

RETURN RECORDED COPY TO:  
Sandberg, Stettler, & Bloxham  
1330 Flint Meadow Dr.  
Kaysville, Utah 84037

Recorded 21-Nov-2022 Filing No. 104512  
At 11:52 AM Book Z12 Page 495  
Fee \$40.00 Kaia Bowden Rich County Recorder  
For SANDBERG, STETTLER, & BLOXHAM (SSB LAW)



MAIL TAX NOTICE TO

Angela Young  
~~60 North 100 West~~  
Garden City, Utah 84028

PO Box 296

PERSONAL REPRESENTATIVE DEED

THIS DEED, made by ANGELA YOUNG, Personal Representative of the ESTATE of HARRISON BENNION, of Garden City, Rich County, State of Utah, as GRANTOR,

to

ANGELA MARIE YOUNG, Trustee of the HARRISON BENNION AND BARBARA BENNION REVOCABLE TRUST dated December 5, 2018, of Garden City, Rich County, State of Utah, GRANTEE,

Whereas, Grantor is the qualified Personal Representative of the Estate of Harrison Bennion, filed as Case Number 223100008 in the First District Court of Rich County.

Therefore, for the sum of Ten and no/100 (\$10.00) dollars and other good and valuable consideration, the following described tracts of land in Rich County, State of Utah, to wit:

Legal Description:

See attached "Exhibit A."

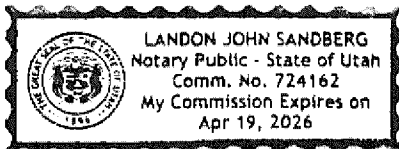
Witness the hand of said Grantor, this the 16<sup>th</sup> day of November 2022

*Angela Young*  
\_\_\_\_\_  
ANGELA YOUNG,  
Personal Representative of the  
Estate of Harrison Bennion

STATE OF UTAH )  
 ) ss.:  
COUNTY OF DAVIS )

On this 16<sup>th</sup> day of November 2022, before me, Landon J. Sandberg a Notary Public in and for said State and County, appeared Angela Young, Personal Representative of the Estate of Harrison Bennion, Grantor, and proved on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledge they executed the same.

Witness my hand and official seal.



*Landon J. Sandberg*  
\_\_\_\_\_  
Signature of Notary

## EXHIBIT A

Parcel 1:

Commencing at the Northwest corner of Lot 2, Block 2, Plat B, Garden City Survey, and running thence South 148.5 feet; thence East 395 feet; thence North 148.5 feet; thence West 2 feet; thence South 68.5 feet; thence West 250 feet; thence North 60 feet; thence East 25 feet; thence North 8.5 feet thence West 170 feet more or less to the point of beginning.

Less and excepting therefrom the following:

Beginning at the Northwest Corner of Lot 1a, BENNION MOTOR & SPORTS STORAGE as shown on the official plat filed January 30, 1992, as Filing No. 42124 in the office of Rich County Recorder and running thence South 68.5 feet to the Southwest Corner of Lot A BENNION MOTOR & SPORTS STORAGE SUBDIVISION; thence West 25 feet to a point in the retaining wall; thence West 6.4 feet along said wall; thence Northwesterly along said wall to a point 58.25 feet South and 41.5 feet West of the point of beginning; thence North along said wall 16.75 feet more or less to the North end of said wall; thence North 41.5 feet to the South line of 75 North Street; thence East 41.5 feet to the place of beginning.

Tax Parcel #: 41-21-400-0209

Parcel 2:

Unit F, of BENNION MOTOR & SPORTS STORAGE SUBDIVISION, as shown by the official plat thereof filed January 30, 1992, as Filing No. 42124 in Book 16, Page 172, in the office of the Recorder of Rich County, Utah, and as further ratified and dedicated March 30, 1994 as Filing No. 45341 in Book V6, at Page 298, in the office of the Recorder of Rich County. Utah.

Tax Parcel #: 41-21-420-0042

Parcel 3:

Unit H, of BENNION MOTOR & SPORTS STORAGE SUBDIVISION, as shown by the official plat thereof filed January 30, 1992, as Filing No. 42124 in Book 16, Page 172, in the office of the Recorder of Rich County, Utah, and as further ratified and dedicated March 30, 1994 as Filing No. 45341 in Book V6, at Page 298, in the office of the Recorder of Rich County. Utah.

Tax Parcel #: 41-21-420-0044

The Order of the Court is stated below:

Dated: September 09, 2022  
01:10:48 PM

/s/ BECKY PEART  
District Court Clerk



Kelly O. White, 16223  
Sandberg, Stettler & Bloxham  
1330 Flint Meadow Dr  
Kaysville, UT 84037  
Kelly@ssb.law  
Attorney for Applicant

---

**IN THE FIRST DISTRICT JUDICIAL COURT  
RICH COUNTY, UTAH**

---

**In the Matter of the Estate of:**

**HARRISON BENNION,**

**Decedent,**

**ANGELA YOUNG,**

**Applicant.**

**LETTERS TESTAMENTARY**

**Case No.: 223100008**

**Honorable Judge: Angela Fennesbeck**

---

I, **ANGELA YOUNG**, was duly appointed and qualified as General Personal representative of the estate of the above-named decedent by the court, with all authority pertaining thereto:

Administration of the estate is unsupervised.

These Letters Testamentary are issued to evidence the appointment, qualification, and authority of the said Personal Representative.

END OF DOCUMENT.

LET JUDGMENT BE ENTERED ACCORDINGLY. SEE COURT SIGNATURE ABOVE.

STATE OF UTAH  
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2022011050

Harrison Arthur Bennion

DECEDENT INFORMATION

Date of Death:	June 22, 2022	Time of Death:	13:05
City of Death:	Logan	County of Death:	Cache
Age:	82	Date of Birth:	August 29, 1939
Place of Birth:	Salt Lake City, Utah	Sex:	Male
Armed Services:	Yes	Marital Status:	Widowed
Spouse's Name:		Usual Occupation:	Mechanic
Industry/Business:	Mechanical	Education:	High School or GED
Residence:	Garden City, Utah	Father's Name:	Harris Wilford Bennion
Mother's Name:	June Evelyn Carlsen	Facility Type:	Hospital Inpatient
Facility or Address:	Logan Regional Hospital		

INFORMANT INFORMATION

Name:	Todd Harrison Bennion	Relationship:	Son
Mailing Address:	380 West 320 North #3, Garden City, Utah 84028		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Garden City Cemetery, Garden City, Utah
Date of Disposition:	June 27, 2022

FUNERAL HOME INFORMATION

Funeral Home:	Allen-Hall Mortuary
Address:	34 East Center Street, Logan, Utah 84321
Funeral Director:	Jason R Allen

MEDICAL CERTIFICATION

Certifying Physician: Lam Thanadabout MD, Intermountain Healthcare Budge Clinic, 1300 North 500 East, Logan, Utah 84341


CAUSE OF DEATH

Septic shock due to Methicillin Sensitive Staphaureus Bacteremia  
Due to (or as a consequence of): Methicillin Sensitive Staphaureus Bacteremia  
Tobacco Use: Did not Contribute  
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural


Date Registered: June 28, 2022

Date Issued: June 28, 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, MSW, LCSW  
State Registrar



  
Jordan Mathis  
Director/Health Officer  
County/District Health Department

  
Bear River  
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: \_\_\_\_\_

<b>INFORMATION AS REPORTED ON RECORD</b>	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)		
<b>STATEMENT OF AMENDMENTS</b>	7. ITEM NO.	8a. FACTS EXACTLY AS ON ORIGINAL RECORD			8b. CORRECT INFORMATION	
<b>WHY IS CHANGE NEEDED?</b>	9. _____					
<b>DOCUMENTS USED</b>	10. _____					
<b>OATH OF FIRST WITNESS (MUST BE 18 OR OLDER)</b>	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		
	12. DATE SIGNED		13. AGE OF WITNESS	14. DAYTIME TELEPHONE		15. RELATIONSHIP TO 1a.
	16. ADDRESS OF WITNESS					
<b>OATH OF SECOND WITNESS (MUST BE 18 OR OLDER)</b>	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		
	18. DATE SIGNED		19. AGE OF WITNESS	20. DAYTIME TELEPHONE		21. RELATIONSHIP TO 1a.
	22. ADDRESS OF WITNESS					

**RETURN RECORDED COPY TO:**

Sandberg, Stettler, & Bloxham  
1330 Flint Meadow Dr.  
Kaysville, Utah 84037

Recorded **21-Nov-2022** Filing No. **104513**

At **11:53 AM** Book **Z12** Page **500**

Fee **\$40.00** Kaia Bowden Rich County Recorder  
For **SANDBERG, STETTLER, & BLOXHAM (SSB LAW)**



**MAIL TAX NOTICE TO**

Angela Young  
~~60 North 100 West~~  
Garden City, Utah 84028

*PO Box 296*

**PERSONAL REPRESENTATIVE DEED**

**THIS DEED, made by ANGELA YOUNG, Personal Representative of the ESTATE of BARBARA BENNION, of Garden City, Rich County, State of Utah, as GRANTOR,**

to

**ANGELA MARIE YOUNG, Trustee of the HARRISON BENNION AND BARBARA BENNION REVOCABLE TRUST dated December 5, 2018, of Garden City, Rich County, State of Utah, GRANTEE,**

Whereas, Grantor is the qualified Personal Representative of the Estate of Barbara Bennion, filed as Case Number 223100007 in the First District Court of Rich County.

Therefore, for the sum of Ten and no/100 (\$10.00) dollars and other good and valuable consideration, the following described tracts of land in Rich County, State of Utah, to wit:

Legal Description:

See attached "Exhibit A."

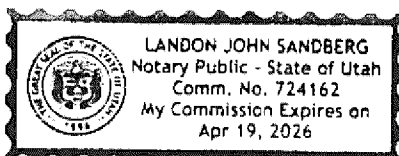
Witness the hand of said Grantor, this the 16<sup>th</sup> day of November 2022

*Angela Young*  
\_\_\_\_\_  
ANGELA YOUNG,  
Personal Representative of the  
Estate of Barbara Bennion

STATE OF UTAH )  
 ) ss.:  
COUNTY OF DAVIS )

On this 16<sup>th</sup> day of November 2022, before me, Landon J. Sandberg a Notary Public in and for said State and County, appeared Angela Young, Personal Representative of the Estate of Barbara Bennion, Grantor, and proved on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledge they executed the same.

Witness my hand and official seal.



*Landon J. Sandberg*  
\_\_\_\_\_  
Signature of Notary

## EXHIBIT A

Parcel 1:

Commencing at the Northwest corner of Lot 2, Block 2, Plat B, Garden City Survey, and running thence South 148.5 feet; thence East 395 feet; thence North 148.5 feet; thence West 2 feet; thence South 68.5 feet; thence West 250 feet; thence North 60 feet; thence East 25 feet; thence North 8.5 feet thence West 170 feet more or less to the point of beginning.

Less and excepting therefrom the following:

Beginning at the Northwest Corner of Lot 1a, BENNION MOTOR & SPORTS STORAGE as shown on the official plat filed January 30, 1992, as Filing No. 42124 in the office of Rich County Recorder and running thence South 68.5 feet to the Southwest Corner of Lot A BENNION MOTOR & SPORTS STORAGE SUBDIVISION; thence West 25 feet to a point in the retaining wall; thence West 6.4 feet along said wall; thence Northwesterly along said wall to a point 58.25 feet South and 41.5 feet West of the point of beginning; thence North along said wall 16.75 feet more or less to the North end of said wall; thence North 41.5 feet to the South line of 75 North Street; thence East 41.5 feet to the place of beginning.

Tax Parcel #: 41-21-400-0209

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Tax Parcel #: 41-21-420-0042

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Tax Parcel #: 41-21-420-0044

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The Order of the Court is stated below:

Dated: September 09, 2022  
01:09:09 PM

/s/ BECKY PEART  
District Court Clerk



Kelly O. White, 16223  
Sandberg, Stettler & Bloxham  
1330 Flint Meadow Dr  
Kaysville, UT 84037  
Kelly@ssb.law  
Attorney for Applicant

---

**IN THE FIRST DISTRICT JUDICIAL COURT  
RICH COUNTY, UTAH**

---

**In the Matter of the Estate of:**  
**BARBARA BENNION,**  
**Decedent,**  
**ANGELA YOUNG,**  
**Applicant.**

**LETTERS TESTAMENTARY**

**Case No.: 223100007**

**Honorable Judge: Angela Fennesbeck**

I, **ANGELA YOUNG**, was duly appointed and qualified as General Personal representative of the estate of the above-named decedent by the court, with all authority pertaining thereto:

Administration of the estate is unsupervised.

These Letters Testamentary are issued to evidence the appointment, qualification, and authority of the said Personal Representative.

END OF DOCUMENT.

LET JUDGMENT BE ENTERED ACCORDINGLY. SEE COURT SIGNATURE ABOVE.



STATE OF UTAH  
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2020001183

Barbara Allen Bennion

DECEDENT INFORMATION

Date of Death:	January 20, 2020	Time of Death:	19:30
City of Death:	Garden City	County of Death:	Rich
Age:	80	Date of Birth:	August 14, 1939
Place of Birth:	Salt Lake City, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Harrison Arthur Bennion	Usual Occupation:	Post Master
Industry/Business:	US Postal Service	Education:	High School or GED
Residence:	Garden City, Utah	Parent or Father:	Lynndyl David Allen
Parent or Mother:	Dorothy Bessie Sorensen	Facility Type:	Home
Facility or Address:	60 North 100 West		

INFORMANT INFORMATION

Name:	Harrison Arthur Bennion	Relationship:	Husband
Mailing Address:	PO Box 296, Garden City, Utah 84028		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Garden City Cemetery, Garden City, Utah
Date of Disposition:	January 25, 2020

FUNERAL HOME INFORMATION

Funeral Home:	Lindquist Mortuary - Ogden
Address:	3408 Washington Boulevard, , Ogden, Utah 84401
Funeral Director:	Craig J McMillan

MEDICAL CERTIFICATION

Medical Professional:	Kristin K Buys PA, 325 West Logan Highway, Garden City, Utah 84028
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CAUSE OF DEATH

Natural Disease Or Natural Causes Not Otherwise Specified  
Other significant conditions: Hypertension, Major Depressive Disorder, Acute Diarrhea  
Tobacco Use: Non-user  
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: January 23, 2020

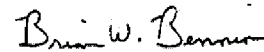
Date issued: January 23, 2020

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, V & 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.

  
Linda S. Winger LCSW  
State Registrar  
Rev. 4/19



066313914

  
Brian W. Bennion, MPH  
Director/Health Officer  
County Health  
Department



E 104513 B Z12 P 503

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

# 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 and proof of ID.

**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 _____					
	NOTARY SIGNATURE _____					
	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 _____					
	NOTARY SIGNATURE _____					
	18. DATE SIGNED	19. AGE OF WITNESS	20. DAYTIME TELEPHONE		21. RELATIONSHIP TO 1a	
22. ADDRESS OF WITNESS						