

Mail Tax Notice To:

Sasha C. Cahoon & Tanya K. Cluff, Trustees
370 New Boston Road
Norwich, VT 05005

AFFIDAVIT OF SUCCESSOR TRUSTEE

STATE OF UTAH :
: ss.
County of Davis :

SASHA C. CAHOON and TANYA K. CLUFF, being first duly sworn under oath, states as follows:

1. The ANNE P. CLUFF TRUST, under agreement dated April 22, 1999, owns certain real property located in Davis County, State of Utah, and more particularly described as follows:

BEG ON THE N'LY LINE OF A 54 FT WIDE STR AT A PT S 36.48 FT & E 257.98 FT FR THE SW COR OF THE NW 1/4 OF THE SE 1/4 OF SEC 29-T2N-R1E, SLM; TH N 87^00' W 81.26 FT ALG THE N'LY LINE OF SD 54 FT STR; TH N 3^00' E 90 FT; TH N 1^00'30" W 238.46 FT; TH N 89^35'45" E 84 FT; TH S 0^12'44" W 333.13 FT TO THE POB. CONT. 0.62 ACRES

Parcel No. 04-072-0005

2. Title to the described property vested in the ANNE P. CLUFF TRUST, under agreement dated April 22, 1999, in a document recorded October 6, 2009, as entry 2485557, in book 4875, page 445 in the records of the Davis County Recorder.

3. Pursuant to the terms of the ANNE P. CLUFF TRUST, under agreement dated April 22, 1999, ANNE P. CLUFF has been removed as Trustee.

4. Pursuant to the terms of the ANNE P. CLUFF TRUST, under agreement dated April 22, 1999, SASHA C. CAHOON and TANYA K. CLUFF, are now serving as Co-Trustees.

5. Title to the property should be held as:

SASHA C. CAHOON and TANYA K. CLUFF, or successors, as Trustees of the ANNE P. CLUFF TRUST, dated April 22, 1999.

DATED this 28 day of March, 2025.

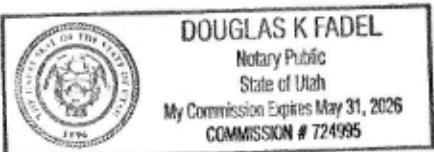


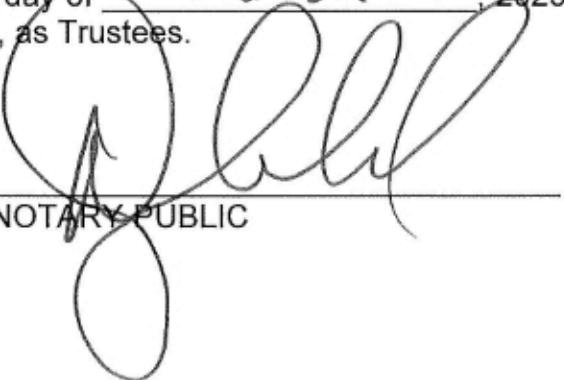
SASHA C. CAHOON, Trustee



TANYA K. CLUFF, Trustee

Subscribed and sworn before me on this 28 day of March, 2025
by, SASHA C. CAHOON and TANYA K. CLUFF, as Trustees.





NOTARY PUBLIC

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

3613949
BK 8733 PG 5

CERTIFICATE OF DEATH

State File Number: 2025005832

Anne Provstgard Cluff

DECEDENT INFORMATION

Date of Death: March 27, 2025
City of Death: Bountiful
Age: 88
Place of Birth: Salt Lake City, Utah
Armed Services: No
Spouse's Name: Special Education
Industry/Business: Bountiful, Utah
Residence: Doris Lewis
Mother's Name: Creekside Assisted Living
Facility or Address:

Time of Death: 01:40
County of Death: Davis
Date of Birth: May 3, 1936
Sex: Female
Marital Status: Divorced
Usual Occupation: Teacher
Education: Master's Degree
Father's Name: George C Provstgard
Facility Type: Nursing Home/Assisted Living

INFORMANT INFORMATION

Name: Tanya Cluff
Mailing Address: 91 Stagecoach Road, Norwich, Vermont 05055
Relationship: Daughter

DISPOSITION INFORMATION

Method of Disposition: Cremation
Place of Disposition: Premier Cremation Services, Midvale, Utah
Date of Disposition: April 2, 2025

FUNERAL HOME INFORMATION

Funeral Home: Premier Funeral Services
Address: 67 East 8000 South, Midvale, Utah 84047
Funeral Director: Marjorie C Smith

MEDICAL CERTIFICATION

Certifying Physician: Jennifer N Griswold APRN, 90 South 500 East, Bountiful, Utah 84010

CAUSE OF DEATH

Chronic respiratory failure
Due to (or as a consequence of): Bronchiectasis
Tobacco Use: Non-user
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: April 2, 2025

Date Issued: April 2, 2025

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

Rec 04/23



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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



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 name changes after the age of one year. This form is not used with a court order. A court order is necessary to make any corrections to a Delayed Birth Certificate. This affidavit cannot be used to correct medical information. Many changes, including marital status, require more information; 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

Contact Info: <https://VitalRecords.utah.gov> 801-538-6105 vrequest@utah.gov



online instructions

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 and an immediate family member, or two immediate family members, must sign as a witness. 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 the 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 the change is needed	9				
Documents used	10				
Oath of first witness	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. Telephone number	15. Relationship to 1a.	Notary signature _____
	16. Address of witness				
Oath of second witness	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. Telephone number	21. Relationship to 1a.	Notary signature _____
	22. Address of witness				