

When Recorded Mail To:
Michelle Louise Phinney
2214 Nantucket Dr, Unit E
Houston, TX 77057
File No.: 1622331

Space above this line for Recorder's use

Affidavit of Successor Trustee

NOW COMES, the undersigned, Michelle Louise Phinney, and upon oath duly sworn states as follows:

That your Affiant(s) is/are of legal age.

This Affidavit concerns certain real property located in the county of Davis, state of Utah, more particularly described as follows:

The land referred to herein is situated in the County of Davis, State of Utah, and is described as follows:

All of Lot 7, Block 5, DRAAYER SUBDIVISION NO. 2, in the Town of Clinton, Davis County, Utah, according to the Official Plat thereof.

Tax ID No. 13-123-0043

This affidavit is given to evidence the death of Elaine A. Phinney, Trustee of the Phinney Family Living Trust, dated April 17, 2008 and any amendments thereto, and to establish Michelle Louise Phinney, as Successor Trustee of said Trust.

The undersigned hereby certifies that Elaine A. Phinney listed as Trustee of the Phinney Family Living Trust, dated April 17, 2008 and any amendments thereto, is one and the same person as Elaine Ann Phinney, listed as decedent on the attached Certificate of Death, and shown as Grantee in the Deed recorded 6/27/2008, as Entry No. 2375867.

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, Michelle Louise Phinney, is now authorized as Successor Trustee of said Trust to convey any assets of the Trust.

Dated this 11th day of April, 2022.

Michelle Louise Phinney, Successor Trustee

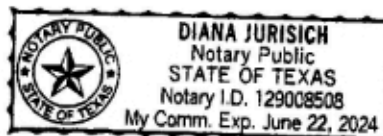
Michelle Louise Phinney, Successor Trustee

State of Texas
County of Harris

On this 11th day of April, 2022, personally appeared before me, the undersigned Notary Public, personally appeared Michelle Louise Phinney, who is/are the Successor Trustee(s) of the Phinney Family Living Trust, dated April 17, 2008 and any amendments thereto, 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.

[Signature]

Notary Public
My commission expires: 6/22/2024



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

3469966
BK 7987 PG 477

CERTIFICATE OF DEATH

State File Number: 2020013079

Elaine Ann Phinney

DECEDENT INFORMATION

Date of Death:	August 13, 2020	Time of Death:	23:43
City of Death:	Layton	County of Death:	Davis
Age:	83	Date of Birth:	February 18, 1937
Place of Birth:	St John's, Michigan	Sex:	Female
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:		Usual Occupation:	Transcriptionist
Industry/Business:	Medical	Education:	High School or GED
Residence:	Layton, Utah	Parent or Father:	Clarence Damon
Parent or Mother:	Edna Mae Eisler	Facility Type:	Nursing Home/Assisted Living
Facility or Address:	Fairfield Village		

INFORMANT INFORMATION

Name:	Michael Phinney	Relationship:	Son
Mailing Address:	2187 West 1275 North, Layton, Utah 84041		

DISPOSITION INFORMATION

Method of Disposition:	Cremation
Place of Disposition:	Myers Crematory, Ogden, Utah
Date of Disposition:	August 19, 2020

FUNERAL HOME INFORMATION

Funeral Home:	Myers Mortuary, Roy
Address:	5865 South 1900 West, Roy, Utah 84067
Funeral Director:	Shawn B Kötter

MEDICAL CERTIFICATION

Medical Professional:	Justin W Mansfield MD, McKay Dee Internal Medicine, 4403 Harrison Blvd Suite 3875, Ogden, Utah 84403
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CAUSE OF DEATH

Parkinson's Disease					
Tobacco Use:	Non-user				
Medical Examiner Contacted:	Yes	Autopsy Performed:	No	Manner of Death:	Natural

Date Registered: August 17, 2020
Date Issued: August 17, 2020

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: High Resolution Border, Y & R images in top cycloids, and microtext. This document displays the date, seal, and signature of the Utah State Registrar of Vital Records and Statistics.


Linda S. Winger LCSW
State Registrar
Rev. 5/15



066608530


Brian Hatch
Director/Health Officer

STATE OF UTAH - DEPARTMENT OF HEALTH - OFFICE OF VITAL RECORDS AND STATISTICS

AFFIDAVIT TO AMEND A RECORD

3469966
BK 7987, PG 478

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 and proof of ID.

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		
	16. ADDRESS OF WITNESS				NOTARY SIGNATURE _____	
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		
	22. ADDRESS OF WITNESS				NOTARY SIGNATURE _____	