

**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 Lazzarre  
Lorna McClean-Lazzarre, Individually  
and as Successor Trustee

State of UTAH

County of DAVIS } ss:  
}

On the 26<sup>th</sup> of July, 2024 personally appeared before me **Lorna McClean-Lazzarre, Individually and as Successor Trustee of The Lazzarre 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**

**CERTIFICATE OF DEATH**

State File Number: 2021005028

3581485  
BK 8554 PG 883

**Alex John Lazarre**

**DECEDENT INFORMATION**

Date of Death: March 20, 2021  
City of Death: North Salt Lake  
Age: 77  
Place of Birth: Port of Prince, Haiti  
Armed Services: No  
Spouse's Name: Lorna McClean  
Industry/Business: Transportation  
Residence: North Salt Lake, Utah  
Mother's Name: Eillian Dorvil  
Facility or Address: 1078 York Drive

Time of Death: 20:04  
County of Death: Davis  
Date of Birth: November 15, 1943  
Sex: Male  
Marital Status: Married  
Usual Occupation: Truck Driver  
Education: Bachelor's Degree  
Father's Name: Paul Laney  
Facility Type: Home

**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 Newlon

**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.

  
Linda S. Winingers LCSW  
State Registrar  
Rev. 4/19



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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)	
	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					
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					