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ENT 52575:2025 PG 1 of 6
ANDREA ALLEN
UTAH COUNTY RECORDER
2025 Jul 15 01:28 PM FEE 40.00 BY TN
RECORDED FOR RICHARD N BARNES LLC

AFTER RECORDING RETURN TO:

UTAHWILLS.COM
10808 S. River Front Pkwy. #335
South Jordan, Utah 84095

GRANTEE'S ADDRESS FOR TAXES:
Mark Gerald Berrett, Trustee
153 W. 2040 N.
Lehi, UT 84043

AFFIDAVIT OF SUCCESSOR TRUSTEE

I, Mark Gerald Berrett, being first duly sworn on oath depose and say:

That I am a citizen of the United States of America, over the age of 21 years, and a resident of Lehi, County of Utah, State of Utah.

That I was well and personally acquainted with, and the son of Floyd Robert Berrett and Maryanne E.K. Berrett, the grantees in that certain Warranty Deed recorded on October 9, 2012 as Entry Number 87565:2012 of the Recorder of Utah County, Utah and that Floyd Robert Berrett died on October 4, 2024 and that Maryanne E.K. Berrett died on June 23, 2025.

That Floyd Robert Berrett and Maryanne E.K. Berrett were the trustees of R & M BERRETT FAMILY TRUST DATED APRIL 19, 2007 (hereinafter the "Trust"). That I know of my own knowledge that Floyd Robert Berrett, in the said trust and Floyd Robert Berrett mentioned in the attached Certified copy of Certificate of Death, bearing file no. 2024016901, was one and the same person.

That I know of my own knowledge that Maryanne E.K. Berrett, in the said trust and Maryanne Elaine Kiser Berrett mentioned in the attached Certified copy of Certificate of Death, bearing file no. 2025011066, was one and the same person.

That the trust is still in effect.

That Mark Gerald Berrett is named as the successor trustee pursuant to the provisions of the Trust.

That the Trust owned certain real property located in Utah County, State of Utah, which real property is more particularly described as follows:

LEGAL DESCRIPTION:

LOT 640 OF EAGLE CREST NO. 4 AT SUNCREST, according to the Official Plat thereof as recorded October 4, 2004 as Entry No. 112994:2004 thereof, on file and on record in the Office of the Utah County Recorder.

SERIAL NUMBER: 38:352:0040

DATED: July 10, 2025.

Mark Gerald Berrett

STATE OF UTAH)
: ss.
COUNTY OF SALT LAKE)

SUBSCRIBED, SWORN TO, and acknowledged before me by Mark Gerald Berrett this 10th day of July, 2025.

RICHARD N BARNES
NOTARY PUBLIC · STATE OF UTAH
COMMISSION# 726420
COMM. EXP. 09-03-2026

NOTARY PUBLIC
Residing at: SLC, UT

My Commission Expires: 9/3/26

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2025011066

Maryanne Elaine Kiser Berrett

DECEDENT INFORMATION

Date of Death:	June 23, 2025	Time of Death:	15:11
City of Death:	Draper	County of Death:	Utah
Age:	79	Date of Birth:	October 2, 1945
Place of Birth:	North Island, California	Sex:	Female
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:	Floyd Robert Berrett (Deceased)	Usual Occupation:	Middle School Teacher
Industry/Business:	Education	Education:	Bachelor's Degree
Residence:	Draper, Utah	Father's Name:	Gerald Charles Kiser
Mother's Name:	Mary Margaret Knox	Facility Type:	Home
Facility or Address:	2154 East Viscaya Drive		

INFORMANT INFORMATION

Name:	Mark Gerald Berrett	Relationship:	Son
Mailing Address:	153 West 2040 North, Lehi, Utah 84043		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Highland City Cemetery, Highland, Utah
Date of Disposition:	June 27, 2025

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: Justin W Mansfield MD, Tanner Memorial Clinic, 2121 North 1700 West, Layton, Utah 84041

CAUSE OF DEATH

Metastatic adenocarcinoma of the breast

Tobacco Use: Non-user

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

Date Registered: June 24, 2025

Date Issued: June 25, 2025

AMENDMENT HISTORY

06/25/2025 County of Death from **Salt Lake** to **Utah**

06/25/2025 Residence County from **Salt Lake** to **Utah**

06/25/2025 Father First Name from **Jerald** to **Gerald**

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.

Nicole Bissonette

Nicole Bissonette, MPH, MCHES
State Registrar
Rev 12/24

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Eric S. Edwards

Eric S. Edwards, MPA, MCHES
Executive Director
Utah County Health Department

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Utah Department of Health & Human Services

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 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 information: https://VitalRecords.utah.gov 801-538-6105 vrequest@utah.gov

online instructions

Affidavit instructions: 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.

11a. Signature of witness (sign in front of notary)	11b. Printed name of witness	
12. Date signed	13. Age of witness	14. Telephone number / 15. Relationship to 1a.
16. Address of witness		

Subscribed to and Sworn to before me this ___ day of ___ 20___.

State _____ County _____

Notary signature _____

SEAL

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.

17a. Signature of witness (sign in front of a notary)	17b. Printed name of witness	
18. Date signed	19. Age of witness	20. Telephone number / 21. Relationship to 1a.
22. Address of witness		

Subscribed to and sworn to before me this ___ day of ___ 20___.

State _____ County _____

Notary signature _____

SEAL

STATE OF UTAH

CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2024016901

Floyd Robert Berrett

ENT 52575:2025 PG 5 of 6

DECEDENT INFORMATION

Date of Death:	October 4, 2024	Time of Death:	20:12
City of Death:	American Fork	County of Death:	Utah
Age:	79	Date of Birth:	December 27, 1944
Place of Birth:	Ogden, Utah	Sex:	Male
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Maryanne Elaine Kiser	Usual Occupation:	Teacher
Industry/Business:	Education	Education:	Master's Degree
Residence:	Draper, Utah	Father's Name:	Floyd Berrett
Mother's Name:	Ada Lucille Orr	Facility Type:	Hospital Inpatient
Facility or Address:	American Fork Hospital		

INFORMANT INFORMATION

Name:	Maryanne Elaine Berrett	Relationship:	Wife
Mailing Address:	2154 Viscaya Drive, Draper, Utah 84020		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Highland City Cemetery, Highland, Utah
Date of Disposition:	October 11, 2024

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

CAUSE OF DEATH

Acute hypoxemic respiratory failure
Due to (or as a consequence of): Viral pneumonia
Due to (or as a consequence of): Bacterial pneumonia
Due to (or as a consequence of): COVID 19
Other significant conditions: Multiple myeloma, coronary artery disease
Tobacco Use: Non-user
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: October 10, 2024
Date Issued: October 10, 2024

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Linda S. Wininger, MSW, LCSW
State Registrar
Rev. 12/20

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Eric S. Edwards, MPA, MCHES
Executive Director
Utah County Health Department

Utah County
HEART of UTAH
Health Department

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Utah Department of Health & Human Services

Office of Vital Records and Statistics

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online instructions

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1a. First name	1b. Middle name	1c. Last name
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Subscribed to and Sworn to before me this ___ day of ___ 20___.

State _____ County _____

Notary signature _____

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SEAL