

File No.: MA19667

Parcel Number: 03-128-0004

**AFFIDAVIT OF IDENTITY  
DEATH OF TRUSTEE**

STATE of Utah )  
 ) ss.  
COUNTY of Davis )

Holli K. Ames, being first duly sworn, deposes and says:

1. She is the Daughter of Floyd W. Kling and Grace J. Kling, deceased.
2. At the time of their death, Floyd W. Kling and Grace J. Kling held title to certain real property and improvements located in Box Elder County, State of UT in their capacity as Trustees, pursuant to a Declaration of Trust made by Floyd W. Kling and Grace J. Kling dated the 14th day of April, 1995

The real property and improvements are described as follows:

Beginning at the Northeast corner of Lot 3, Block 64, Plat B, Brigham City Survey, thence running South 7.5 rods, thence West 5 rods, thence North 7.5 rods, thence East 5 rods to place of beginning.

3. Floyd William Kling died in Clarkston, Utah on October 15, 2017 and a certified copy of his death certificate is attached hereto as Exhibit "A" and by this reference is made a part hereof.
4. Grace Joy Jensen Kling died in Brigham City, Utah on November 28, 2024 and a certified copy of her death certificate is attached hereto as Exhibit "B" and by this reference is made a part hereof.
5. Affiant knows of her own personal knowledge that the Floyd W. Kling and Grace J. Kling that held title to the above-described real property as Trustees, pursuant to a Declaration of Trust made by Floyd W. Kling and Grace J. Kling dated the 14th day of April, 1995 are one and the same person as the Floyd William Kling and Grace Joy Jensen Kling named in Exhibits "A" and "B".
6. Affiant now has all authority to act as Successor Trustee, pursuant to a Declaration of Trust made by Floyd W. Kling and Grace J. Kling dated the 14th day of April, 1995.

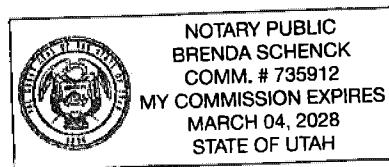
EXECUTED by Holli K. Ames in Layton, Utah on September 24, 2025

Holli K. Ames  
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.

Brenda Schenck  
Notary Public



STATE OF UTAH  
CERTIFICATION OF VITAL RECORD

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**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:	
Mailing Address:	576 South 700 West, Brigham City, Utah 84302		Wife

**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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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. Wininger*  
Linda S. Wininger, MSW, LCSW  
State Registrar  
Rev. 07/21



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





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. 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

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 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)			
STATEMENT OF AMENDMENTS	5. NAME OF PARENT 1 (Maiden name if applicable)			6. NAME OF PARENT 2 (Maiden name if applicable)			
	7. ITEM NO.	8a. FACTS EXACTLY AS ON ORIGINAL RECORD			8b. CORRECT INFORMATION		
	9						
	10						
	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 _____
	NOTARY SIGNATURE _____						S E A L
OATH OF FIRST WITNESS (MUST BE 18 OR OLDER)	12. DATE SIGNED	13. AGE OF WITNESS	14. DAYTIME TELEPHONE	15. RELATIONSHIP TO 1a			
	16. ADDRESS OF WITNESS						S E A L
	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____.
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STATE OF UTAH  
CERTIFICATION OF VITAL RECORD

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Clay 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. Wininger*  
Linda S. Wininger, MSW, LCSW  
State Registrar  
Rev 07/21



*Jordan Mathis*  
Jordan Mathis  
Director/Health Officer  
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[ ] BIRTH      [ ] DEATH

[ ] STILLBIRTH

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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____	
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STATE OF UTAH  
CERTIFICATION OF VITAL RECORD

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**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

**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, MSW, LCSW  
State Registrar

Rev. 07/21



\* 0 6 7 6 6 2 3 2 6 \*



Jordan Mathis  
Director/Health Officer  
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 BIRTH DEATH STILLBIRTH

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