

WHEN RECORDED, MAIL TO:
L. S. MCCULLOUGH, II, ESQ.
THE McCULLOUGH GROUP
405 SOUTH MAIN STREET, SUITE 800
SALT LAKE CITY, UTAH 84111

Parcel # 04-033-0060

AFFIDAVIT OF SURVIVING TRUSTEE

ELAINE R. FARMER, AS SURVIVING TRUSTEE OF THE ELAINE R. FARMER REVOCABLE TRUST dated May 4, 1987, being duly sworn, deposes and states that she is the surviving Trustee under that certain Trust Agreement known as The Elaine R. Farmer Revocable Trust, and that Kelly N. Farmer is deceased, as evidenced by the copy of the death certificate attached hereto as Exhibit "A." The Elaine R. Farmer Revocable Trust owns an interest in the following described real property located in **Davis County, State of Utah:**

ALL OF LOT 60, MOUNTAIN PARK SUB PLAT D. CONT. 0.236 ACRES

THE ELAINE R. FARMER REVOCABLE TRUST
RELEVANT TRUST PROVISION

7.6 Trustees. The following will act as original Trustees, and as successor Trustees in the following order of succession:

- (1) Elaine R. Farmer and Kelly N. Farmer. If either should cease or fail to serve, the survivor shall serve alone.**
- (2) Julie Elaine Haltom**
- (3) Kelly Lee Farmer**
- (4) Daniel Neil Farmer**
- (5) Bank of Utah**
- (6) A Trustee chosen by the majority of the beneficiaries, with the natural or legal guardian voting for legally disabled beneficiaries.**

From this date forward, ownership of the above real property shall vest in the name of
**ELAINE R. FARMER, TRUSTEE OF THE ELAINE R. FARMER REVOCABLE
TRUST dated May 4, 1987, 102 North 900 East, Bountiful, Utah 84010.**

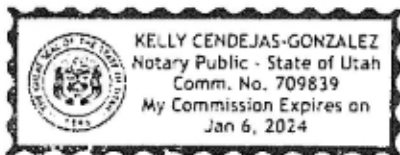
Dated this 21 day of April, 2021.

**THE ELAINE R. FARMER REVOCABLE
TRUST dated May 4, 1987**

Elaine R. Farmer
ELAINE R. FARMER, TRUSTEE

STATE OF UTAH)
COUNTY OF Salt Lake) : ss.

On the 21st day of April, 2021, personally appeared before me,
**ELAINE R. FARMER, AS TRUSTEE OF THE ELAINE R. FARMER REVOCABLE
TRUST dated May 4, 1987** the signer of the within instrument, who duly acknowledged to
me that she executed the same.



Kelly Cendejas-Gonzalez
NOTARY PUBLIC
Residing at: Salt Lake City, Utah

EXHIBIT A
TO AFFIDAVIT OF SURVIVING TRUSTEE
(death certificate)

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2021003145

Kelly Neil Farmer

3394297

BK 7788 PG 2123

DECEDENT INFORMATION

Date of Death:	February 12, 2021	Time of Death:	22:00
City of Death:	Bountiful	County of Death:	Davis
Age:	87	Date of Birth:	April 10, 1933
Place of Birth:	Brigham City, Utah	Sex:	Male
Armed Services:	Yes	Marital Status:	Married
Spouse's Name:	Elaine Reese	Usual Occupation:	Businessman/Owner
Industry/Business:	Freight Recovery	Education:	Master's Degree
Residence:	Bountiful, Utah	Father's Name:	Frederick Carmel Farmer
Mother's Name:	Purdett Charlotte Simonsen	Facility Type:	Home
Facility or Address:	102 North 900 East		

INFORMANT INFORMATION

Name:	Elaine R Farmer	Relationship:	Wife
Mailing Address:	102 North 900 East, Bountiful, Utah 84010		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Bountiful City Cemetery, Bountiful, Utah
Date of Disposition:	February 27, 2021

FUNERAL HOME INFORMATION

Funeral Home:	Russon Brothers Mortuary - Bountiful
Address:	295 North Main Street, Bountiful, Utah 84010
Funeral Director:	Kyle R Robb

MEDICAL CERTIFICATION

Certifying Physician: Justin W Mansfield MD, McKay Dee Internal Medicine, 4403 Harrison Blvd Suite 3875, Ogden, Utah 84403

CAUSE OF DEATH

Traumatic Right-sided Subdural Hematoma
Tobacco Use: Non-user
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Accident

INJURY INFORMATION

Date of Injury:	Unknown	Time of Injury:	Unknown
Injury at Work:	No	Place of Injury:	Home
Location of Injury:	102 North 900 East, Bountiful, Utah		
How Injury Occurred:	Lost balance and fell in kitchen		
Motor Vehicle Accident:	No		

Date Registered: March 1, 2021

Date Issued: June 24, 2021

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. Winger

Linda S. Winger, MSW, LCSW
State Registrar



* 0 6 6 7 2 1 2 9 7 *

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 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



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)		
	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 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.					Subscribed to and Sworn to before me this ____ day of ____ 20__.
	11a. SIGNATURE OF WITNESS (Must sign in front of Notary)			11b. PRINTED NAME OF WITNESS		STATE _____ COUNTY _____
	12. DATE SIGNED	13. AGE OF WITNESS	14. DAYTIME TELEPHONE	15. RELATIONSHIP TO 1a.		NOTARY SIGNATURE _____
	16. ADDRESS OF WITNESS					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.					Subscribed to and Sworn to before me this ____ day of ____ 20__.
	17a. SIGNATURE OF WITNESS (Must sign in front of Notary)			17b. PRINTED NAME OF WITNESS		STATE _____ COUNTY _____
	18. DATE SIGNED	19. AGE OF WITNESS	20. DAYTIME TELEPHONE	21. RELATIONSHIP TO 1a.		NOTARY SIGNATURE _____
	22. ADDRESS OF WITNESS					S E A L