

121988SL  
WHEN RECORDED MAIL TO:  
Floyd Robert Berrett and Maryanne E.K. Berrett  
1394 E Lantern Lane  
Draper, UT 84020.

ENT 87565:2012 PG 1 of 1  
**Jeffery Smith**  
**Utah County Recorder**  
2012 Oct 09 04:39 PM FEE 10.00 BY CLS  
RECORDED FOR Pinnacle Title  
ELECTRONICALLY RECORDED

## WARRANTY DEED

**EAGLE POINT DEVELOPERS, LLC, a Utah Limited Liability Company, who acquired title as EAGLE POINT DEVELOPERS, LC, a Utah Limited Liability Company**

a Limited Liability Company organized and existing under the laws of the State of Utah, with its principal office in Park City, Utah, grantor hereby Conveys and Warrants against all claiming by, through or under it to

**Floyd Robert Berrett and Maryanne E.K. Berrett, Co-Trustees of The R and M Berrett Family Trust, dated April 19, 2007**

grantee of Draper, Utah, for the sum of TEN DOLLARS AND OTHER VALUABLE CONSIDERATION DOLLARS the following described tract of land in Utah County, State of Utah:

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.

38-352-0040

SUBJECT TO EASEMENTS, RESTRICTIONS AND RIGHTS OF WAY CURRENTLY OF RECORD, AND GENERAL PROPERTY TAXES FOR THE YEAR 2012 AND THEREAFTER.

The officers who sign this deed hereby certify that this deed and the transfer represented thereby was duly authorized by the Limited Liability Company.

WITNESS the hand of said grantor, this 5th day of October, 2012.

Approved and accepted by Grantee(s)

  
**EAGLE POINT DEVELOPERS, LLC**

by: **Robert K. Gulbrandsen**  
Its Managing Member

STATE OF UTAH )  
COUNTY OF ~~Utah~~ Salt Lake ) :ss)

On the 5th day of October, 2012, personally appeared before me **Robert K. Gulbrandsen** and duly sworn says that he is a **MANAGING MEMBER** of Eagle Point Developers, LLC, the limited liability company who acquired title as Eagle Point Developers, LC, the limited liability company that executed the above and foregoing instrument and that said instrument was signed in behalf of said limited liability company by authority of its operating agreement.



  
Notary Public

My Commission Expires: Sept 23 2016  
Residing In: Salt Lake

40  
66

AFTER RECORDING RETURN TO:

UTAHWILLS.COM

10808 S. River Front Pkwy. #335

South Jordan, Utah 84095



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

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.

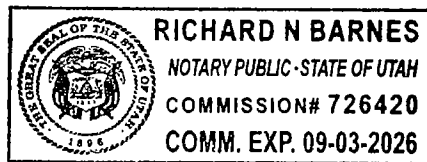
SERIAL NUMBER: 38:352:0040


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 10<sup>th</sup> day of July, 2025.



  
NOTARY PUBLIC  
Residing at: SALT LAKE

My Commission Expires: 9/3/26

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

**CERTIFICATE OF DEATH**

State File Number: 2025011066

**Maryanne Elaine Kiser Berrett**

ENT 52575-2025 PG 3 of 6

**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**

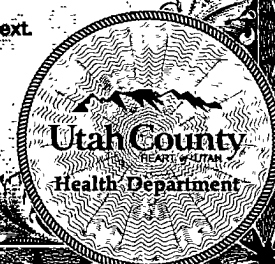
06/25/2025 County of Death from Salt Lake to Utah  
06/25/2025 Residence County from Salt Lake to Utah  
06/25/2025 Father First Name from Jerald to Gerald

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



*Eric S. Edwards*  
Eric S. Edwards, MPA, MCHES  
Executive Director  
Utah County 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 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.



online instructions

**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

**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.					Subscribed to and Sworn to before me this ____ day of ____ 20__.
	11a. Signature of witness (sign in front of notary)			11b. Printed name of witness		State _____ County _____
	12. Date signed	13. Age of witness	14. Telephone number		15. Relationship to 1a.	Notary signature _____
	16. Address of witness					S E A L
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.					Subscribed to and sworn to before me this ____ day of ____ 20__.
	17a. Signature of witness (sign in front of a notary)			17b. Printed name of witness		State _____ County _____
	18. Date signed	19. Age of witness	20. Telephone number		21. Relationship to 1a.	Notary signature _____
	22. Address of witness					S E A L

**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
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**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. Winger*

Linda S. Winger, MSW, LCSW  
State Registrar

Reg. 12/20



\* 0 6 8 0 3 5 9 4 4 \*

*Eric S. Edwards*

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



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[ ] Birth [ ] Death [ ] Stillbirth

State file number: \_\_\_\_\_

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