

14111341 B: 11422 P: 3560 Total Pages: 3  
05/30/2023 03:54 PM By: CSelman Fees: \$40.00  
Rashelle Hobbs, Recorder, Salt Lake County, Utah  
Return To: TITLE ONE  
9065 S 1300 ESANDY, UT 840943134

**WHEN RECORDED RETURN TO:**

The Jean M. Glenn Family Trust  
~~3182 East Nila Way~~ 44 W Broadway Apt 2402 S  
Holladay, UT 84124 SLC, UT 84101

**AFFIDAVIT OF TRUSTEESHIP**

File No.: 23-94521

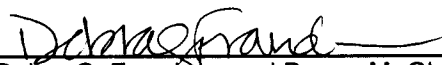
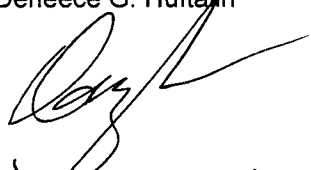

This affidavit is given to evidence the death of Jean M. Glenn, Trustee of the Jean M. Glenn Family Trust, dated December 26, 1996, and to establish Debra G. Frandsen and Devon M. Glenn and Deneece G. Huftalin, as Successor Trustee of said Trust.

The undersigned hereby certifies that Jean M. Glenn listed as Trustee of the Jean M. Glenn Family Trust who is named as one of the parties in that certain Deed dated August 25, 1997 executed by Jean M. Glenn, Grantor/Grantors to Jean M. Glenn, as Trustee of the Jean M. Glenn Family Trust created under Declaration of Trust dated December 26, 1996, recorded September 04, 1997 as Entry No. 6731606 in Book 7750 at Page 2443 of Official Records, who is one and the same person as Jean M Glenn, listed as decedent on the attached 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 that pursuant to said Declaration of Trust, that I the undersigned, Debra G. Frandsen and Devon M. Glenn and Deneece G. Huftalin, is now authorized as Successor Trustee of said Trust to convey any assets of the Trust particularly the property located at: 3182 East Nila Way, Holladay, UT 84124, and more particularly described as follows:

Lot 3, ROBIN MANOR, according to the official plat thereof, recorded in the office of the County Recorder, County of Salt Lake, State of Utah.  
Tax ID #: 16-35-458-003

Dated this 30th day of May, 2023.

  
\_\_\_\_\_  
Debra G. Frandsen and Devon M. Glenn and  
Deneece G. Huftalin  
  


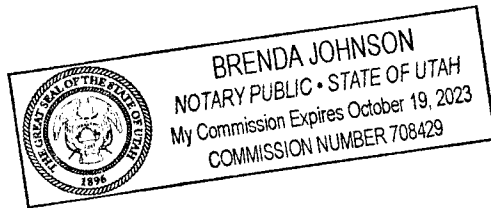
State of Utah  
County of Salt Lake

On this 30th day of May, 2023, personally appeared before me, the undersigned Notary Public, personally appeared Debra G. Frandsen and Devon M. Glenn and Deneece G. Huftalin, 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:

10-19-23



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF RIVERSIDE**  
**RIVERSIDE, CALIFORNIA**

3052019045826

**CERTIFICATE OF DEATH**

3201933002839

STATE FILE NUMBER		DATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS (VS-1 (REV 9/08))		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) <b>JEAN</b>		2. MIDDLE <b>M</b>		3. LAST (Family) <b>GLENN</b>	
AKA, ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)					
9. BIRTH STATE/FOREIGN COUNTRY <b>UT</b>		10. SOCIAL SECURITY NUMBER <b>528-40-1361</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SRDP (at Time of Death) <b>MARRIED</b>		7. DATE OF DEATH mm/dd/ccyy <b>03/02/2019</b>		8. HOUR (24 Hours) <b>0953</b>	
13. EDUCATION — Highest Level/Degree (See worksheet on back) <b>BACHELOR</b>		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>	
17. USUAL OCCUPATION — Type of work for most of life, DO NOT USE RETIRED <b>TEACHER</b>			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>EDUCATION</b>		19. YEARS IN OCCUPATION <b>10</b>
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>3182 NILA WAY</b>					
21. CITY <b>HOLLADAY</b>		22. COUNTY/PROVINCE <b>SALT LAKE</b>		23. ZIP CODE <b>84124</b>	
24. YEARS IN COUNTY <b>74</b>		25. STATE/FOREIGN COUNTRY <b>UT</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>JAMES RESCH, SPOUSE</b>			27. INFORMANT'S MAILING ADDRESS (Street and number, or full route number, city or town, state and zip) <b>3182 NILA WAY, HOLLADAY, UT 84124</b>		
28. NAME OF SURVIVING SPOUSE/SRDP—FIRST <b>JAMES</b>		29. MIDDLE <b>P</b>		30. LAST (BIRTH NAME) <b>RESCH</b>	
31. NAME OF FATHER/PARENT—FIRST <b>EDWARD</b>		32. MIDDLE <b>OLIVER</b>		34. BIRTH STATE <b>UT</b>	
33. NAME OF MOTHER/PARENT—FIRST <b>MARY</b>		36. MIDDLE <b>ELIZABETH</b>		37. LAST (BIRTH NAME) <b>WHITESIDES</b>	
38. BIRTH STATE <b>UT</b>		39. DISPOSITION DATE mm/dd/ccyy <b>03/06/2019</b>			
40. PLACE OF FINAL DISPOSITION <b>BOUNTIFUL CITY CEMETERY</b>		2224 S 200 W, BOUNTIFUL, UT 84010			
41. TYPE OF DISPOSITION(S) <b>CR/TR/BU</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER <b>-</b>	
44. NAME OF FUNERAL ESTABLISHMENT <b>SIMPLICITY</b>		45. LICENSE NUMBER <b>FD2178</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>CAMERON KAISER, MD</b>	
47. DATE mm/dd/ccyy <b>03/06/2019</b>					
101. PLACE OF DEATH <b>EISENHOWER MEDICAL CENTER</b>		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> ERVCP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
104. COUNTY <b>RIVERSIDE</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>39000 BOB HOPE DR</b>		106. CITY <b>RANCHO MIRAGE</b>	
107. CAUSE OF DEATH Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. <b>(A) HYPOXIA</b> <b>(B) CARDIOPULMONARY ARREST</b> <b>(C) RESPIRATORY FAILURE</b> <b>(D) CHRONIC OBSTRUCTIVE PULMONARY DISEASE EXACERBATION</b>		Time Interval Between Onset and Death (A) MINS (B) HRS (C) DAYS (D) DAYS		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NEW ONSET ATRIAL FIBRILLATION WITH RAPID VENTRICULAR RATE</b>					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive (A) mm/dd/ccyy (B) mm/dd/ccyy <b>02/27/2019 03/02/2019</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>STEVE MARCH M.D.</b>		116. LICENSE NUMBER <b>A133538</b>	
117. DATE mm/dd/ccyy <b>03/06/2019</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>STEVE MARCH M.D.</b> 39000 BOB HOPE DR, RANCHO MIRAGE, CA 92270			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/ccyy	
122. HOUR (24 Hours)					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER			127. DATE mm/dd/ccyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER
STATE REGISTRAR	A	B	C	D	E
FAX AUTH.#		CENSUS TRACT			
010001004143452					

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA } SS  
 COUNTY OF RIVERSIDE }

This is a true and exact reproduction of the document officially registered and placed on file by the Riverside University Health System, Department of Public Health.

DATE ISSUED **Mar 13, 2019**

Dr. Cameron Kaiser, M.D., County Health Officer  
 RIVERSIDE COUNTY, CALIFORNIA

This copy is not valid unless prepared on an engraved border, displaying the date, seal, and signature of the Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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