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Mail tax statements to:
Clark D. Murdock and
Linda H. Murdock, Trustees
252 East 1200 North
Centerville, Utah 84014

E 2974348 B 6622 P 1709
RICHARD T. MAUGHAN
DAVIS COUNTY, UTAH RECORDER
10/14/2016 04:00 PM
FEE \$11.00 Pgs: 1
DEP RT REC'D FOR ROWE & WALTON P C

When recorded, return to:
Rowe & Walton PC
Robyn Walton
Attorney at Law
915 South Main
Bountiful, Utah 84010

Land Serial No. 02-020-0048

SPECIAL WARRANTY DEED

CLARK D. MURDOCK and LINDA H. MURDOCK, of Centerville, County of Davis, State of Utah, **GRANTORS**, hereby CONVEY and WARRANT only as against all claiming by, through, or under it, to CLARK D. MURDOCK and LINDA H. MURDOCK, Trustees or Successor Trustees of THE MURDOCK FAMILY TRUST, dated the 13th day of October, 2016, of Centerville, County of Davis, State of Utah, **GRANTEES**, for the sum of Ten Dollars any and all interest in the following described tract of land in Davis County, State of Utah:

ALL OF LOT 48, CASA LOMA PLAT F AMENDED.
CONTAINING 0.25 ACRES.

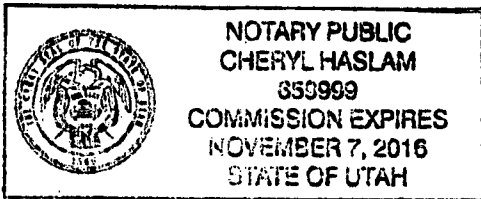
IN WITNESS WHEREOF, the said Grantors have hereunto set their hands and seals, this 13th day of October, 2016.

Clark D. Murdock
CLARK D. MURDOCK

Linda H. Murdock
LINDA H. MURDOCK

STATE OF UTAH)
 : ss.
COUNTY OF DAVIS)

On the 13th day of October, 2016, personally appeared before me CLARK D. MURDOCK and LINDA H. MURDOCK, the signers of the within instrument, who duly acknowledged to me that they executed the same.



Richard T. Maughan
NOTARY PUBLIC
Residing at Davis County

Mail tax statements to:
Julia M. Reese, Trustee
1302 North 2375 West
Layton, Utah 84041

When recorded, return to:
Rowe & Walton, PC
Britten J. Hepworth
Attorney at Law
915 South Main
Bountiful, Utah 84010

E 3536420 B 8294 P 354-359
RICHARD T. MAUGHAN
DAVIS COUNTY, UTAH RECORDER
7/13/2023 1:27 PM
FEE 40.00 Pgs: 6
DEP CTA REC'D FOR ROWE
& WALTON PC

RETURNED
JUL 13 2023

Parcel No. 02-020-0048

TRUSTEE'S SURVIVOR AFFIDAVIT,
CERTIFICATE OF IDENTITY & CERTIFICATE OF INCUMBENCY

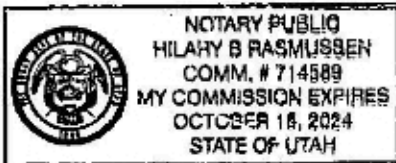
JULIA M. REESE, hereinafter referred to as "Affiant", having been duly sworn, on oath, deposes and says:

1. Affiant is over the age of eighteen (18), is a resident of Davis County, State of Utah, is competent to testify to the matters herein, and does so from personal knowledge.
2. Affiant is the successor Trustee to THE MURDOCK FAMILY TRUST dated the 13th day of October, 2016; and that up until the date of their deaths, CLARK D. MURDOCK and LINDA H. MURDOCK were the Trustees of said trust agreement.
3. CLARK D. MURDOCK died on the 12th day of July, 2017; LINDA H. MURDOCK aka LINDA GENE HAACKE MURDOCK died on the 12th day of February, 2022; certified copies of the death certificates acknowledging their deaths are attached hereto and by reference made a part hereof.
4. CLARK D. MURDOCK and LINDA H. MURDOCK, conveyed any and all interest in the below-described property to CLARK D. MURDOCK and LINDA H. MURDOCK, Trustees or Successor Trustees of THE MURDOCK FAMILY TRUST dated the 13th day of October, 2016, by a certain Special Warranty Deed recorded the 14th day of October 2016, as Entry #2974348, Book #6622, Page #1709, covering the following property situated in Davis County, State of Utah:

**ALL OF LOT 48, CASA LOMA PLAT F AMENDED
CONTAINING 0.25 ACRES**

5. CLARK D. MURDOCK and LINDA GENE HAACKE MURDOCK, named as the deceased in the certified copies of the death certificates hereto attached, are one and the same persons as CLARK D. MURDOCK and LINDA H. MURDOCK in said Special Warranty Deed above referred to.
6. By reason of the deaths of CLARK D. MURDOCK and LINDA H. MURDOCK, and pursuant to Article VIII., of said Trust Agreement; and the Resignation as Successor Trustee signed by David Rulon Murdock on the 6th day of March, 2023, the Affiant, JULIA M. REESE, has become the successor Trustee of THE MURDOCK FAMILY TRUST dated the 13th day of October, 2016.
7. Affiant does hereby accept the incumbency to serve in said capacity as Trustee of said Trust, and that by reason of the deaths of CLARK D. MURDOCK and LINDA H. MURDOCK and the terms of said Trust Agreement, the Affiant as successor Trustee and with the power and authority vested in him by reason of said Trust, does accept the above-described property as Trustee of said Trust Agreement and the position of Trustee and agrees to perform all duties and functions according to said trust instrument.
8. The Undersigned, as successor Trustee of THE MURDOCK FAMILY TRUST dated the 13th day of October, 2016, does hereby remove the names of CLARK D. MURDOCK and LINDA H. MURDOCK, Trustees of THE MURDOCK FAMILY TRUST dated the 13th day of October, 2016, and said property shall be titled from this date forward as: JULIA M. REESE, Trustee of THE MURDOCK FAMILY TRUST dated the 13th day of October, 2016, of Davis County, State of Utah.

DATED this 12th day of July, 2023.



Julia M. Reese

 JULIA M. REESE, Trustee
 THE MURDOCK FAMILY TRUST
 dated the 13th day of October, 2016

STATE OF UTAH)
 : ss.
 COUNTY OF DAVIS)

On this 12th day of July, 2023, personally appeared before me JULIA M. REESE, Trustee of THE MURDOCK FAMILY TRUST dated the 13th day of October, 2016, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to on this TRUSTEE'S SURVIVOR AFFIDAVIT, CERTIFICATE OF IDENTITY & CERTIFICATE OF INCUMBENCY, and acknowledged that she executed the same.

Hilary B. Rasmussen

 NOTARY PUBLIC
 Residing at Davis County

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

3538420
BK 8294 PG 356

CERTIFICATE OF DEATH
State File Number: 2017009896
Clark D Murdock

DECEDENT INFORMATION

Date of Death:	July 12, 2017	Time of Death:	05:10
City of Death:	Salt Lake City	County of Death:	Salt Lake
Age:	77	Date of Birth:	March 1, 1940
Place of Birth:	Minersville, Utah	Sex:	Male
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Linda Gene Haacke	Usual Occupation:	Electrician
Industry/Business:	UP Railroad	Education:	Some College but No Degree
Residence:	Centerville, Utah	Parent or Father:	Joseph Grant Murdock
Parent or Mother:	Sarah Ora Griffiths	Facility Type:	Hospital Inpatient
Facility or Address:	University of Utah Hospital		

INFORMANT INFORMATION

Name:	Linda Murdock	Relationship:	Wife
Mailing Address:	252 East-1200 North, Centerville, Utah 84014		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Bountiful City Cemetery, Bountiful, Utah
Date of Disposition:	July 19, 2017

FUNERAL HOME INFORMATION

Funeral Home:	Russon Brothers Mortuary - Bountiful
Address:	295 North Main Street, Bountiful, Utah 84010
Funeral Director:	Chad B Russon

MEDICAL CERTIFICATION

Medical Professional:	Lynn M Keenan MD, Salt Lake City Va Medical Center, 500 Foothill Drive, Salt Lake City, Utah 84148
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CAUSE OF DEATH

Septic Shock [Onset: 6 Hours]
 Due to (or as a consequence of): Refractory Anion Gap Metabolic Acidosis, Shock Liver, Coagulopathy, Acute Kidney Injury, [Onset: 6 Hours] [Onset: 2 Days]
 Due to (or as a consequence of): Non Alcoholic Fatty Liver Disease with Cirrhosis [Onset: 2 Years]
 Other significant conditions: Diabetes Mellitus, Ground Level Fall Left Hip Fracture
 Tobacco Use: Did not Contribute
 Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: July 13, 2017
Date Issued: July 13, 2017

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: High Resolution Border, Y & R Images in top cycloids, and microtext. This document displays the date, seal, and signature of the Utah State Registrar of Vital Records and Statistics.



Richard J. Oborn
Richard J. Oborn, MPA
State Registrar
Rev. 1/16



065193842

Gary L. Edwards
Gary L. Edwards
Director/Health Officer
County/District Health
Department



STATE OF UTAH - DEPARTMENT OF HEALTH - OFFICE OF VITAL RECORDS AND STATISTICS
AFFIDAVIT TO AMEND A RECORD

3536420
 BK 8294 PG 357

Corrections to a vital record must be made by affidavit but an item on a birth record may be corrected by affidavit only once. A court order is required for subsequent changes. A court order is necessary to make any corrections to a Delayed Birth Certificate. This affidavit cannot be used to correct medical information. Please return any copies of the certificate with this affidavit completed. 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 or hand delivered.

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

Affidavit Instructions

Please print or type in black ink.
Items 1-6: Enter the facts as reported on the current vital record.
Item 7: Enter 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 on the record.
Item 9: Enter the reason the change is necessary.
Item 10: Enter the proofs used to support the change, if applicable. The proofs must match the asserted fact(s) exactly.
Items 11-22: Enter witness information.

Witness Instructions

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, or a person who is knowledgeable of the facts.

BIRTH

DEATH

STILLBIRTH

STATE FILE NUMBER _____

NAME AS REPORTED ON REVERSE	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 STATED ON THE ORIGINAL RECORD			8b. CORRECT INFORMATION	
WHY IS CHANGE NECESSARY?	9a.					
	9b.					
DOCUMENT'S ORIGINAL RECORD	10a.					
	10b.					
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 & Sworn to before me this ____ day of _____, 20__
	11a. SIGNATURE OF WITNESS (Must be signed in front of a Notary)			11b. PRINTED NAME OF WITNESS		Notary Signature _____
	12. DATE SIGNED	13. AGE OF WITNESS	14. DAYTIME TELEPHONE OF WITNESS	15. RELATIONSHIP OF WITNESS		State _____
	16. ADDRESS OF WITNESS (Street, City, State, Zip)					County _____
						S E A L
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 & Sworn to before me this ____ day of _____, 20__
	17a. SIGNATURE OF WITNESS (Must be signed in front of a Notary)			17b. PRINTED NAME OF WITNESS		Notary Signature _____
	18. DATE SIGNED	19. AGE OF WITNESS	20. DAYTIME TELEPHONE OF WITNESS	21. RELATIONSHIP OF WITNESS		State _____
	22. ADDRESS OF WITNESS (Street, City, State, Zip)					County _____
						S E A L

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

3536420
BK 8294 PG 358

CERTIFICATE OF DEATH

State File Number: 2022003196

Linda Gene Haacke Murdock

DECEDENT INFORMATION

Date of Death:	February 12, 2022	Time of Death:	05:30
City of Death:	Clearfield	County of Death:	Davis
Age:	77	Date of Birth:	December 30, 1944
Place of Birth:	Salt Lake City, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:	Clark D Murdock (deceased)	Usual Occupation:	Teacher
Industry/Business:	Elementary Education	Education:	Bachelor's Degree
Residence:	Centerville, Utah	Father's Name:	Rulon B Haacke
Mother's Name:	Hildegard Neitsch	Facility Type:	Nursing Home/Assisted Living
Facility or Address:	Rocky Mountain Care Clearfield		

INFORMANT INFORMATION

Name:	Julia M Reese	Relationship:	Daughter
Mailing Address:	1302 North 2375 West, Layton, Utah 84041		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Bountiful City Cemetery, Bountiful, Utah
Date of Disposition:	February 18, 2022

FUNERAL HOME INFORMATION

Funeral Home:	Russon Brothers Mortuary - Bountiful
Address:	295 North Main Street, Bountiful, Utah 84010
Funeral Director:	Kyle R Robb

MEDICAL CERTIFICATION

Certifying Physician:	Tyler Nixon DO, 331 West Parrish Lane, Suite 106-196, Centerville, Utah 84037
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CAUSE OF DEATH

Acute Respiratory Failure
 Due to (or as a consequence of): COVID Pneumonia, Sepsis Secondary to Urinary Tract Infection
 Other significant conditions: Anemia, Chronic Pain, Status Post Amputation Secondary to Osteomyelitis, Morbid Obesity
 Tobacco Use: Unknown if User
 Medical Examiner Contacted: Yes - Autopsy Performed: No - Manner of Death: Natural

Date Registered: February 16, 2022
 Date Issued: July 12, 2023

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



* 0 6 7 3 7 1 - 7 3 4 *

Brian Hatch

Brian Hatch
 Director/Health Officer



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__
	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.	
	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__
	17a. SIGNATURE OF WITNESS (Must sign in front of Notary)			17b. PRINTED NAME OF WITNESS		STATE _____ COUNTY _____
	18. DATE SIGNED	19. AGE OF WITNESS	20. DAYTIME TELEPHONE		21. RELATIONSHIP TO 1a.	
	22. ADDRESS OF WITNESS					

S E A L