

When Recorded Mail To:  
REESE A. CARTER  
677 S WILLARD PEAK ROAD  
MANTUA, UTAH 84324

## AFFIDAVIT OF DEATH AND CERTIFICATION OF AUTHORITY OF SUCCESSOR TRUSTEE

STATE OF UTAH )

COUNTY OF BOX ELDER )

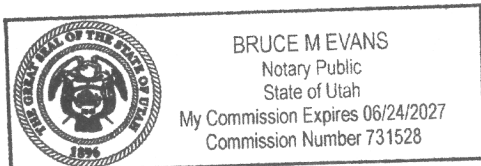
I, **REESE A. CARTER**, being first duly sworn depose and say:

1. That I have personal knowledge of the matters hereinafter stated.
2. That **JOHN ELLIS CARTER AND LAREE ANDERSEN CARTER**, the decedent mentioned in the attached certified copies of *Certificate of Death*, is the same person as **JOHN E. CARTER AND LAREE A. CARTER**, named as the Trustees of the **JOHN E. AND LAREE CARTER FAMILY REVOCABLE TRUST, DATED AUGUST 26, 1997**.
3. That **JOHN ELLIS CARTER AND LAREE ANDERSEN CARTER**, the decedent mentioned in the attached certified copies of the *Certificate of Death* is the same person as **JOHN E. CARTER AND LAREE A. CARTER**, in that Warranty Deed, dated JUNE 4, 2001, and recorded on JUNE 8, 2001, as Entry No. 153957, in Book 766, at Page 907, in the Box Elder County Recorder's Office, transferring the following described tracts of land in Box Elder County, State of Utah:  
  
See attached exhibit "A"
4. That the Declaration of Trust made by **JOHN E. CARTER AND LAREE A. CARTER**, as Trustees referred to in the Warranty Deed identified in paragraph number 3 above, is the **JOHN E. AND LAREE CARTER FAMILY REVOCABLE TRUST, DATED AUGUST 26, 1997**.
5. That I certify that pursuant to the terms and provisions of the **JOHN E. AND LAREE CARTER FAMILY REVOCABLE TRUST, DATED AUGUST 26, 1997**, the rights and powers of the trustee after the death of **JOHN ELLIS CARTER AND LAREE ANDERSEN CARTER AKA JOHN E. CARTER AND LAREE A. CARTER**, is now vested in **REESE A. CARTER AND DOUGLAS WAYNE CARTER**, as **Successor Trustees** to carry out the purpose of the trust now and hereafter conferred by law effecting the trust and trust estate and title to trust property including the tracts of land described in Paragraph number 3 above.

DATED this 18th day of May, 2024

  
\_\_\_\_\_  
**REESE A. CARTER, Affiant**

Subscribed and sworn before me this the 18th day of May, 2024.



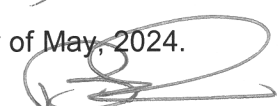
  
\_\_\_\_\_  
Notary Public

EXHIBIT "A"

06-177-0012

LOT 12 CENTENNIAL ESTATES, GARLAND CITY SURVEY. TOGETHER WITH INTEREST IN  
THE "COMMON AREAS".

**STATE OF UTAH**  
**CERTIFICATION OF VITAL RECORD**

Ent: 474930 B: 1585 P: 0681 Page 3 of 6

**CERTIFICATE OF DEATH**

State File Number: 2015012372

**John Ellis Carter**

AMENDED  
1 of 2

**DECEDENT INFORMATION**

Date of Death:	September 10, 2015	Time of Death:	16:39
City of Death:	Tremonton	County of Death:	Box Elder
Age:	83	Date of Birth:	August 14, 1932
Place of Birth:	Tremonton, Utah	Sex:	Male
Armed Services:	Yes	Marital Status:	Married
Spouse's Name:	LaRee Andersen	Usual Occupation:	Administrator
Industry/Business:	Jr High School	Education:	Master's Degree
Residence:	Garland, Utah	Father's Name:	Floyd Goodliffe Carter
Mother's Name:	Elma Wood	Facility Type:	Hospital ER
Facility or Address:	Bear River Valley Hospital		

**INFORMANT INFORMATION**

Name:	LaRee Carter	Relationship:	Wife
Mailing Address:	375 East 1250 South, Garland, Utah 84312		

**DISPOSITION INFORMATION**

Method of Disposition: Burial  
Place of Disposition: Brigham City Cemetery, Brigham City, Utah  
Date of Disposition: September 19, 2015

**FUNERAL HOME INFORMATION**

Funeral Home: Myers Mortuary - Brigham City  
Address: 205 South 100 East, , Brigham City, Utah 84302  
Funeral Director: Laurie M Abraham

**MEDICAL CERTIFICATION**

Certifying Physician: Chad L Merrell MD, 420 West 600 North, Tremonton, Utah 84337

**CAUSE OF DEATH**

Acute Myocardial Infarction [Onset: 5 Minutes]  
Due to (or as a consequence of): Ground Level Fall [Onset: 1 Hour]  
Other significant conditions: Diabetes Mellitis  
Tobacco Use: Non-user  
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Accident

**INJURY INFORMATION**

Date of Injury:	September 10, 2015	Time of Injury:	15:00
Injury at Work:	No	Place of Injury:	Home
Location of Injury:	375 E 1250 S, Garland, Utah		
How Injury Occurred:	Fall At Home. Unable To Get Up And Exhausted Himself Trying		
Motor Vehicle Accident:	No		

Date Registered: September 14, 2015

Date Issued: September 16, 2015

**AMENDMENT HISTORY**

09/15/2015 Underlying Cause of Death from (blank) to Ground Level Fall  
09/15/2015 Underlying Interval from (blank) to 001  
09/15/2015 Underlying Interval Unit from (blank) to Hours  
09/15/2015 Conditions Contributing to Dea from (blank) to Diabetes Mellitis


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 and the County/District Health Officer.



  
**Janice L. Houston**  
State Registrar  
Rev. 6/13



\* 0 6 4 4 4 6 4 5 9 \*

  
**Lloyd Berentzen**  
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](mailto: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					



**STATE OF UTAH**  
**CERTIFICATION OF VITAL RECORD**

Ent: 474930 B: 1585 P: 0682-A Page 5 of 6

**CERTIFICATE OF DEATH**

State File Number: 2024004846

**LaRee Andersen Carter**

**DECEDENT INFORMATION**

Date of Death:	March 16, 2024	Time of Death:	14:56
City of Death:	Brigham City	County of Death:	Box Elder
Age:	92	Date of Birth:	September 3, 1931
Place of Birth:	Brigham City, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:		Usual Occupation:	Homemaker
Industry/Business:	Own Home	Education:	Some College but No Degree
Residence:	Brigham City, Utah	Father's Name:	Joseph Lester Andersen
Mother's Name:	Olivia Forsgren	Facility Type:	Hospital ER
Facility or Address:	Brigham City Community Hospital		

**INFORMANT INFORMATION**

Name:	Reese A Carter	Relationship:	Son
Mailing Address:	677 Willard Peak Road, Brigham City, Utah 84302		

**DISPOSITION INFORMATION**

Method of Disposition:	Burial
Place of Disposition:	Brigham City Cemetery, Brigham City, Utah
Date of Disposition:	March 23, 2024

**FUNERAL HOME INFORMATION**

Funeral Home:	Gillies Funeral Chapel
Address:	634 East 200 South, Brigham City, Utah 84302
Funeral Director:	Brent M Gillies

**MEDICAL CERTIFICATION**

Certifying Physician:	Ricky L Gardner MD, Bear River Valley Hospital, 935 North 1000 West, Tremonton, Utah 84337
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**CAUSE OF DEATH**

Congestive heart failure [Onset: 3 Months]  
Tobacco Use: Non-user  
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: March 25, 2024

Date Issued: March 25, 2024

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  
Rev. 07/21



*Jordan Mathis*  
Jordan Mathis  
Director/Health Officer  
County/District Health Department



**AFFIDAVIT FOR CORRECTION****ANY CHANGES MADE BELOW VOID THIS CERTIFICATE. A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.**

All vital records are registered as received. Corrections must be made by affidavit. An item on the birth certificate may be corrected by affidavit only once; a court order will be required for subsequent corrections.

**PLEASE RETURN ALL COPIES WITH ONE COMPLETED AFFIDAVIT WITHIN 90 DAYS FOR REPLACEMENT TO:**

VITAL RECORDS, PO BOX 141012, SALT LAKE CITY, UTAH 84114-1012.

OR BRING COPIES AND COMPLETED AFFIDAVIT TO OUR OFFICE AT 288 NORTH 1460 WEST, SALT LAKE CITY, UTAH.

**BIRTH CERTIFICATES**

1. List the facts exactly as stated on the reverse side. Opposite each item, correct the information as it should have been stated at the time of the birth.
2. If the person listed on the record is under 18 years of age, both parents of record **MUST** sign the affidavit. If the person listed on the record is 18 years or older, he/she **MUST** sign as one of the witnesses. Parents are the preferred witnesses for the second signature. If no father is listed on the record, an immediate relative of the mother may sign if he/she is of legal age. All signatures **MUST** be notarized.
3. The parent(s) may add or correct the surname from that listed on the record until the child's first birthday without documentation. The first, and/or middle name can be corrected or added without documentation until the child's sixth birthday.
4. This affidavit cannot be used to add a father or correct medical information on a birth certificate.
5. A Delayed Birth Certificate requires a court order to make any corrections.

**DEATH CERTIFICATES**

1. List the facts exactly as stated on the reverse side. Opposite each item, correct the information as it should have been stated at the time of the death.
2. This form is to be used to correct non-medical information **ONLY**. 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. Corrections to marital status **MUST** be approved and processed by the State Office of Vital Records and Statistics. Contact our office for assistance.
3. All medical information **MUST** be corrected with a **MEDICAL AFFIDAVIT** completed by the health care provider who signed the original death certificate.

☐ BIRTH☐ DEATH☐ STILLBIRTH

STATE FILE NUMBER \_\_\_\_\_

NAME AS REPORTED ON REVERSE	1a. FIRST NAME		1b. MIDDLE NAME		1c. LAST NAME	
	2a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD				2b. CORRECT INFORMATION	
STATEMENT OF CORRECTIONS						
WHY IS CHANGE NECESSARY?	3.					
DOCUMENTS USED TO AMEND RECORD	4.					
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____ Notary Public _____ My Commission Expires _____  S E A L
	5. SIGNATURE OF WITNESS					
	6. DATE SIGNED	7. AGE OF WITNESS	8. DAYTIME TELEPHONE OF WITNESS ( )			
	9. ADDRESS OF WITNESS (Street, City, State, Zip)					
	10. RELATIONSHIP TO PERSON IN 1a. (Circle one) Self Parent/Guardian Spouse Funeral Director Informant Other (Specify)					
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____ Notary Public _____ My Commission Expires _____  S E A L
	11. SIGNATURE OF WITNESS					
	12. DATE SIGNED	13. AGE OF WITNESS	14. DAYTIME TELEPHONE OF WITNESS ( )			
	15. ADDRESS OF WITNESS (Street, City, State, Zip)					
	16. RELATIONSHIP TO PERSON IN 1a. (Circle one) Self Parent/Guardian Spouse Funeral Director Informant Other (Specify)					
UDOH-OVRS REV 05/13						