

Prepared by:  
First American Title Insurance Company  
578 South State Street  
Orem, UT 84058  
(801)224-8676

AFTER RECORDING RETURN TO:  
The Lonnie M. Larsen Property Trust  
10811 East 18500 North  
Mount Pleasant Sanpete UT USA

*SPACE ABOVE THIS LINE (3 1/2" X 5") FOR RECORDER'S USE*

## AFFIDAVIT OF SUCCESSOR TRUSTEE

Escrow No. **320-6346683 (dma)**  
A.P.N.: **16759X1**

This Affidavit is given to evidence the death of Lonnie M. Larsen, Trustee of The Lonnie M. Larsen Property Trust, dated March 10, 2023, and to establish Angie Parish, Successor Trustee of said Trust.

The undersigned hereby certifies that the Lonnie M. Larsen listed as Trustee of The Lonnie M. Larsen Property Trust in that certain Special Warranty Deed recorded April 5, 2023 as Entry No. 321687:2023 in Book n/a, at Page n/a, records of the Recorder of Sanpete County, Utah is one and the same person as Lonnie Monte Larsen, listed decedent on the attached certified Certificate of Death.

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 pursuant to said Declaration of Trust, that I the undersigned, am now authorized as Successor Trustee of said Trust to sell, convey and borrow against any assets of the Trust particularly the property located at Vacant Land, Mt. Pleasant, UT 84647, and more particularly described as follows:

Beginning 20 chains West, North 2.29 chains and West 1 rod from the Southeast corner of the Northeast Quarter of Section 2, Township 15 South, Range 4 East, Salt Lake Base and Meridian; thence West 40 rods; thence North 25 rods; thence East 2 rods; thence North 1/2 a rod; thence East 235 feet; thence South 98 feet; thence East 98 feet; thence North 98 feet; thence East 294.00 feet, more or less, to the Northeast corner of original Tax ID #16759; thence South 420.75 feet to the point of beginning. (16759X1)

DATED: April 23, 2025

**The Lonnie M. Larsen Property Trust dated March 10, 2023**  
  
Angie Parish, Successor Trustee

## ALL-PURPOSE NOTARY CERTIFICATE

On 4-24-25, before me, the undersigned Notary Public, personally

appeared Angie Parish as Successor Trustee of the Longie M. Larson  
Property Trust dated March 10, 2023  
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 to 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 is/are the person(s) or the entity upon behalf

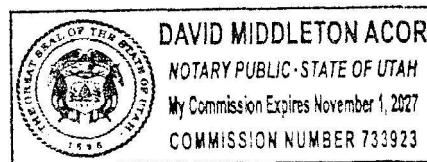
of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

**Signature**

Notary Public

My Commission Expires: 11-1-23



This area for official notarial seal.

**THIS NOTARY CERTIFICATE IS TO BE ATTACHED TO: (TYPE OF DOCUMENT)**

**Affidavit of Successor Trustee**

DATE OF DOCUMENT **April** , 2025

BY AND BETWEEN **Angie Parish, Successor Trustee**

**AND Whom of Interest**

CONSISTING OF        PAGES AND WAS EXECUTED IN CONJUNCTION WITH

First American Title Insurance Company FILE NO. 320-6346683 (dma)

Reproduced by First American Title Insurance 10/2000

STATE OF UTAH  
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2023013021

**Lonnie Monte Larsen**  
(AKA Monte Larsen)

**DECEDENT INFORMATION**

Date of Death:	August 8, 2023	Time of Death:	19:25
City of Death:	Mount Pleasant	County of Death:	Sanpete
Age:	77	Date of Birth:	December 4, 1945
Place of Birth:	Mount Pleasant, Utah	Sex:	Male
Armed Services:	Yes	Marital Status:	Married
Spouse's Name:	Debbie Allen	Usual Occupation:	Rancher
Industry/Business:	Agriculture	Education:	Some College but No Degree
Residence:	Mount Pleasant, Utah	Father's Name:	Irvin Larsen
Mother's Name:	Thaetta Arville Draper	Facility Type:	Home
Facility or Address:	866 East 100 South		

**INFORMANT INFORMATION**

Name:	Debbie A. Larsen	Relationship:	Spouse
Mailing Address:	866 East 100 South, Mount Pleasant, Utah 84647		

**DISPOSITION INFORMATION**

Method of Disposition:	Donation
Place of Disposition:	University of Utah Body Donor Program, Salt Lake City, Utah
Date of Disposition:	August 9, 2023

**FUNERAL HOME INFORMATION**

Funeral Home:	Rasmussen Mortuary
Address:	96 North 100 West, PO 308, Mt Pleasant, Utah 84647
Funeral Director:	Jeffrey D Rasmussen

**MEDICAL CERTIFICATION**

Certifying Physician: Adam M Jensen DO, 65 East 100 North, PO Box 600, Gunnison, Utah 84634

**CAUSE OF DEATH**

Metastatic Lung Cancer

Tobacco Use: Underlying Cause

Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: August 14, 2023

Date Issued: August 14, 2023

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.



*Linda S. Wininger*

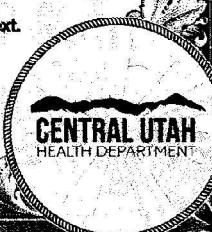
Linda S. Wininger, MSW, LCSW  
State Registrar  
Rev. 01/23



\* 0 6 7 3 6 0 8 8 4 \*

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

*Nathan Selin*  
Nathan Selin, MBA, LEHS  
Health Officer



**STATE OF UTAH - DEPARTMENT OF HEALTH - 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 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, 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

**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](mailto: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)	
STATEMENT OF AMENDMENTS	5. NAME OF PARENT 1 ( Maiden name if applicable)		6. NAME OF PARENT 2 ( Maiden name if applicable)	
	7. ITEM NO.	8a. FACTS EXACTLY AS ON ORIGINAL RECORD		
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.			
	11a. SIGNATURE OF WITNESS (Must sign in front of Notary)	11b. PRINTED NAME OF WITNESS	Subscribed to and Sworn to before me this _____ day of _____ 20_____ STATE _____ COUNTY _____ NOTARY SIGNATURE _____	
	12. DATE SIGNED	13. AGE OF WITNESS	14. DAYTIME TELEPHONE	15. RELATIONSHIP TO 1a.
	16. ADDRESS OF WITNESS			
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.			
	17a. SIGNATURE OF WITNESS (Must sign in front of Notary)	17b. PRINTED NAME OF WITNESS	Subscribed to and Sworn to before me this _____ day of _____ 20_____ STATE _____ COUNTY _____ NOTARY SIGNATURE _____	
	18. DATE SIGNED	19. AGE OF WITNESS	20. DAYTIME TELEPHONE	21. RELATIONSHIP TO 1a.
	22. ADDRESS OF WITNESS			