



STATE OF UTAH  
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2011003132

Ettaue Fernelius Nelson

DECEDENT INFORMATION

Date of Death:	March 12, 2011	Time of Death:	00:20
City of Death:	Salt Lake City	County of Death:	Salt Lake
Age:	84	Date of Birth:	February 11, 1927
Place of Birth:	South Ogden, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Richard John Nelson	Usual Occupation:	Housewife
Industry/Business:	Home	Education:	Associate Degree
Residence:	Salt Lake City, Utah	Parent or Father:	Cleavy Abraham Fernelius
Parent or Mother:	Etta Kendell	Facility Type:	Home
Facility or Address:	1404 Canterbury Drive		

INFORMANT INFORMATION

Name:	Richard John Nelson	Relationship:	Husband
Mailing Address:	1404 Canterbury Drive, Salt Lake City, Utah 84108		

DISPOSITION INFORMATION

Method of Disposition: Burial  
 Place of Disposition: Millville Cemetery, Millville, Utah  
 Date of Disposition: March 16, 2011

FUNERAL HOME INFORMATION

Funeral Home: Holbrook Funeral Chapel  
 Address: 3251 South 2300 East, Salt Lake City, Utah 84109  
 Funeral Director: John R Holbrook

MEDICAL CERTIFICATION

Medical Professional: Stephen B Smith MD, Intermountain Hospice, 2250 South 1300 West, West Valley City, Utah 84117

CAUSE OF DEATH

Debility  
 Due to (or as a consequence of): Dementia  
 Tobacco Use: Non-user  
 Medical Examiner Contacted: No    Autopsy Performed: No    Manner of Death: Natural

Date Registered: March 15, 2011  
Date Issued: February 3, 2017

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*Richard J. Oborn*  
 Richard J. Oborn, MPA  
 State Registrar  
 Rev. 1/16



065177836

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



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

## AFFIDAVIT TO AMEND A RECORD

Corrections to a vital record must be made by affidavit but an item on a birth record may be corrected by affidavit only once. A court order is required for subsequent changes. A court order is necessary to make any corrections to a Delayed Birth Certificate. This affidavit cannot be used to correct medical information. Please return any copies of the certificate with this affidavit completed. 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 or hand delivered.

**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

### Affidavit Instructions

Please print or type in black ink.  
 Items 1-6: Enter the facts as reported on the current vital record.  
 Item 7: Enter 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 on the record.  
 Item 9: Enter the reason the change is necessary.  
 Item 10: Enter the proofs used to support the change, if applicable. The proofs must match the asserted fact(s) exactly.  
 Items 11-22: Enter witness information.

### Witness Instructions

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, or a person who is knowledgeable of the facts.

 BIRTH

 DEATH

 STILLBIRTH

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

<b>NAME AS REPORTED ON REVERSE</b>	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)		
<b>STATEMENT OF AMENDMENTS</b>	7. ITEM NO.	8a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD			8b. CORRECT INFORMATION	
<b>WHY IS CHANGE NECESSARY?</b>	9a.					
	9b.					
<b>DOCUMENTS USED TO AMEND RECORD</b>	10a.					
	10b.					
<b>OATH OF FIRST WITNESS (MUST BE 18 OR OLDER)</b>	<b>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.</b>					
	11a. SIGNATURE OF WITNESS (Must be signed in front of a Notary)			11b. PRINTED NAME OF WITNESS		
	12. DATE SIGNED	13. AGE OF WITNESS	14. DAYTIME TELEPHONE OF WITNESS	15. RELATIONSHIP OF WITNESS		
	16. ADDRESS OF WITNESS (Street, City, State, Zip)					
	Subscribed & Sworn to before me this ____ day of _____, 20__					
<b>OATH OF SECOND WITNESS (MUST BE 18 OR OLDER)</b>	<b>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.</b>					
	17a. SIGNATURE OF WITNESS (Must be signed in front of a Notary)			17b. PRINTED NAME OF WITNESS		
	18. DATE SIGNED	19. AGE OF WITNESS	20. DAYTIME TELEPHONE OF WITNESS	21. RELATIONSHIP OF WITNESS		
	22. ADDRESS OF WITNESS (Street, City, State, Zip)					
	Subscribed & Sworn to before me this ____ day of _____, 20__					

## APPOINTMENT OF TRUSTEE

This Appointment of Trustee is being executed this 3<sup>rd</sup> day of November, 2010 by Richard J. Nelson.

WHEREAS, the Ettalue F. Nelson Trust was entered into on the 14th day of August, 1986 and was amended on the 15th day of August, 1994, and

WHEREAS, paragraph 7.5 of said trust as amended provides as follows:

7.5 Resignation. The Trustee may resign at any time by giving thirty (30) days written notice to Trustor, or after the death of Trustor, to Trustor's husband if living, or if not, to all of the then current, adult, competent beneficiaries of the trusts created hereunder. Upon such notice, or upon the death or inability to serve of the Trustee, Trustor, or after the death of Trustor, Trustor's husband, if living or if not, a majority in number of the then current, adult, competent beneficiaries of the trusts created pursuant hereto, may appoint a successor trustee. If no such appointment is made within thirty (30) days after such event, then the District Court of Salt Lake County or any judge thereof may appoint a successor trustee upon application of the resigning Trustee or of any other interested party.

Notwithstanding the above, if First Interstate Bank of Utah, N.A. is not the resigning Trustee, it shall become the successor Trustee.

WHEREAS, the current Trustee of said trust is Ettalue F. Nelson, and

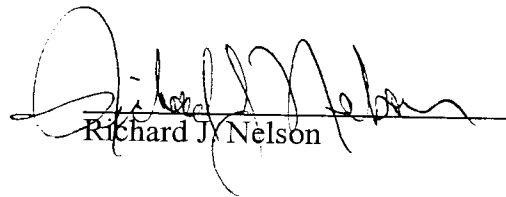
WHEREAS, it has come to the attention of Richard J. Nelson that Ettalue F. Nelson is unable to continue in the capacity as Trustee of said trust, and

WHEREAS, Wells Fargo Bank, N. A. (formerly First Interstate Bank of Utah, N.A.) has declined to serve in the position as Trustee of said trust, and

WHEREAS, Richard J. Nelson is the husband of Ettalue F. Nelson and as such desires to appoint Harry F. Nelson to serve in the position as Trustee of said trust, such appointment to become effective upon the acceptance of said position by Harry F. Nelson.

NOW THEREFORE, Richard J. Nelson hereby appoints Harry F. Nelson to serve in the position as Trustee of the Ettalue F. Nelson Trust, such appointment to become effective upon the acceptance of said position by Harry F. Nelson.

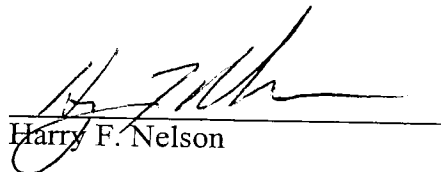
In Witness Whereof, this Appointment of Trustee has been signed on the day and year first above stated.

  
Richard J. Nelson

#### ACCEPTANCE OF APPOINTMENT

Harry F. Nelson hereby accepts the position of Trustee of the Ettalue F. Nelson Trust and agrees that said appointment shall be effective immediately.

In Witness Whereof, this Acceptance of Appointment has been signed on this 3 day of November, 2010.

  
Harry F. Nelson