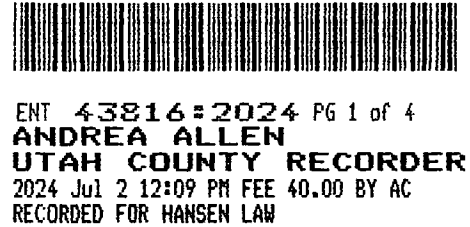


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Recorded at the Request of:

Hansen Law, P.C.
233 S. Pleasant Grove Blvd., Suite 202
Pleasant Grove, Utah 84062

Mail Tax Notice to:

Terree Hoggard
923 West 1290 North
Pleasant Grove, Utah 84062

NOTICE OF SURVIVING TRUSTEE

The undersigned, Terree Hoggard, hereby certifies and gives notice that Bruce M. Hoggard, also known as Bruce Max Hoggard, who was an original Trustee of the Hoggard Family Revocable Trust Agreement dated February 15, 2012, has passed away (a true and correct copy of the death certificate for Bruce Max Hoggard also known as Bruce M. Hoggard is attached hereto), and that, according to the Trust Agreement, Terree Hoggard is currently the sole surviving Trustee of the Hoggard Family Revocable Trust Agreement dated February 15, 2012, and in that capacity is the owner of the real property located in Utah County and more particularly described as follows:

Part of Lot 7, Hullinger Estates Subdivision, Plat C, according to the official plat thereof in Utah County, Utah, described as commencing at a point located North 89°54'16" East along the Section Line 56.81 feet and North 60.54 feet from the Southeast Corner of Section 18, Township 5 South, Range 2 East, Salt Lake Base and Meridian; thence North 89°22'01" West 34.50 feet; thence South 00°35'52" West 245.00 feet; thence North 89°22'01" West 154.21 feet; thence North 01°10'49" East 250.29 feet; thence North 89°56'51" East 9.26 feet; thence North 00°00'07" East 0.61 feet; thence South 89°22'01" East 176.92 feet; thence South 00°37'59" West 6.00 feet to the point of beginning.
Parcel No. 41-735-0007

The West half of Lot 2, Block 4, Plat A, American Fork City Survey of Building Lots. Also Commencing 302.58 feet South of the Northwest Corner of Lot 5, Block 26, Plat A, American Fork City Survey; thence South 71 feet; thence East

11.52 rods; thence North 71 feet; thence West 11.52 rods to the point of beginning.

Parcel No. 02:039:0013

Building, improvements and contents on Lot 20, Tibble Fork Summer Home Recreation Area, located in the left hand fork of American Fork Canyon on the Wasatch National Forest. Uinta National Forest Special Use Permit #7004185413
Tax Parcel No. 11-101-3000

Lot 4, Plat "A," Autumn Grove at Hullinger Estates Subdivision, including a vacation of Lot 10, Hullinger Estates Plat "D," according to the official plat thereof on file and of record in the Utah County Recorder's Office.

Parcel No. 34-682-0004

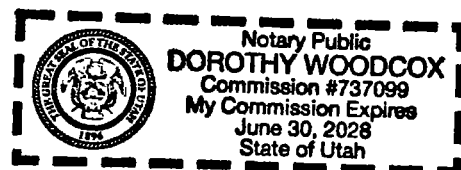
Date: June 13, 2024.


TERREE HOGGARD

STATE OF UTAH)
 : ss
COUNTY OF UTAH)

On June 13, 2024, personally appeared before me Terree Hoggard, the signer of the within instrument, who duly acknowledged to me that she executed the same.


NOTARY PUBLIC



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2023010436

Bruce Max Hoggard

ENT 43816-2024-PG 3 of 4

DECEDENT INFORMATION

Date of Death: June 24, 2023
City of Death: American Fork
Age: 72
Place of Birth: American Fork, Utah
Armed Services: Yes
Spouse's Name: Terree Joy Hullinger
Industry/Business: Education
Residence: Pleasant Grove, Utah
Mother's Name: Kathryn Holindrake
Facility or Address: American Fork Hospital

Time of Death: 18:16 (Found)
County of Death: Utah
Date of Birth: January 31, 1951
Sex: Male
Marital Status: Married
Usual Occupation: Educator/Guidance Counselor/Coach
Education: Master's Degree
Father's Name: Max Hoggard
Facility Type: Hospital Inpatient

INFORMANT INFORMATION

Name: Terree Hoggard Relationship: Spouse
Mailing Address: 923 West 1290 North, Pleasant Grove, Utah 84062

DISPOSITION INFORMATION

Method of Disposition: Burial
Place of Disposition: American Fork Cemetery, American Fork, Utah
Date of Disposition: July 1, 2023

FUNERAL HOME INFORMATION

Funeral Home: Anderson & Sons Mortuary
Address: 49 East 100 North, American Fork, Utah 84003
Funeral Director: Angela S Plummer

MEDICAL CERTIFICATION

Certifying Physician: Rainwater, DO, Nathan, Utah Valley Regional Medical Center, 1034 North 500 West, Provo, Utah 84604

CAUSE OF DEATH

Acute Renal Failure

Due to (or as a consequence of): Acute on chronic systolic congestive heart failure

Due to (or as a consequence of): Septic bursitis

Other significant conditions: CAD, atrial fibrillation, vascular dementia, delirium

Tobacco Use: Non-user

Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: July 3, 2023

Date Issued: July 3, 2023

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



Eric S. Edwards
Eric S. Edwards, MPA, MCHES
Executive Director
Utah County 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		
	12. DATE SIGNED		13. AGE OF WITNESS	14. DAYTIME TELEPHONE		15. RELATIONSHIP TO 1a.
	16. ADDRESS OF WITNESS					STATE _____ COUNTY _____ NOTARY SIGNATURE _____ <div style="text-align: center; font-weight: bold; font-size: 1.2em;">ENT 43816:2024 PG 4 of 4</div>
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		
	18. DATE SIGNED	19. AGE OF WITNESS	20. DAYTIME TELEPHONE		21. RELATIONSHIP TO 1a.	
	22. ADDRESS OF WITNESS					STATE _____ COUNTY _____ NOTARY SIGNATURE _____