

When Recorded Mail to:  
KAREN L. ROSENQUIST  
6119 W MURIL B CIR  
HERRIMAN, UT 84096

14412427 B: 11587 P: 5097 Total Pages: 4  
07/21/2025 04:00 PM By: mpalmer Fees: \$40.00  
Rashelle Hobbs, Recorder, Salt Lake County, Utah  
Return To: INWEST TITLE - OREM #1  
374 W. CENTER STREET OREM, UT 84057

FILE # 316724

**AFFIDAVIT OF TRUSTEE INCUMBENCY**  
DEATH OF TRUSTEE

**KAREN L. ROSENQUIST, BEING FIRST DULY SWORN DEPOSES AND SAYS:**

THAT SHE IS OF LEGAL AGE AND A RESIDENT OF UTAH, AND THAT ESTHER L. BRACKENBURY, TRUSTEE OF THE ESTHER L. BRACKENBURY TRUST DATED AUGUST 12, 2024 IS NAMED AS GRANTEE ON THAT CERTAIN QUIT CLAIM DEED DATED SEPTEMBER 18, 2024 AND RECORDED SEPTEMBER 18, 2024, AS ENTRY NO. 14289780, IN BOOK 11519, AT PAGE 271, IN THE RECORDS OF SALT LAKE COUNTY, UTAH. SAID PREMISES IS LOCATED IN SALT LAKE COUNTY, STATE OF UTAH, AND MORE PARTICULARLY DESCRIBED AS FOLLOWS:

(26-35-376-013 )

See Attached Exhibit "A"

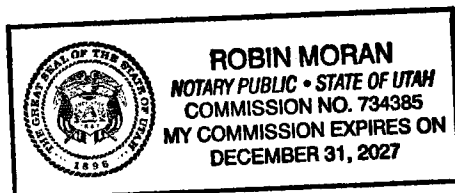
THAT THE DECEDENT NAMED IN THE ATTACHED CERTIFICATE OF DEATH IS ONE AND THE SAME PERSON AS ESTHER L. BRACKENBURY, TRUSTEE NAMED AS GRANTEE ON THE ABOVE DESCRIBED QUIT CLAIM DEED. THAT SAID ESTHER L. BRACKENBURY DIED ON MAY 8, 2025, IN WEST JORDAN, UTAH. THAT THE PROPERTY IS NOW VESTED IN KAREN L ROSENQUIST, SUCCESSOR TRUSTEE OF THE ESTHER L. BRACKENBURY TRUST DATED AUGUST 12, 2024.

Dated: JULY 21, 2025

  
KAREN L. ROSENQUIST

STATE OF UTAH )  
:SS.  
COUNTY OF SALT LAKE)

ON JULY 21, 2025 PERSONALLY APPEARED BEFORE ME, KAREN L. ROSENQUIST THE SIGNER(S) OF THE FOREGOING AFFIDAVIT WHO DULY ACKNOWLEDGED TO ME THAT HE/SHE/THEY EXECUTED THE SAME.



  
NOTARY PUBLIC

POOR COPY  
- CO RECORDER -

## EXHIBIT "A"

### PARCEL 1:

BEGINNING AT A POINT WHICH IS NORTH 366.14 FEET AND WEST 503.48 FEET FROM THE SOUTH QUARTER CORNER OF SECTION 35, TOWNSHIP 3 SOUTH, RANGE 2 WEST, SALT LAKE BASE AND MERIDIAN; AND RUNNING THENCE NORTH 89°36'02" WEST 243.75 FEET; THENCE NORTH 0°23'58" EAST 178.70 FEET; THENCE SOUTH 89°36'02" EAST 243.75 FEET; THENCE SOUTH 0°23'58" WEST 178.70 FEET TO THE POINT OF BEGINNING.

### PARCEL 1A:

TOGETHER WITH THE FOLLOWING DESCRIBED RIGHT OF WAY (KNOWN AS THE SOUTH ROAD PARCEL):

COMMENCING NORTH 541.43 FEET AND WEST 14.05 FEET FROM THE SOUTH ONE-QUARTER CORNER OF SECTION 35, TOWNSHIP 3 SOUTH, RANGE 2 WEST, SALT LAKE BASE AND MERIDIAN; THENCE NORTH 89°36'02" WEST 753.49 FEET; THENCE ALONG THE ARC OF A 10 FOOT RADIUS CURVE TO THE LEFT 9.48 FEET (CHORD BEARING AND DISTANCE OF SAID CURVE BEING SOUTH 63°14'32" WEST 9.13 FEET); THENCE ALONG THE ARC OF A 50 FOOT RADIUS CURVE TO THE RIGHT 251.88 FEET (CHORD BEARING AND DISTANCE OF SAID CURVE BEING NORTH 0°23'58" EAST 58.33 FEET) THENCE ALONG THE ARC OF A 10 FOOT RADIUS CURVE TO THE LEFT 9.48 FEET (CHORD BEARING AND DISTANCE OF SAID CURVE BEING SOUTH 62°26'35" EAST 9.13 FEET); THENCE SOUTH 89°36'02" EAST 753.49 FEET; THENCE SOUTH 0°23'58" WEST 50.00 FEET TO THE POINT OF BEGINNING.

SITUATE IN SALT LAKE COUNTY, STATE OF UTAH.

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

**CERTIFICATE OF DEATH**

State File Number: 2025008388

**Esther Loree Brackenbury**

**DECEDENT INFORMATION**

|                      |                                     |                   |                     |
|----------------------|-------------------------------------|-------------------|---------------------|
| Date of Death:       | May 8, 2025                         | Time of Death:    | 16:37               |
| City of Death:       | West Jordan                         | County of Death:  | Salt Lake           |
| Age:                 | 91                                  | Date of Birth:    | February 13, 1934   |
| Place of Birth:      | Nampa, Idaho                        | Sex:              | Female              |
| Armed Services:      | No                                  | Marital Status:   | Widowed             |
| Spouse's Name:       |                                     | Usual Occupation: | Clerical            |
| Industry/Business:   | Retail                              | Education:        | Associate Degree    |
| Residence:           | Herriman, Utah                      | Father's Name:    | Kempie Wesley Gregg |
| Mother's Name:       | Fay Leah Bartels                    | Facility Type:    | Hospital Inpatient  |
| Facility or Address: | Holy Cross Hospital - Jordan Valley |                   |                     |

**INFORMANT INFORMATION**

|                  |   |               |          |
|------------------|---|---------------|----------|
| Name:            | Connie Jean Ashcroft                            | Relationship: | Daughter |
| Mailing Address: | 10733 South 3210 West, South Jordan, Utah 84095 |               |          |

**DISPOSITION INFORMATION**

Method of Disposition: Burial  
Place of Disposition: Memorial Mountain View Cemetery, Salt Lake City, Utah  
Date of Disposition: May 17, 2025

**FUNERAL HOME INFORMATION**

Funeral Home: Mountain View Memorial Mortuary  
Address: 3115 East 7800 South, Salt Lake City, Utah 84121  
Funeral Director: Jena Vanbuskirk

**MEDICAL CERTIFICATION**

Certifying Physician: Gregory D Hammond MD, 1195 Sunflower Circle, North Salt Lake, Utah 84054

**CAUSE OF DEATH**

Reduced ejection fraction heart failure  
Due to (or as a consequence of): Anoxic encephalopathy  
Due to (or as a consequence of): Acute renal failure  
Due to (or as a consequence of): Reduced ejection fraction heart failure  
Tobacco Use: Did not Contribute  
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: May 13, 2025

Date Issued: May 14, 2025

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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.

*Nicole Bissonette*  
Nicole Bissonette, MPH, MCHES  
State Registrar



*Dorothy Adams*  
Dorothy Adams, MPA, LEHS  
Director/Health Officer  
County/District Health Department



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 name changes after the age of one year. This form is not used with a court order. A court order is necessary to make any corrections to a Delayed Birth Certificate. This affidavit cannot be used to correct medical information. Many changes, including marital status, require more information; 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.



online instructions

**Mailing address:** Office of Vital Records and Statistics PO Box 141012 Salt Lake City, UT 84114-1012

**Contact information:** <https://VitalRecords.utah.gov> 801-538-6105 vrequest@utah.gov

**Affidavit instructions:** 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 and an immediate family member or two immediate family members must sign as a witness. 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 the 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 the change is needed              | 9  |   |                 |   |                         |  |
| Documents used                        | 10   |   |                 |   |                         |  |
| Oath of first witness                 | 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 (sign in front of notary)  |   |                 | 11b. Printed name of witness                    |                         | State: _____ County: _____                                       |
|                                       | 12. Date signed  |   |                 |   |                         | Notary signature _____   |
|                                       | 13. Age of witness   | 14. Telephone number                    |                 | 15. Relationship to 1a.                         |                         | S<br>E<br>A<br>L   |
|                                       | 16. Address of witness   |   |                 |   |                         |  |
| Oath of second witness                | 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 (sign in front of a notary)  |   |                 | 17b. Printed name of witness                    |                         | State: _____ County: _____                                       |
|                                       | 18. Date signed  |   |                 |   |                         | Notary signature _____   |
|                                       | 19. Age of witness   | 20. Telephone number                    |                 | 21. Relationship to 1a.                         |                         | S<br>E<br>A<br>L   |
|                                       | 22. Address of witness   |   |                 |   |                         |  |