

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"

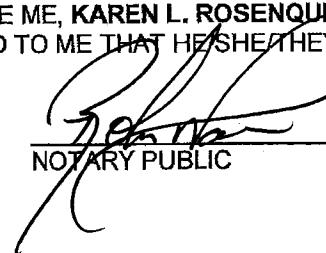
THAT THE DECEASED NAMED IN THE ATTACHED CERTIFICATE OF DEATH IS ONE AND THE SAME PERSON AS ESTHER L. BRACKENBURY, TRUSTEE NAMED AS GRANTEE ON THE ABOVE DESCRIBED QUIT CLAIM DEED. THAT SAID ESTHER L. BRACKENBURY DIED ON MAY 8, 2025, IN WEST JORDAN, UTAH. THAT THE PROPERTY IS NOW VESTED IN KAREN L. ROSENQUIST,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

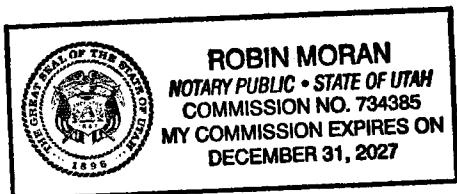
Dated: JULY 21, 2025

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.


KAREN L. ROSENQUIST


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

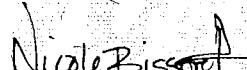
Date Issued: May 14, 2025

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This document displays the date, seal and signature of the Utah State Registrar of Vital Record and Statistics.

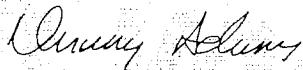


Nicole Bissonette, MPH, MCES
State Registrar

Rev. 12/24



0 6 8 2 7 5 3 9 1



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



SALT LAKE
COUNTY
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.

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



online instructions

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.			
	11a. Signature of witness (sign in front of notary)		11b. Printed name of witness	
	12. Date signed	13. Age of witness	14. Telephone number	15. Relationship to 1a.
	16. Address of witness			
	Subscribed to and Sworn to before me this _____ day of _____ 20_____ State _____ County _____ Notary signature _____			
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.			
	17a. Signature of witness (sign in front of a notary)		17b. Printed name of witness	
	18. Date signed	19. Age of witness	20. Telephone number	21. Relationship to 1a.
	22. Address of witness			
	Subscribed to and sworn to before me this _____ day of _____ 20_____ State _____ County _____ Notary signature _____			