

Mail tax statements to:
Robert Scott Barney,
aka Robert S. Barney, Trustee
2980 Windsor Lane
Bountiful, Utah 84010

E 3469463 B 7985 P 1446-1452
RICHARD T. MAUGHAN
DAVIS COUNTY, UTAH RECORDER
04/11/2022 02:13 PM
FEE \$40.00 Pgs: 7
DEP RT REC'D FOR ROWE & WALTON P C

When recorded, return to:
Rowe & Walton, PC
Robyn Rowe Walton
Attorney at Law
915 South Main
Bountiful, Utah 84010

Parcel No(s): 03-074-0005; 03-074-0006;
03-088-0015; 05-067-0632

TRUSTEE'S SURVIVOR AFFIDAVIT,
CERTIFICATE OF IDENTITY & CERTIFICATE OF INCUMBENCY

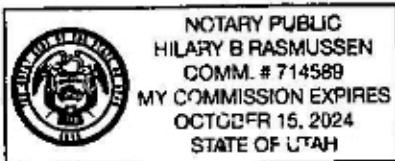
ROBERT SCOTT BARNEY aka ROBERT S. BARNEY, hereinafter referred to as "Affiant", having been duly sworn, on oath, deposes and says:

1. Affiant is over the age of eighteen (18), is a resident of Bountiful, Davis County, State of Utah, is competent to testify to the matters herein, and does so from personal knowledge.
2. Affiant is the successor Trustee to THE BARNEY FAMILY TRUST dated the 4th day of January, 2005; and that up until the date of their deaths, ROBERT L. BARNEY and VIOLET P. BARNEY were the Trustees of said trust agreement.
3. That ROBERT L. BARNEY aka ROBERT LOYD BARNEY died on the 2nd day of January, 2022; that VIOLET P. BARNEY aka VIOLET PEGGY BARNEY died on the 1st day of April, 2017; certified copies of the death certificates acknowledging their deaths are attached hereto and by reference made a part hereof.
4. That ROBERT L. BARNEY aka ROBERT BARNEY and VIOLET P. BARNEY aka VIOLET BARNEY conveyed any and all interest in the below-described properties to ROBERT L. BARNEY and VIOLET P. BARNEY, Trustees or Successor Trustees of THE BARNEY FAMILY TRUST dated the 4th day of January, 2005, by a certain Quit-Claim Deed recorded the 7th day of January, 2005, as Entry #2043696, Book #3701, Page #115-116, covering the following property situated in Davis County, State of Utah:

See Attached Exhibit "A"

5. That ROBERT LOYD BARNEY and VIOLET PEGGY BARNEY, named as the deceased in the certified copies of the death certificates hereto attached, are one and the same persons as ROBERT L. BARNEY and VIOLET P. BARNEY named in said Quit-Claim Deed above-referred to.
6. By reason of the deaths of ROBERT L. BARNEY and VIOLET P. BARNEY, and pursuant to Article VIII., of said Trust Agreement, the Affiant, ROBERT SCOTT BARNEY aka ROBERT S. BARNEY, has become the successor Trustee of THE BARNEY FAMILY TRUST dated the 4th day of January, 2005.
7. Affiant does hereby accept the incumbency to serve in said capacity as Trustee of said Trust, and that by reason of the deaths of ROBERT L. BARNEY and VIOLET P. BARNEY and the terms of said Trust Agreement, the Affiant as successor Trustee and with the power and authority vested in him by reason of said Trust, does accept the above-described property as Trustee of said Trust Agreement and the position of Trustee and agrees to perform all duties and functions according to said trust instrument.
8. The Undersigned, as successor Trustee of THE BARNEY FAMILY TRUST dated the 4th day of January, 2005, does hereby remove the names of ROBERT L. BARNEY and VIOLET P. BARNEY, Trustees of THE BARNEY FAMILY TRUST dated the 4th day of January, 2005, and said property shall be titled from this date forward as: ROBERT SCOTT BARNEY Trustee of THE BARNEY FAMILY TRUST dated the 4th day of January, 2005, of Davis County, State of Utah.

DATED this 7th day of April, 2022.



Robert Scott Barney
 ROBERT SCOTT BARNEY, aka ROBERT S. BARNEY
 Trustee, THE BARNEY FAMILY TRUST
 dated the 4th day of January, 2005

STATE OF UTAH)
 : ss.
 COUNTY OF DAVIS)

On this 7th day of April, 2022, personally appeared before me ROBERT SCOTT BARNEY, aka ROBERT S. BARNEY, Trustee of THE BARNEY FAMILY TRUST dated the 4th day of January, 2005, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to on this TRUSTEE'S SURVIVOR AFFIDAVIT, CERTIFICATE OF IDENTITY & CERTIFICATE OF INCUMBENCY, and acknowledged that he executed the same.

Hilary B. Rasmussen
 NOTARY PUBLIC
 Residing at Davis County

EXHIBIT "A"

PARCEL 1, SERIAL NO. 03-074-0005

ALL OF LOT 5, FORDHAM COMMERCIAL PARK. CONT. 0.21 ACRES.

PARCEL 2, SERIAL NO. 03-074-0006

ALL OF LOT 6, FORDHAM COMMERCIAL PARK. CONT. 0.29 ACRES.

PARCEL 3, SERIAL NO. 03-088-0015

ALL OF LOT 15, SUNSHINE SUB. ALSO: BEG NW COR LOT 16, SUNSHINE SUB, TH SW'LY ALG ARC OF CURVE ALG W'LY LINE LOT 16, 15.65 FT, SE'LY 110 FT, M/L, TO NE COR LOT 16, NW'LY 104.7 FT TO BEG. CONT. 0.21 ACRES

PARCEL 4, SERIAL NO. 05-067-0632

ALL OF LOT 611, CHELSEA COVE PLAT NO 6. CONT. 0.41 ACRES. ALSO: BEG AT THE FRONT LOT CORNER COMMON TO LOTS 611 & 610 CHELSEA COVE PLAT NO 6, A SUB IN SEC 32-T2N-R1E, SLM; & RUN TH S 28°00' E 184.74 FT ALG THE LOT LINE COMMON TO THE 2 SD LOTS; TH N 68°00' W 31.11 FT; TH N 20°54'46" W 162.10 FT TO THE POB. CONT. 0.004 ACRES. TOTAL ACREAGE 0.414 ACRES

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2017004813

3469463

BK 7985 PG 1449

Violet Peggy Barney

DECEDENT INFORMATION

Date of Death:	April 1, 2017	Time of Death:	10:20
City of Death:	Bountiful	County of Death:	Davis
Age:	78	Date of Birth:	October 22, 1938
Place of Birth:	Ogden, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Robert Loyd Barney	Usual Occupation:	Registered Nurse
Industry/Business:	Medical	Education:	Bachelor's Degree
Residence:	Bountiful, Utah	Parent or Father:	Arnold Petersen
Parent or Mother:	Theresa Gentile	Facility Type:	Home
Facility or Address:	924 Ashley Circle		

INFORMANT INFORMATION

Name:	Robert Barney	Relationship:	Spouse
Mailing Address:	924 Ashley Circle, Bountiful, Utah 84010		

DISPOSITION INFORMATION

Method of Disposition:	Entombment
Place of Disposition:	Mount Calvary Cemetery, Salt Lake City, Utah
Date of Disposition:	April 7, 2017

FUNERAL HOME INFORMATION

Funeral Home:	Starks Funeral Parlor
Address:	3651 South 900 East, Salt Lake City, Utah 84108
Funeral Director:	Shayne L Starks

MEDICAL CERTIFICATION

Medical Professional:	Jeffery L DeGrauw MD, 1580 West Antelope Drive #200, Layton, Utah 84041
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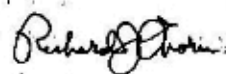
CAUSE OF DEATH

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

Date Registered: April 7, 2017

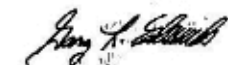
Date Issued: April 24, 2017

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: High Resolution Border, V & R Images in top cycloids, and microtext. This document displays the date, seal, and signature of the Utah State Registrar of Vital Records and Statistics.


Richard J. Oborn, MPA
State Registrar
Rev. 1/18



065185364


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


SALT LAKE
COUNTY
HEALTH
DEPARTMENT

STATE OF UTAH - DEPARTMENT OF HEALTH - OFFICE OF VITAL RECORDS AND STATISTICS
AFFIDAVIT TO AMEND A RECORD

3469463
 BK 7985 PG 1450

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 _____

NAME AS REPORTED ON REVERSE	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 STATED ON THE ORIGINAL RECORD			8b. CORRECT INFORMATION	
WHY IS CHANGE NECESSARY?	9a.					
	9b.					
DOCUMENTS USED TO AMEND RECORD	10a.					
	10b.					
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 & Sworn to before me this ____ day of _____ 20__
	11a. SIGNATURE OF WITNESS (Must be signed in front of a Notary)			11b. PRINTED NAME OF WITNESS		Notary Signature _____
	12. DATE SIGNED		13. AGE OF WITNESS	14. DAYTIME TELEPHONE OF WITNESS ()		State _____
	15. RELATIONSHIP OF WITNESS					County _____
	16. ADDRESS OF WITNESS (Street, City, State, Zip)					
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 & Sworn to before me this ____ day of _____ 20__
	17a. SIGNATURE OF WITNESS (Must be signed in front of a Notary)			17b. PRINTED NAME OF WITNESS		Notary Signature _____
	18. DATE SIGNED		19. AGE OF WITNESS	20. DAYTIME TELEPHONE OF WITNESS ()		State _____
	21. RELATIONSHIP OF WITNESS					County _____
	22. ADDRESS OF WITNESS (Street, City, State, Zip)					

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

3469463
BK 7985 PG 1451

CERTIFICATE OF DEATH

State File Number: 2022000109

Robert Loyd Barney

DECEDENT INFORMATION

Date of Death: January 2, 2022
City of Death: Salt Lake City
Age: 84
Place of Birth: Provo, Utah
Armed Services: No
Spouse's Name:
Industry/Business: Heating and Air Conditioning
Residence: Bountiful, Utah
Mother's Name: Ramola Singleton
Facility or Address: Intermountain Medical Center

Time of Death: 23:20
County of Death: Salt Lake
Date of Birth: July 9, 1937
Sex: Male
Marital Status: Widowed
Usual Occupation: Owner
Education: High School or GED
Father's Name: Lou Barney
Facility Type: Hospital Inpatient

INFORMANT INFORMATION

Name: Scott Barney Relationship: Son
Mailing Address: 2980 Windsor Lane, Bountiful, Utah 84019

DISPOSITION INFORMATION

Method of Disposition: Burial
Place of Disposition: Mount Calvary Cemetery, Salt Lake City, Utah
Date of Disposition: January 8, 2022

FUNERAL HOME INFORMATION

Funeral Home: Starks Funeral Parlor
Address: 3651 South 900 East, Salt Lake City, Utah 84106
Funeral Director: Shayneh L Starks

MEDICAL CERTIFICATION

Certifying Physician: Glen Robinson MD, 5171 S Cottonwood Street Suite 810, Murray (Salt Lake), Utah 84107

CAUSE OF DEATH

Intracerebral Hemorrhage
Due to (or as a consequence of): Hypertension, Chronic Kidney Disease
Tobacco Use: Unknown
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: January 5, 2022
Date Issued: January 11, 2022

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Linda S. Wintger
Linda S. Wintger, MSW, LCSW
State Registrar



Angela C. Dunn
Angela C. Dunn, MD, MPH
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



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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	
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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.	
	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.				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.	
	22. ADDRESS OF WITNESS					