When recorded mail to: Karen Barnes 3961 West 8250 South West Jordan, UT 84118 14116089 B: 11424 P: 9831 Total Pages: 4
06/09/2023 04:01 PM By: salvarado Fees: \$40.00
Rashelle Hobbs, Recorder, Salt Lake County, Utah
Return To: TITLEONE - SECURED LAND TITLE
7090 S UNION PARK AVE STE 425MIDVALE, UT 840476044

Tax Parcel No. 20-12-229-006-0000

AFFIDAVIT OF SUCCESSOR TRUSTEE

This affidavit is given to evidence the death of Boyd P. Couchman and Jennie Marie Couchman as Trustee(s) of The Boyd P. and Jennie M. Couchman Trust dated July 18, 2014, and to Linda Peterson, David Couchman, and Karen Barnes as Successor Trustee(s) of said Trust. The undersigned hereby certifies that Boyd P. and Jennie M. Couchman, listed as Trustee(s) of The Boyd P. and Jennie M. Couchman Trust dated July 18, 2014 are one and the same person(s) Boyd Peter Couchman and Jennie Marie Lombardo Couchman as, listed as decedent on the attached copies of the Certificate of Death filed as number 2023008315 and 2015011551.

And by virtue of said death certificate(s) attached hereto and made a part hereof and pursuant to the terms and conditions of said Trust, I do hereby declare that the conditions for the appointment of Successor Trustee have been met, that the undersigned, Linda Peterson, David Couchman, and Karen Barnes, is authorized as Successor Trustee(s) of said Trust to convey any assets of the Trust, particularly the property located at 4841 South 4900 West Kearns, UT 84118and more particularly described as follows:

Lot 203, Block 39, HOFFMAN HEIGHTS, No. 6, according to the official plat thereof on file and of record in the office of the Salt Lake County Recorder.

Tax Parcel No.: 20-12-229-006-0000

Linda Peterson

David Coverman

Harm Barnes

State of _______, County of ________, ss.

On this 9th day of June in the year of 2023, before me, the undersigned, a notary public in and for said state personally Linda Peterson, David Couchman, and Karen Barnes, known or identified to me to be the person whose name is subscribed to the within instrument, as Successor trustees of Linda Peterson, David Couchman, and Karen Barnes, and acknowledged to me that he/she/they executed the same as successor trustee.

Notary Public Resident In:

My Commission Expires:

(seal)

HEXTHER WOOLS!

NOTARY PUBLIC - STATE OF UT COMMISSIONE 7248:

ODMM. EXP. 06-45-20

Affidavit (Successor Trustee)





CERTIFICATE OF DEATH

State File Number: 2023008315

Boyd Peter Couchman

DECEDENT INFORMATION

May 18, 2023 Date of Death: City of Death: Salt Lake City

Age:

Place of Birth: Winter Quarters, Utah

Armed Services: Spouse's Name:

Industry/Business: Construction Residence: Kearns, Utah

Mother's Name: Sayah Thompson

Facility or Address: Veteran's Affairs Medical Center Time of Death:

County of Death: Salt Lake

Date of Birth: September 11, 1924

Sex: Male

Marital Status: Widowed Carpenter Usual Occupation:

9th Through 12th Grade Education: Father's Name: James Norbert Couchman

Facility Type: Hospital Inpatient

INFORMANT INFORMATION

Karen Barnes Name:

3961 West 8250 South, West Jordan, Utah 84118

Relationship: Daughter

DISPOSITION INFORMATION

Mailing Address:

Method of Disposition: Burial

Place of Disposition: Herriman City Cemetery, Herriman, Utah

Date of Disposition: May 31, 2023

FUNERAL HOME INFORMATION

Broomhead Funeral Home Funeral Home:

12590 South 2200 West, Riverton, Utah 84065 Address:

Funeral Director: Jeffrey S Stratton

MEDICAL CERTIFICATION

Taryn A Young MD, Veteran's Affairs Medical Center, 500 Foothill Drive, Salt Lake City (Salt Lake), Utah Certifying Physician:

84148

CAUSE OF DEATH

Natural Causes, Not otherwise specified [Onset: 5 Days]

Due to (or as a consequence of): Hyperkalemia [Onset: 5 Days] Due to (or as a consequence of): Uremia [Onset: 5 Days]

Due to (or as a consequence of): Chronic kidney disease [Onset: 25 Years]

Other significant conditions: Pneumonia

Tobacco Use: Non-user

Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: May 22, 2023 Date Issued: May 24, 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. Wininger, MSW, LCSW State Registrar



Angela C. Dunn, MD, MPH Director/Health Officer County/District Health Department



10:25

Salt Lake

Female

Married

Homemaker

August 16, 1923

High School or GED

Guiseppi Lombardo

Nursing Home/Assisted Living

CERTIFICATE OF DEATH

State File Number: 2015011551

Jennie Marie Lombardo Couchman

Time of Death:

Date of Birth:

Marital Status:

Education:

County of Death:

Usual Occupation:

Father's Name:

Facility Type:

DECEDENT INFORMATION

Date of Death: August 24, 2015 West Valley City City of Death: Age:

Pittsburg, California Place of Birth: Armed Services: No

Spouse's Name: **Boyd Couchman**

Industry/Business: Own Home Kearns, Utah Residence:

Mother's Name: Francesca Russo Facility or Address: Rocky Mountain Care - West Valley

INFORMANT INFORMATION

Boyd Couchman Relationship: Husband Name:

4841 South 4900 West, Kearns, Utah 84118 Mailing Address:

DISPOSITION INFORMATION Method of Disposition: Burial

Herriman City Cemetery, Herriman, Utah Place of Disposition.

Date of Disposition: August 27, 2015

FUNERAL HOME INFORMATION

Broomhead Funeral Home Funeral Home:

12590 South 2200 West, Riverton, Utah 84065 Address:

Laura B Procunier Funeral Director:

MEDICAL CERTIFICATION

Pamela S Ulmer DO, Office of the Medical Examiner, 48 North Mario Capecchi Drive, Salt Lake Certifying Physician:

City, Utah 84113

CAUSE OF DEATH

Pneumonia

Due to (or as a consequence of): Right femur fracture Due to (or as a consequence of): Osteoporosis

Due to (or as a consequence of): Recent ground level fall and complications

Other significant conditions: Dementia Tobacco Use: Did not Contribute

Manner of Death: Accident

INJURY INFORMATION

June 29, 2015 Date of Injury:

Time of Injury: Place of Injury: Private Residence

Injury at Work: 4841 South 4900 West, Kearns, Utah Location of Injury:

How Injury Occurred: Ground level fall

Motor Vehicle Accident: No

Date Registered: September 16, 2015 Date Issued: September 18, 2015

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Janice L. Houston State Registrar



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