

WHEN RECORDED MAIL TO:  
Paula Corritori and Debra Tolton,  
Successor Co-Trustees of the Uhrey  
Family Trust, dated June 9 1987, who  
aquired title as Uhrey Family Trust DTD

6-9-87  
15317 ERMANETA AVE.  
GARDENA, CA 90249

The undersigned hereby affirms that this document  
submitted for recording includes a death certificate  
which contains a social security number as required  
by NRS 440.380(1)(a).

**SIGNED IN COUNTERPART**

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 01505368RLT

APN No.: 1220-22-110-019

**AFFIDAVIT - DEATH OF TRUSTEE - SUCCESSION OF SUCCESSOR TRUSTEE**

State of ~~Nevada~~ <sup>NE</sup> ~~Utah~~ }  
County of ~~Douglas~~ <sup>Utah</sup> ~~Nuba~~ }

Paula Corritori and Debra Tolton, Successor Co-Trustees, being duly sworn, deposes and  
says:

1. Robert L. Uhrey, the decedent mentioned in attached copy of Certificate of Death, is  
the same person as Robert L. Uhrey named as one of the trustee(s) in that certain  
Deed dated October 1, 2012, executed by Robert L. & Lenore E. Uhrey to Uhrey  
Family Trust DTD 6-9-87, recorded on October 1, 2012 as instrument number  
810028, official records of Douglas County, Nevada, covering the following  
described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal  
description.

2. That I, Paula Corritori, Successor Co-Trustee, am named within the aforementioned trust as  
successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby  
assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an  
interest in or dealing with the above referenced property.

Dated: February 18, 2016

**SIGNED IN COUNTERPART**

Paula Corritori, Successor Co-Trustee

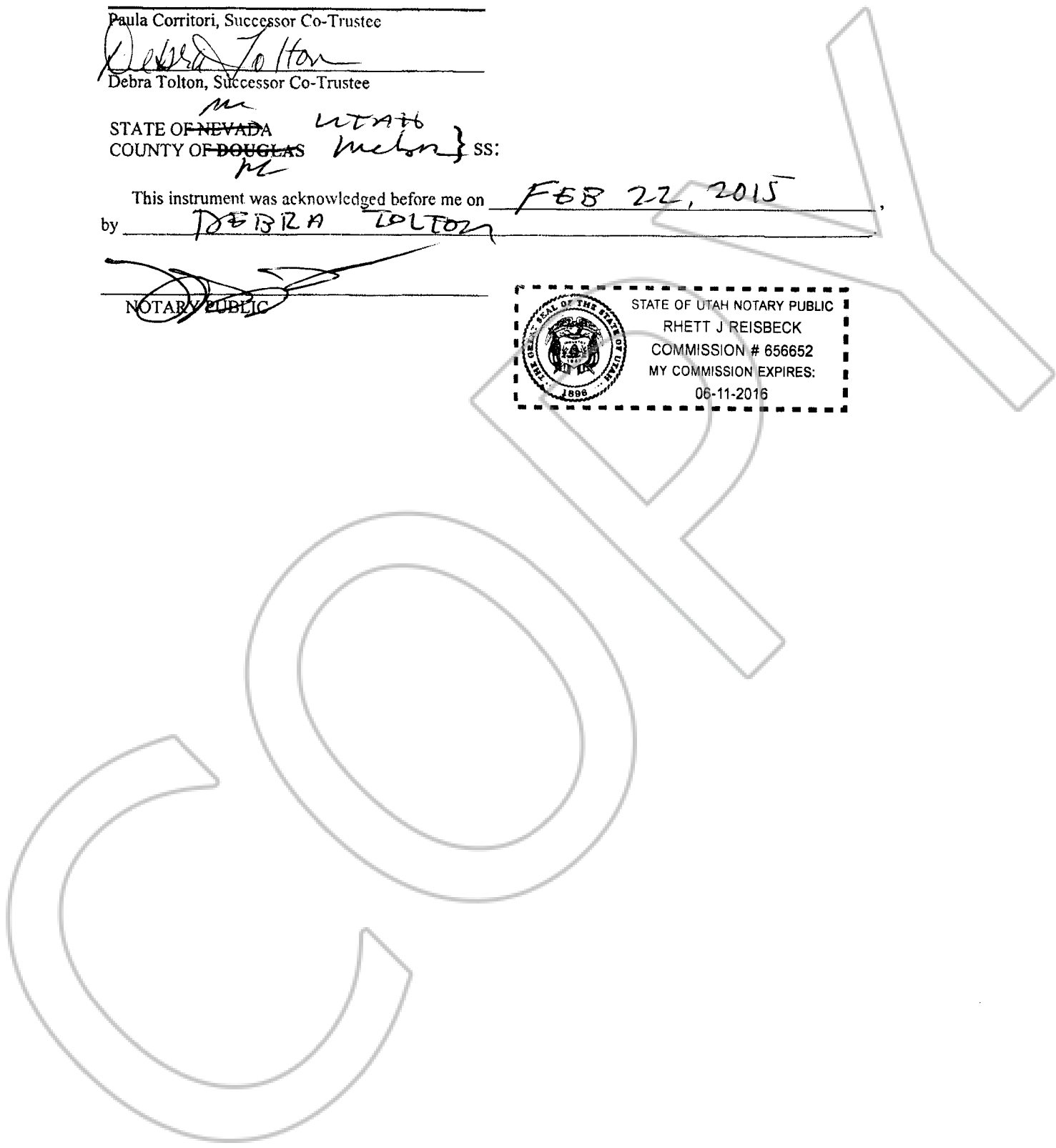
Debra Tolton  
Debra Tolton, Successor Co-Trustee

*me*  
STATE OF ~~NEVADA~~ *UTAH*  
COUNTY OF ~~DOUGLAS~~ *Meeker* } SS:

This instrument was acknowledged before me on FEB 22, 2015,  
by DEBRA TOLTON

[Signature]  
NOTARY PUBLIC

STATE OF UTAH NOTARY PUBLIC  
RHETT J REISBECK  
COMMISSION # 656652  
MY COMMISSION EXPIRES:  
06-11-2016



*Paula Corritori* Co-Trustee

Paula Corritori, Successor Co-Trustee

**SIGNED IN COUNTERPART**

Debra Tolton, Successor Co-Trustee

STATE OF ~~NEVADA~~ CO }  
COUNTY OF ~~DOUGLAS~~ Jefferson } SS:

This instrument was acknowledged before me on 2-22-16  
by Paula Corritori

*[Signature]*  
NOTARY PUBLIC

**BRIANA GARZELLONI  
NOTARY PUBLIC  
STATE OF COLORADO  
NOTARY ID 20144016274  
MY COMMISSION EXPIRES 04/16/2018**

**STATE OF UTAH**  
**CERTIFICATION OF VITAL RECORD**

**CERTIFICATE OF DEATH**

State File Number: 2015014410

**Robert L Uhrey**

**DECEDENT INFORMATION**

Date of Death:	October 24, 2015	Time of Death:	21:52
City of Death:	Roy	County of Death:	Weber
Age:	89	Date of Birth:	August 13, 1926
Place of Birth:	Osborne, Kansas	Sex:	Male
Armed Services:	Yes	Marital Status:	Widowed
Spouse's Name:		Usual Occupation:	Controller
Industry/Business:	Accounting	Education:	Bachelor's Degree
Residence:	Roy, Utah	Parent or Father:	John Nicholas Uhren
Parent or Mother:	Phebe Ann Deshler	Facility Type:	Nursing Home/Assisted Living
Facility or Address:	Heritage Park Care Center		

**INFORMANT INFORMATION**

Name:	Susan Poulsen	Relationship:	Daughter
Mailing Address:	2330 East Rolling Oaks Lane, Layton, Utah 84040		

**DISPOSITION INFORMATION**

Method of Disposition: Burial  
Place of Disposition: Leavitt's Aultorest Memorial Park, Ogden, Utah  
Date of Disposition: October 29, 2015

**FUNERAL HOME INFORMATION**

Funeral Home: Leavitts Mortuary  
Address: 836 36th Street, Ogden, Utah 84403  
Funeral Director: James B Hines

**MEDICAL CERTIFICATION**

Medical Professional: John M Hemmersmeier MD, 5740 Crestwood Drive, Ogden (Weber), Utah 84405

**CAUSE OF DEATH**

Chronic Obstructive Pulmonary Disease  
Other significant conditions: Coronary Artery Disease  
Tobacco Use: Probably Contributed  
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: October 29, 2015

Date Issued: November 5, 2015

**AMENDMENT HISTORY**

11/05/2015 Armed Forces from No to Yes  
11/05/2015 Marital Status from Divorced to Widowed

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 and the County/District Health Officer.

*Richard J. Oborn*

Richard J. Oborn  
State Registrar  
Rev. 04/15



\* 0 6 4 9 4 9 2 0 4 \*

*Brian W. Bennion MPH*

Brian W. Bennion MPH  
Director/Health Officer  
County/District Health Department



# AFFIDAVIT FOR CORRECTION

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

**PLEASE RETURN ALL COPIES WITH ONE COMPLETED AFFIDAVIT WITHIN 90 DAYS FOR REPLACEMENT TO:  
VITAL RECORDS, PO BOX 141012, SALT LAKE CITY, UTAH 84114-1012.  
OR 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. If the person listed on the record is under 18 years of age, both parents of record **MUST** sign the affidavit. If the person listed on the record is 18 years or older, he/she **MUST** sign as one of the witnesses. Parents are the preferred witnesses for the second signature. If no father is listed on the record, an immediate relative of the mother may sign if he/she is of legal age. All 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 documentation. The first, and/or middle name can be corrected or added without documentation until the child's sixth birthday.
4. This affidavit cannot be used to add a father or correct medical information on a birth certificate.
5. A Delayed Birth Certificate requires a court order to make any corrections.

**DEATH 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 death.
2. This form is to be used to correct non-medical information **ONLY**. 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.
3. All medical information **MUST** be corrected with a **MEDICAL AFFIDAVIT** completed by the health care provider who signed the original death certificate.

BIRTH

DEATH

STILLBIRTH

STATE FILE NUMBER \_\_\_\_\_

NAME AS REPORTED ON REVERSE	1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	
STATEMENT OF CORRECTIONS	2a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD		2b. CORRECT INFORMATION	
WHY IS CHANGE NECESSARY?	3.			
DOCUMENTS USED TO AMEND RECORD	4.			
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.			
	5. SIGNATURE OF WITNESS		Subscribed & Sworn to before me this ____ day of _____ 20__	
	6. DATE SIGNED	7. AGE OF WITNESS	8. DAYTIME TELEPHONE OF WITNESS ( )	
	9. ADDRESS OF WITNESS (Street, City, State, Zip)		Notary Public _____ My Commission Expires _____	
10. RELATIONSHIP TO PERSON IN 1a. (Circle one) Self Parent/Guardian Spouse Funeral Director Informant Other (Specify)			S E A L	
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.			
	11. SIGNATURE OF WITNESS			Subscribed & Sworn to before me this ____ day of _____ 20__
	12. DATE SIGNED	13. AGE OF WITNESS		14. DAYTIME TELEPHONE OF WITNESS ( )
	15. ADDRESS OF WITNESS (Street, City, State, Zip)		Notary Public _____ My Commission Expires _____	
UDOH-OVRS REV 05/13	16. RELATIONSHIP TO PERSON IN 1a. (Circle one) Self Parent/Guardian Spouse Funeral Director Informant Other (Specify)			