

When Recorded Mail to:

Lorna McClean-Lazarre
1078 West York Drive
North Salt Lake, UT 84054

TG File No.:48728-MM

AFFIDAVIT OF SUCCESSOR TRUSTEE

I, **Lorna McClean-Lazarre** being of legal age, and being first duly sworn, depose and sayeth:

This affidavit is given to evidence the death of Alex Johns Lazarre, **Trustee of The Lazarre Family Trust dated January 22, 2008**, and to establish **Lorna McClean-Lazarre**, as **Successor Trustee** of said Trust.

The undersigned hereby certifies that the Alex Johns Lazarre, listed as **Trustee of The Lazarre Family Trust dated January 22, 2008**, are one and the same person as Alex John Lazarre, listed as decedent on the attached certified Certificate of Death.

And by virtue of the death certificate attached hereto and recorded as a part hereof and said Declaration of Trust, I do hereby declare that the conditions for Successor Trustee appointment have been met and that pursuant to said Declaration of Trust, that the undersigned **Lorna McClean-Lazarre** is now authorized as **Successor Trustee** of said Trust to convey any assets of the Trust, particularly the property located at

Property Address: 1078 West York Drive
North Salt Lake, UT 84054

And more particularly described as follows:

Lot 1232, Foxboro Plat 12, according to the Official Plat thereof recorded in the Office of the Davis County Recorder, State of Utah.

Tax Serial No. 01-337-1232

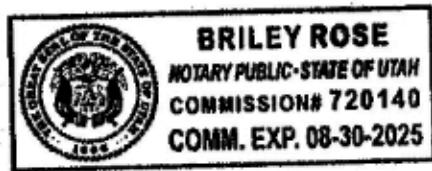
DATED THIS 26 of July, 2024

Lorna McClean Lazarre
Lorna McClean-Lazarre, Individually
and as Successor Trustee

State of UTAH }
County of DAVIES } ss:

On the 26 of July, 2024 personally appeared before me **Lorna McClean-Lazarre, Individually and as Successor Trustee of The Lazarre Family Trust dated January 22, 2008**, signor(s) of the above instrument who duly acknowledged to me that they executed the same, by authority of said Trust.

Briley Rose
Notary Public



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

3581485
BK 8554 PG 883

CERTIFICATE OF DEATH

State File Number: 2021005028

Alex John Lazarre

DECEDENT INFORMATION

Date of Death:	March 20, 2021	Time of Death:	20:04
City of Death:	North Salt Lake	County of Death:	Davis
Age:	77	Date of Birth:	November 19, 1943
Place of Birth:	Port of Prince, Haiti	Sex:	Male
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Lorna McClean	Usual Occupation:	Truck Driver
Industry/Business:	Transportation	Education:	Bachelor's Degree
Residence:	North Salt Lake, Utah	Father's Name:	Paul Laney
Mother's Name:	Lillian Dorvil	Facility Type:	Home
Facility or Address:	1078 York Drive		

INFORMANT INFORMATION

Name:	Lorna McClean Lazarre	Relationship:	Wife
Mailing Address:	1078 York Drive, North Salt Lake, Utah 84054		

DISPOSITION INFORMATION

Method of Disposition:	Cremation
Place of Disposition:	Independent Professional Services, Salt Lake City, Utah
Date of Disposition:	March 22, 2021

FUNERAL HOME INFORMATION

Funeral Home:	Independent Professional Services
Address:	4555 South Redwood Road, Salt Lake City, Utah 84123
Funeral Director:	Gregory G Newton

MEDICAL CERTIFICATION

Certifying Physician: Jay C Moreland MD, Rocky Mountain Hospice, 523 West Heritage Park Blvd, Layton, Utah 84041

CAUSE OF DEATH

Respiratory Failure
Due to (or as a consequence of): Neuromuscular Degeneration
Due to (or as a consequence of): Amyotrophic Lateral Sclerosis
Tobacco Use: Non-user
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: March 22, 2021

Date Issued: March 23, 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: 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.



Wininger

Linda S. Wininger LCSW
State Registrar

Rev. 4/19



066527808

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

UTAH DEPARTMENT OF HEALTH
Office of Vital Records & Statistics
Salt Lake City, Utah



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

3581485
BK 8554 PG 884

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 and proof of ID.

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)				
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			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		