14303636 B: 11526 P: 9931 Total Pages: 3
10/22/2024 12:39 PM By: aallen Fees: \$40.00
Rashelle Hobbs, Recorder, Salt Lake County, Utah
Return To: MONUMENT TITLE INSURANCE, INC.
999 E MURRAY HOLLADAY RD STE 1SALT LAKE CITY, UT 841175062

When Recorded Mail to:
Kenneth G. Jackson
6760 S. BOE
Midvale, UH BLO47

## AFFIDAVIT DEATH OF TRUSTEE(S)

KENNETH G. JACKSON, being of legal age, and being first duly sworn depose and says:

That he knows of his own personal knowledge that YVONNE ADELE DANIELS JACKSON, the decedent mentioned in the attached copy of Certificate of Death, bearing file no. 2011012743 is one and the same person as YVONNE D. JACKSON who is named a Trustee of the YVONNE D. JACKSON FAMILY TRUST DATED THE 9<sup>TH</sup> DAY OF JULY, 2008, or any successors in trust.

That said Trust duly names KENNETH G. JACKSON as successor Trustee upon the death of YVONNE ADELE DANIELS JACKSON with the sole capacity to act on and in behalf of said trust.

This Affidavit and Death Certificate are file in connection with that certain property located at 9660 South 1835 East, Sandy, UT 84092, Utah and further described as follows:

BEGINNING 5 FEET NORTH AND 209 FEET EAST FROM THE SOUTHWEST CORNER OF LOT 6, BLOCK 4, HAMILTON'S SUBDIVISION, RUNNING THENCE EAST 50 FEET; THENCE NORTH 107 FEET; THENCE WEST 50 FEET; THENCE SOUTH 107 FEET TO THE PLACE OF BEGINNING.

SITUATE IN SALT LAKE COUNTY, STATE OF UTAH

TAX ID: 15-11-327-005

Dated this 22day of October, 2024

KENNETH G. JACKSON, Successor Trustee of the YVONNE D. JACKSON FAMILY TRUST DATED THE 9<sup>TH</sup>

DAY OF JULY, 2008

State of Utah

:SS

County of Salt Lake)

On the 22 day of October, 2024, personally appeared before me KENNETH G. JACKSON, Successor Trustee of the YVONNE D. JACKSON FAMILY TRUST DATED THE 9<sup>TH</sup> DAY OF JULY, 2008, the signer of the foregoing instrument, who duly acknowledged to me that he executed the same.



# MINDER OF THE PARTY OF THE PART

## CERTIFICATE OF DEATH

State File Number: 2011012743

### Yvonne Adele Daniels Jackson

Time of Death:

Date of Birth:

Marital Status:

Father's Name:

Facility Type:

Education:

Sex:

County of Death:

13:30

Salt Lake

Female

Son

Usual Occupation: Homemaker\_

Widowed

John Daniels

January 10, 1924

Some College but No Degree

Nursing Home/Assisted Living

#### DECEDENT INFORMATION

Date of Death: October 24, 2011 City of Death: West Jordan

Age:

Place of Birth: Cumberland, Wyoming

**Armed Services:** 

Spouse's Name:

Industry/Business:

Residence:

Mailing Address:

Mother's Name: Facility or Address: Own Home Salt Lake City, Utah

Emma Christina Anderson Copper Ridge Health Care Center

Burial

INFORMANT INFORMATION Kenneth Jackson

Relationship: 6766 South 300 East #B, Midvale, Utah 84047

DISPOSITION INFORMATION

Method of Disposition:

Place of Disposition:

Larkin Sunset Gardens, Sandy, Utah Date of Disposition: October 28, 2011

FUNERAL HOME INFORMATION

Funeral Home:

Larkin Sunset Gardens

Address:

Name:

1950 East 10600 South, , Sandy, Utah 84092

Funeral Director:

Dieter R Hechtle

MEDICAL CERTIFICATION

Medical Professional: Steven E Warren, PO Box 540552, North Salt Lake, Utah 84054

CAUSE OF DEATH

dementia multi infarct Tobacco Use: Non-user

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

Date Issued: October 31, 2011

This is an exact reproduction of the document registered in the State Office of Vital Statistics. Security features of this official document include: Intaglio Border, V & R images in top cycloids, ultra violet fibers and hologram Image of the Utah State Seal, over the words "State of Utah". This document displays the date, seal and signature of the State Registrar and the County/District Health Officer.

Janice L. Houston, State Registrar Office of Vital Statistics

Gary L. Edwards Director/Health Officer County/District Health Department







## AFFIDAVIT FOR CORRECTION

This is a legal document. Complete in black ink and do not alter.

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

There is no processing fee for affidavits registered within one year of the date of the event. After one year from the date of the event, there is a fee for filing the affidavit which includes one replacement copy. Affidavits completed within 90 days of issuance may be given credit for monies previously paid. (Multiple copies may require an additional fee.)

PLEASE RETURN ALL COPIES WITH ONE COMPLETED AFFIDAVIT WITHIN 90 DAYS FOR REPLACEMENT TO: UTAH DEPARTMENT OF HEALTH, OFFICE OF VITAL RECORDS AND STATISTICS, PO BOX 141012, SALT LAKE CITY, UTAH 84114-1012. FOR SAME DAY SERVICE, PLEASE 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. Who may sign the affidavit for corrections: If the person listed on the record is under 18, both parents listed on the record. If the person listed on the record is 18 he/she must sign as one of the witnesses, unless mentally incompetent or physically incapacitated. Parents are the preferred witnesses for the second signature. If no father is listed on the record, a relative of the mother may sign if s/he is of legal age. The 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 proofs. The first, and/or middle name can be corrected or added without proofs until the child's sixth birthday.
- 4. If the child is under the age of six and there is no father listed on the record, the child's surname may be corrected to match the mother's maiden name without documentation
- 5. Minor corrections in spelling or parents' information may be corrected anytime. Some corrections may require documentary proof
- 6. This affidavit cannot be used to add a father to or correct medical information on a birth certificate.

#### DEATH CERTIFICATES

- Corrections to non-medical information may be made by the Funeral Home, or 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. Replacements within 90 days may be charged a replacement fee.
- The medical information (Cause of Death) may only be corrected WITH A MEDICAL AFFIDAVIT COMPLETED by the certifying health care provider or the Utah Office of the Medical Examiner.

LOCAL FILI	E NUMBER	BIRTH DEATH	STIL	LBIRTH STATE FILE NUMBER
NAME AS REPORTED ON / REVERSE	1a FIRST NAME	1b MIDDLE NAME		10 LAST NAME
	2a. FACTS EXACTLY AS STATED ON THE	ORIGINAL RECORD	2b. CORR	ECT INFORMATION
				999999999999999999999999999999999999999
STATEMENT OF CORRECTIONS				
WHY IS CHANGE NECESSARY?	1			
	1			
		***************************************		
	3.			
ROOFS USED TO	4.		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	A CONTRACTOR OF THE CONTRACTOR
AMEND RECORD			***************************************	
OATH OF FIRST WITNESS ( <u>MUST</u> BE 18 OR OLDER)	I hereby certify, under penalty of perjury, that I have personal knowledge of the			Subscribed & Sworn to before me this day of 2
	above facts and that the information given is true and correct.  5. SIGNATURE OF WITNESS		Notary Public	
	SIGNATURE OF WITNESS			My Commission expires
	6. DATE SIGNED 7. AGE OF WITNESS	8: DAYTIME TELEPHONE #	OF WITNESS	s
	9 ADDRESS OF WITNESS (Street, City, Stat	( ) e, Zip)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	E
			<u> </u>	
			L	
	10. RELATIONSHIP TO PERSON IN 1a: Self Parent/Guardian Spouse			
	Funeral Director Informant Other(Specify)  I hereby certify, under penalty of perjury, that I have personal knowledge of the		Subscribed & Sworn to before me this day of 2:	
	above facts and that the information given is true and correct.		Notary Public	
	11. SIGNATURE OF WITNESS		My Commission expires	
ATH OF SECOND	12 DATE SIGNED 13 AGE OF WITNESS	14. DAYTIME TELEPHONE #	OF WITNESS	
WITNESS (MUST BE 18	45 ADDRESS OF WITNESS (Stabet City State 7in)		#E :	
OR OLDER)	15 ADDRESS OF WITNESS (Street, City, State, Zip)		Α	
				t.
UDOH-OVRS	16 RELATIONSHIP TO PERSON IN 1a: S	Self Parent/Guardian Sp	ouse	5
REV. 03/11	Funeral Director Informant Other(S	pecify)		