT 1 ( Maiden name if applicable)	6. NAME OF PARENT 2 (	(Maiden name if applicable)
	7. ITEM NO. 8a. FACTS EXACTLY AS ON ORIGINAL RECORD	8b. CORRE	ECT INFORMATION
STATEMENT OF AMENDMENTS	. /		
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