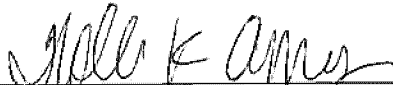


EXECUTED by Holli K. Ames in Layton, Utah on September 24, 2025



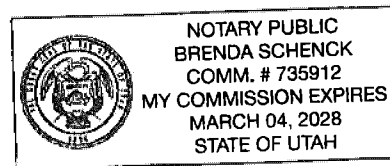
Holli K. Ames

State of Utah
County of Davis)ss:

On this date, September 24, 2025, personally appeared before me Holli K. Ames, the signer(s) of the within instrument, who duly acknowledged to me that she executed the same.



Notary Public



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

Ent: 491232 B: 1633 P: 0031 Page 3 of 8

CERTIFICATE OF DEATH

State File Number: 2017014635

Floyd William Kling

DECEDENT INFORMATION

Date of Death:	October 15, 2017 (Found)	Time of Death:	17:15 (Found)
City of Death:	Clarkston	County of Death:	Cache
Age:	89	Date of Birth:	December 8, 1927
Place of Birth:	Tooele, Utah	Sex:	Male
Armed Services:	Yes	Marital Status:	Married
Spouse's Name:	Grace Joy Jensen	Usual Occupation:	Aeronautical Engineer
Industry/Business:	U.S. Government	Education:	Some College but No Degree
Residence:	Brigham City, Utah	Father's Name:	Mervin Kling
Mother's Name:	Agnes Rebecca Hansen	Facility Type:	Rural Cache County
Facility or Address:	Clarkston		

INFORMANT INFORMATION

Name:	Grace Joy Kling	Relationship:	Wife
Mailing Address:	576 South 700 West, Brigham City, Utah 84302		

DISPOSITION INFORMATION

Method of Disposition: Burial
Place of Disposition: Brigham City Cemetery, Brigham City, Utah
Date of Disposition: October 21, 2017

FUNERAL HOME INFORMATION

Funeral Home: Myers Mortuary - Brigham City
Address: 205 South 100 East, , Brigham City, Utah 84302
Funeral Director: Matthew G Myers

MEDICAL CERTIFICATION

Certifying Physician: Kacy A Krehbiel MD, Office of the Medical Examiner, 4451 South 2700 West, Taylorsville, Utah 84129

CAUSE OF DEATH

Dehydration and hypothermia
Other significant conditions: Dementia, hypertensive and atherosclerotic cardiovascular disease
Tobacco Use: Non-user
Medical Examiner Contacted: Yes Autopsy Performed: Yes Autopsy Available: Yes Manner of Death: Accident

INJURY INFORMATION

Date of Injury:	Unknown	Time of Injury:	Unknown
Injury at Work:	No	Place of Injury:	Outside of vehicle in rural area
Location of Injury:	Rural area near 9500 West 10200 North, Clarkston, Utah		
How Injury Occurred:	Environmental exposure		
Motor Vehicle Accident:	No		

Date Registered: October 20, 2017

Date Issued: February 25, 2025

Page 1 of 2 - Amendment History on Page 2

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

Rev. 07/21



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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Office of Vital Records and Statistics
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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. 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.



online instructions

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[] 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. _____						
DOCUMENT 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 _____	
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STATE OF UTAH
CERTIFICATION OF VITAL RECORD

Ent: 491232 B: 1633 P: 0033 Page 5 of 8

Floyd William Kling

AMENDMENT HISTORY

11/16/2017 Immediate Cause of Death from **Pending** to **Dehydration and hypothermia**
11/16/2017 Conditions Contributing to Death from **(blank)** to **Dementia, hypertensive and atherosclerotic cardiovascular disease**
11/16/2017 Manner Of Death from **Pending** to **Accident**
11/16/2017 Injury from **N** to **Y**
11/16/2017 Date of Injury from **(blank)** to **Unknown**
11/16/2017 Time of Injury from **(blank)** to **Unknown**
11/16/2017 Injury Street from **(blank)** to **Rural area near 9500 West 10200 North**
11/16/2017 Injury City from **(blank)** to **Clarkston**
11/16/2017 Injury County from **(blank)** to **Cache**
11/16/2017 Injury State from **(blank)** to **Utah**
11/16/2017 Injury Country from **(blank)** to **United States**
11/16/2017 Injury Place from **(blank)** to **Outside of vehicle in rural area**
11/16/2017 Injury At Work from **(blank)** to **No**
11/16/2017 Injury Description from **(blank)** to **Environmental exposure**

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Linda S. Winger
Linda S. Winger, MSW, LCSW
State Registrar
Rev 02/21



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



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[] BIRTH [] DEATH [] STILLBIRTH

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WHY IS CHANGE NEEDED?	9					
DOCUMENT USED	10					
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STATE OF UTAH
CERTIFICATION OF VITAL RECORD

Ent: 491232 B: 1633 P: 0035 Page 7 of 8

CERTIFICATE OF DEATH

State File Number: 2024020156

Grace Joy Jensen Kling

DECEDENT INFORMATION

Date of Death:	November 28, 2024	Time of Death:	11:22
City of Death:	Brigham City	County of Death:	Box Elder
Age:	95	Date of Birth:	February 11, 1929
Place of Birth:	Lewiston, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:	Floyd William Kling, deceased	Usual Occupation:	Note Teller
Industry/Business:	Banking	Education:	High School or GED
Residence:	Brigham City, Utah	Father's Name:	Frank Peter Jensen
Mother's Name:	Minnie Ida Hanline	Facility Type:	Nursing Home/Assisted Living
Facility or Address:	The Gables		

INFORMANT INFORMATION

Name:	Holli Ames	Relationship:	Daughter
Mailing Address:	265 West 2000 South, Perry, Utah 84302		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Brigham City Cemetery, Brigham City, Utah
Date of Disposition:	December 3, 2024

FUNERAL HOME INFORMATION

Funeral Home:	Myers Mortuary - Brigham City
Address:	205 South 100 East, Brigham City, Utah 84302
Funeral Director:	Kenneth D Borup

MEDICAL CERTIFICATION

Certifying Physician:	Matthew J Welter MD, 1635 North 200 East, North Logan, Utah 84341
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CAUSE OF DEATH

Congestive heart failure [Onset: 6 Months]
Due to (or as a consequence of): Hypertension [Onset: 10 Years] [Onset: 6 Months]
Other significant conditions: Lumbar spinal stenosis
Tobacco Use: Non-user
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: December 2, 2024

Date Issued: December 2, 2024

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Linda S. Wininger
Linda S. Wininger, MSW, LCSW
State Registrar
Per: 0721



Jordan Mathis
Jordan Mathis
Director/Health Officer
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☐ BIRTH ☐ DEATH ☐ STILLBIRTH

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