



ENT 78560:2025 PG 1 of 4
ANDREA ALLEN
UTAH COUNTY RECORDER
2025 Oct 10 11:42 AM FEE 40.00 BY LH
RECORDED FOR CLARK, NANCY B

AFTER RECORDING RETURN TO:
The Carl S. and Nancy B. Clark Trust
PO Box 381
Lehi Utah 84043

SPACE ABOVE THIS LINE (3 1/4" X 5") FOR RECORDER'S USE

AFFIDAVIT OF SUCCESSOR TRUSTEE

A.P.N.: 13-029-0146

This Affidavit is given to evidence the death of Carl S. Clark, Trustee of The Carl S. and Nancy B. Clark Trust Dated May 5, 2021, and to establish Nancy B. Clark Successor Trustee of said Trust.

The undersigned hereby certifies that the Carl S. Clark listed as Trustee of The Carl S. and Nancy B. Clark Trust, Dated May 5, 2021 in that certain Special Warranty Deed Recorded August 6, 2021 as Entry No. 137965:2021 and Stipulated Final Declaratory Judgment recorded December 3, 2024 as Entry No. 84938:2024, records of the Recorder of Utah County, Utah is one and the same person as Carl Stanley Clark, listed decedent on the attached certified Certificate of Death.

And by virtue of that death certificate attached hereto and recorded as part hereof and said Declaration of Trust, I do hereby declare that the conditions for Successor Trustee appointment have been met and pursuant to said Declaration of Trust, that I the undersigned, am now authorized as Successor Trustee of said Trust to sell, convey and borrow against any assets of the Trust particularly the property located at 9227 West 7750 North, Lehi Utah 84043 and more particularly described as follows:

Beginning at the Southeast Corner of South Creek Plat "A", said point being located North 3020.44 feet and East 2257.36 feet from the Southwest Corner of Section 19, Township 5 South, Range 1 East, Salt Lake Base and Meridian; thence along the easterly boundary of South Creek Plat "A" the following four courses and distances: 1) North 1°39'47" East 33.34 feet, 2) North 13°46'34" East 41.63 feet, 3) North 7°28'39" East 20.00 feet, and 4) North 0°01'58" West 537.09 feet; thence East 524.54 feet; thence South 0°25'51" West 342.03 feet; thence North 89°37'52" West 62.61 feet; thence South 0°00'39" East 301.29 feet; thence along a fence line the following three courses and distances: 1) North 87°40'24" West 399.42 feet, 2) South 89°08'15" West 49.89 feet, and 3) South 70°02'29" West 10.20 feet; thence North 88°59'47" West 14.03 feet to the point of beginning.

Area = 7.201 Acres

Basis of Bearing is North 0°08'54" West 5305.50 from the Southwest Corner of Section 19, Township 5 South, Range 1 East Salt Lake Base and Meridian to the Northwest Corner of said Section 19.

Coordinate System is NAD83.

DATED: October 9, 2025

The Carl S. and Nancy B. Clark Trust Dated May 5, 2021

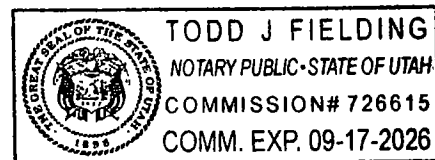
Nancy B. Clark
Nancy B. Clark, Successor Trustee

State of Utah)
County of Utah) ss.

On 10-9-2025, before me, the undersigned Notary Public, personally Nancy B. Clark, Successor Trustee of The Carl S. and Nancy B. Clark Trust Dated May 5, 2021, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Todd J. Fielding
Notary Public



My Commission Expires: 9-17-2026

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2022016819

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Carl Stanley Clark

DECEDENT INFORMATION

Date of Death: September 26, 2022
City of Death: Lehi
Age: 79
Place of Birth: Lehi, Utah
Armed Services: No
Spouse's Name: Nancy Ann Bushman
Industry/Business: Soil Conservation Services
Residence: Lehi, Utah
Mother's Name: Violet Jean Gray
Facility or Address: Mountain Point Medical Center

Time of Death: 17:35
County of Death: Utah
Date of Birth: May 1, 1943
Sex: Male
Marital Status: Married
Usual Occupation: Civil Engineer
Education: Some College but No Degree
Father's Name: Keith Clark
Facility Type: Hospital Inpatient

INFORMANT INFORMATION

Name: Nancy Ann Clark Relationship: Spouse
Mailing Address: 9227 West 7750 North, Lehi, Utah 84043

DISPOSITION INFORMATION

Method of Disposition: Burial
Place of Disposition: Lehi City Cemetery, Lehi, Utah
Date of Disposition: October 3, 2022

FUNERAL HOME INFORMATION

Funeral Home: Wing Mortuary
Address: 118 East Main Street, Lehi, Utah 84043
Funeral Director: Tyler O'Harris

MEDICAL CERTIFICATION

Certifying Physician: Matthew Agresta MD, 3580 West 9000 South, West Jordan, Utah 84088

CAUSE OF DEATH

Bacterial Sepsis
Due to (or as a consequence of): Catheter Associated Urinary Tract Infection
Due to (or as a consequence of): Chronic Urinary Retention
Due to (or as a consequence of): Stage 4 Glioblastoma Multiforme
Other significant conditions: Acute Hypoxemic Respiratory Failure
Tobacco Use: Non-user
Medical Examiner Contacted: Unknown Autopsy Performed: No Manner of Death: Natural

Date Registered: October 3, 2022

Date Issued: October 3, 2022

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

067214087

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

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____ STATE _____ COUNTY _____ NOTARY SIGNATURE _____	
	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						
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____ STATE _____ COUNTY _____ NOTARY SIGNATURE _____	
	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						