

Mail Tax Notice To:
Debra Daniels and Kimberly A. Hall
5759 S. Lakeside Drive
Murray, UT 84121

AFFIDAVIT OF SUCCESSOR TRUSTEE

STATE OF UTAH :
 : ss.
County of Davis :

KIMBERLY A. HALL, being first duly sworn under oath, states as follows:

1. The DANIELS GUSTIN LIVING TRUST, dated May 12, 2021, owns certain real property located in Salt Lake County, State of Utah, and more particularly described as follows:

LOT 115, SOUTH COTTONWOOD ACRES #2

Parcel # 22-17-255-005

2. Title to the described property vested in the DANIELS GUSTIN LIVING TRUST, dated May 12, 2021, in a document recorded May 14, 2021, as entry 13664389, in book 11175, page 139 in the records of the Salt Lake County Recorder.

3. Pursuant to the terms of the DANIELS GUSTIN LIVING TRUST, dated May 12, 2021, JOHNA S. GUSTIN has been removed as Trustee.

4. Pursuant to the terms of the DANIELS GUSTIN LIVING TRUST, dated May 12, 2021, DEBRA S. DANIELS and KIMBERLY A. HALL are now serving as co-Trustees.

5. Title to the property should be held as:

DEBRA S. DANIELS and KIMBERLY A. HALL, or successors, as Trustees of the DANIELS GUSTIN LIVING TRUST, dated May 12, 2021.

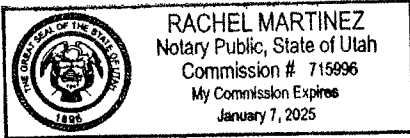
DATED this 21 day of May, 2024.

Kimberly A. Hall

KIMBERLY A. HALL, Trustee

Subscribed and sworn before me on this 21 day of May, 2024
by, KIMBERLY A. HALL as Trustee.

Rachel Martinez
NOTARY PUBLIC



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2024002166

Johna Sue Gustin

DECEDENT INFORMATION

Date of Death:	January 31, 2024	Time of Death:	15:13
City of Death:	Murray	County of Death:	Salt Lake
Age:	64	Date of Birth:	March 29, 1959
Place of Birth:	Provo, Utah	Sex:	Female
Armed Services:	Yes	Marital Status:	Married
Spouse's Name:	Debra Daniels	Usual Occupation:	Billing
Industry/Business:	Communication	Education:	Some College but No Degree
Residence:	Murray, Utah	Father's Name:	John Gustin
Mother's Name:	Marilyn Ollerton	Facility Type:	Home
Facility or Address:	5759 S Lakeside Drive		

INFORMANT INFORMATION

Name:	Debra Daniels	Relationship:	Wife
Mailing Address:	5759 S Lakeside Drive, Murray, Utah 84107		

DISPOSITION INFORMATION

Method of Disposition:	Cremation
Place of Disposition:	Premier Cremation Services, Midvale, Utah
Date of Disposition:	February 20, 2024

FUNERAL HOME INFORMATION

Funeral Home:	Premier Funeral Services
Address:	67 East 8000 South, Midvale, Utah 84047
Funeral Director:	David L Millus

MEDICAL CERTIFICATION

Certifying Physician: Sean R Curzon DO, Revere Health, 700 West 800 North Suite 400, Provo, Utah 84604

CAUSE OF DEATH

Amyotrophic lateral sclerosis
Tobacco Use: Non-user
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: February 12, 2024

Date Issued: February 20, 2024

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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 Record and Statistics.



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

Rev. 12/20



* 0 6 7 5 9 3 3 2 7 *

Eric S. Edwards
Eric S. Edwards, MPA, MCHES
Executive Director
Utah County Health Department



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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		
	12. DATE SIGNED		13. AGE OF WITNESS	14. DAYTIME TELEPHONE		15. RELATIONSHIP TO 1a.
	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		
	18. DATE SIGNED		19. AGE OF WITNESS	20. DAYTIME TELEPHONE		21. RELATIONSHIP TO 1a.
	22. ADDRESS OF WITNESS					