

3538864
BK 8308 PG 287

E 3538864 B 8308 P 287-290
RICHARD T. MAUGHAN
DAVIS COUNTY, UTAH RECORDER
08/03/2023 11:34:15 AM
FEE: \$40.00 Pgs: 4
DEP eCASH REC'D FOR: INTEGRATED TITLE
INSURANCE SERVICES, LLC (MAIN)

RECORDING REQUESTED BY:
Integrated Title Insurance Services, LLC
1092 East South Union Avenue
Midvale, UT 84047
(801)307-0160

AFFIDAVIT OF SUCCESSOR TRUSTEE

ITS File No.: 93109
PIN: 03-069-0010

This affidavit is given to evidence the death of NEIL LARSEN BERGENER, as Trustee(s) of THE NEIL LARSEN BERGENER AND MARY SELENA LINDORFF BERGENER FAMILY TRUST, dated September 2, 1997, and to establish MICHAEL A. BERGENER, as Successor Trustee(s) of said Trust.

The undersigned hereby certifies that NEIL LARSEN BERGENER, listed as Trustee(s) of THE NEIL LARSEN BERGENER AND MARY SELENA LINDORFF BERGENER FAMILY TRUST, dated September 2, 1997, grantee in that certain Deed recorded June 24, 2005, as Entry No. 2083529, is/are one and the same person(s) as NEIL LARSEN BERGENER, listed as decedent(s) on the attached Certificate(s) of Death filed as number(s) 2023010165.

And by virtue of said death certificate(s) attached hereto and made a part hereof and pursuant to the terms and conditions of said Declaration of Trust I/we do hereby declare that the conditions for the appointment of Successor Trustee(s) have been met and that pursuant to said Declaration of Trust, that the undersigned MICHAEL A. BERGENER is/are authorized as Successor Trustee(s) of said Trust to convey any assets of the Trust particularly the property located at 352 West 325 South, Bountiful, UT 84010, and more particularly described as follows:

Lot 4, Block 1, LYNNHAVEN SUBDIVISION PLAT "B", according to the official plat thereof, as recorded in the office of the Davis County Recorder.

Parcel Identification No. 03-069-0010.

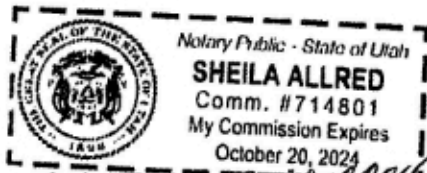
Dated this ^{3rd MRS} 10th day of August, 2023.

Michael A Bergener
MICHAEL A. BERGENER

STATE OF UTAH

ss.
COUNTY OF SALT LAKE

^{3 SA}
On the 10th of August, 2023, personally appeared before me MICHAEL A. BERGENER, the signer(s) of the above instrument, who duly acknowledged to me that he/she/they executed the same.



Sheila Allred
Notary Public -

My Commission Expires: ~~10-20-2024~~
Commission No.: ~~714801~~

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

3538864
BK 8308 PG 289

CERTIFICATE OF DEATH

State File Number: 2023010165

Neil Larsen Bergener

DECEDENT INFORMATION

Date of Death:	June 20, 2023	Time of Death:	13:15
City of Death:	Clearfield	County of Death:	Davis
Age:	89	Date of Birth:	March 4, 1934
Place of Birth:	Salt Lake City, Utah	Sex:	Male
Armed Services:	Yes	Marital Status:	Widowed
Spouse's Name:	Mary Lindorff (deceased)	Usual Occupation:	Technician/Management
Industry/Business:	Oil and Gas	Education:	Some College but No Degree
Residence:	Bountiful, Utah	Father's Name:	Francis Clifford Bergener
Mother's Name:	Maggie Larsen	Facility Type:	Nursing Home/Assisted Living
Facility or Address:	Rocky Mountain Care Clearfield		

INFORMANT INFORMATION

Name:	Debbie Griffith	Relationship:	Daughter
Mailing Address:	5531 West 4360 South, West Valley City, Utah 84120		

DISPOSITION INFORMATION

Method of Disposition: Burial
Place of Disposition: Bountiful City Cemetery, Bountiful, Utah
Date of Disposition: June 26, 2023

FUNERAL HOME INFORMATION

Funeral Home: Russon Mortuary - Bountiful
Address: 295 North Main Street, Bountiful, Utah 84010
Funeral Director: Todd G Russon

MEDICAL CERTIFICATION

Certifying Physician: Cameron Peterson MD, 740 East 150 South, Hyde Park, Utah 84318

CAUSE OF DEATH

Cessation Of Heart Rhythm Causing Cardiac Arrest Due To Severe Arrhythmia
Due to (or as a consequence of): Severe Electrolyte And Metabolic Disturbance
Due to (or as a consequence of): Dehydration And Malnutrition With A Component Of Severe Infection
Due to (or as a consequence of): Hypoxic Respiratory Failure And Weakness Due To Pneumonia
Other significant conditions: Atrial Fibrillation, Congestive Heart Failure.
Tobacco Use: Unknown if User
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: June 27, 2023

Date Issued: June 27, 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
RW 12/20



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					

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3538865
BK 8308 PG 291

E 3538865 B 8308 P 291-294
RICHARD T. MAUGHAN
DAVIS COUNTY, UTAH RECORDER
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FEE: \$40.00 Pgs: 4
DEP eCASH REC'D FOR: INTEGRATED TITLE
INSURANCE SERVICES, LLC (MAIN)

RECORDING REQUESTED BY:
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(801)307-0160

AFFIDAVIT OF SUCCESSOR TRUSTEE

ITS File No.: 93109
PIN: 03-069-0010

This affidavit is given to evidence the death of MARY SELENA LINDORFF BERGENER, as Trustee(s) of THE NEIL LARSEN BERGENER AND MARY SELENA LINDORFF BERGENER FAMILY TRUST, dated September 2, 1997, and to establish MICHAEL A. BERGENER, as Successor Trustee(s) of said Trust.

The undersigned hereby certifies that MARY SELENA LINDORFF BERGENER, listed as Trustee(s) of THE NEIL LARSEN BERGENER AND MARY SELENA LINDORFF BERGENER FAMILY TRUST, dated September 2, 1997, grantee in that certain Deed recorded June 24, 2005, as Entry No. 2083529, is/are one and the same person(s) as MARY SELENA LINDORFF BERGENER listed as decedent(s) on the attached Certificate(s) of Death filed as number(s) 2023010165.

And by virtue of said death certificate(s) attached hereto and made a part hereof and pursuant to the terms and conditions of said Declaration of Trust I/we do hereby declare that the conditions for the appointment of Successor Trustee(s) have been met and that pursuant to said Declaration of Trust, that the undersigned MICHAEL A. BERGENER is/are authorized as Successor Trustee(s) of said Trust to convey any assets of the Trust particularly the property located at 352 West 325 South, Bountiful, UT 84010, and more particularly described as follows:

Lot 4, Block 1, LYNNHAVEN SUBDIVISION PLAT "B", according to the official plat thereof, as recorded in the office of the Davis County Recorder.

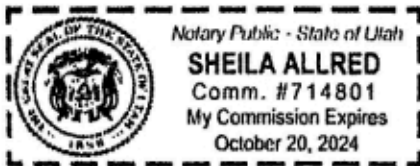
Parcel Identification No. 03-069-0010.

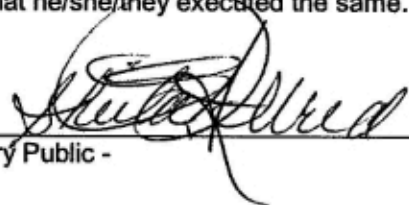
Dated this ^{3 MB} 10th day of August, 2023.


MICHAEL A. BERGENER

STATE OF UTAH
ss.
COUNTY OF SALT LAKE

On the ^{3 MB} 10th of August, 2023, personally appeared before me MICHAEL A. BERGENER, the signer(s) of the above instrument, who duly acknowledged to me that he/she/they executed the same.




Notary Public -

My Commission Expires: 10-20-2024
Commission No.: 714801

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

3538865
BK 8308 PG 293

CERTIFICATE OF DEATH

State File Number: 2018008750

Mary Selena Lindorff Bergener

DECEDENT INFORMATION

Date of Death:	June 14, 2018	Time of Death:	02:46
City of Death:	Bountiful	County of Death:	Davis
Age:	82	Date of Birth:	August 9, 1935
Place of Birth:	Salt Lake City, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Neil Larsen Bergener	Usual Occupation:	Sales
Industry/Business:	Retail	Education:	High School or GED
Residence:	Bountiful, Utah	Parent or Father:	Alfred Herbert Lindorff
Parent or Mother:	Mary Kemp	Facility Type:	Nursing Home/Assisted Living
Facility or Address:	North Canyon Care Center		

INFORMANT INFORMATION

Name:	Neil Bergener	Relationship:	Husband
Mailing Address:	352 West 325 South, Bountiful, Utah 84010		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Bountiful City Cemetery, Bountiful, Utah
Date of Disposition:	June 18, 2018

FUNERAL HOME INFORMATION

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

MEDICAL CERTIFICATION

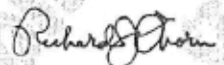
Medical Professional:	Brett E Blaser DO, MountainStar Medical Group, 140 North Union Avenue, Ste 300, Farmington (Davis), Utah 84025
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CAUSE OF DEATH

Undetermined Natural Causes
Due to (or as a consequence of): Protein Calorie Malnutrition
Due to (or as a consequence of): Hypertension
Tobacco Use: Non-user
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: June 18, 2018
Date Issued: June 18, 2018

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.



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



065753472



Brian Hatch
Director/Health Officer



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

3538865
 BK 8308 PG 294

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
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Please print or type in black ink.
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Witness Instructions

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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.					
DOCUMENTS USED TO AMEND 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.					
	11a. SIGNATURE OF WITNESS (Must be signed in front of a Notary)			11b. PRINTED NAME OF WITNESS		
	12. DATE SIGNED	13. AGE OF WITNESS	14. DAYTIME TELEPHONE OF WITNESS	15. RELATIONSHIP OF WITNESS		
	16. ADDRESS OF WITNESS (Street, City, State, Zip)					
	Subscribed & Sworn to before me this ____ day of _____ 20__					
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.					
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