

14145073 B: 11440 P: 6498 Total Pages: 7
08/25/2023 08:27 AM By: BGORDON Fees: \$40.00
Rashelle Hobbs, Recorder, Salt Lake County, Utah
Return To: COTTONWOOD TITLE INSURANCE AGENCY, INC.
1996 EAST 6400 SOUTH SUITE 120 SALT LAKE CITY, UT 84121

WHEN RECORDED MAIL TO:
Cottonwood Title Insurance Agency, Inc.
1996 East 6400 South, Suite 120
Salt Lake City, UT 84121

File No.: 164091-CPF

SUCCESSOR TRUSTEE AFFIDAVIT

We, the undersigned Allan F. Packer, Kenneth W. Packer, and David A. Packer as Successor Co-Trustees, do hereby affirm the following:

1. The copy of the trust document provided to Cottonwood Title Insurance Agency, Inc. is a true and correct copy of the trust agreement or certification of trust of The Donna S. Packer Revocable Trust dated the 14th day of November, 2001, as amended and restated on the 3rd day of August, 2015 (The "Trust"), as it may have been amended, and that it is in full force and effect and that it has not been revoked or terminated.
2. We were well and personally acquainted with Donna S. Packer and Boyd K. Packer, trustees named in that certain Quit-Claim Deed recorded November 23, 2001 as Entry no 8069254, records of the Salt Lake County Recorder, Utah.
3. We know of our own knowledge that Donna S. Packer in the said deed and Donna Edith Smith Packer mentioned in the attached Certificate of Death was one and the same person.
4. We know of our own knowledge that Boyd K. Packer in the said deed and Boyd Kenneth Packer mentioned in the attached Certificate of Death was one and the same person.
5. Pursuant to the terms of the trust, and the successor trustee provisions therein, we have been duly appointed and named as successor co-trustees of the Trust.
6. We have full power to convey title, sell, or enter into any contract pertaining to real property currently held in the Trust. Said Property is located in Salt Lake County, State of Utah, and more particularly described as:

See Exhibit A attached hereto and made a part hereof

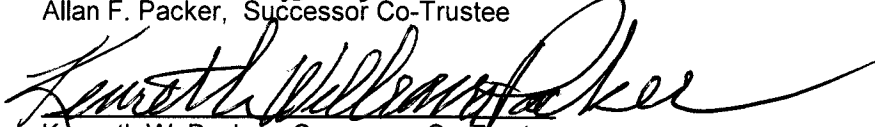
TAX ID NO.: 22-28-476-006 (for reference purposes only)


6. The Trust has not been terminated or amended in any way to restrict our ability to convey title to the above-mentioned property.
7. We are still the current successor co-trustees of the Trust, and there are no new successor trustees.
8. In light of the foregoing facts, the undersigned, in consideration of the issuance by Stewart Title Guaranty Company of a policy of Title Insurance covering the said Property in the manner described, the undersigned, hereby promises, covenants and agrees to hold harmless, protect and indemnify Cottonwood Title Insurance Agency, Inc. and Stewart Title Guaranty Company against any liabilities, losses, damages, expenses and charges that may arise as a result of reliance on this Affidavit.

Signed this 8/21/2023

[Signature page follows]


Allan F. Packer, Successor Co-Trustee



Kenneth W. Packer, Successor Co-Trustee


David A. Packer, Successor Co-Trustee

STATE OF UTAH

COUNTY OF SALT LAKE

Subscribed and sworn to before me this August 21 2023, by Allan F. Packer, Kenneth W. Packer, and David A. Packer.



Notary Public



EXHIBIT A

Beginning at a point 1093.75 feet North and 1111.08 feet West from the Southeast corner of Section 28, Township 2 South, Range 1 East, Salt Lake Base and Meridian, and running thence South 07°00'00" West 602.25 feet; thence South 35°18'40" East 58.71 feet to the centerline of Little Cottonwood Creek; thence North 55°25'02" West 38.90 feet; thence Northwesterly along the arc of a 300 foot radius curve to the right a distance of 254.86 feet; thence North 06°44'35" West 149.76 feet; thence Northwesterly along the arc of a 160.00 foot radius curve to the left a distance of 128.30 feet; thence North 52°41'13" West 15.38 feet, more or less; thence North 63°27'00" East 325.11 feet, more or less, to the point of beginning.

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2022004594

Donna Edith Smith Packer

DECEDENT INFORMATION

Date of Death:	March 5, 2022	Time of Death:	22:25
City of Death:	Cottonwood Heights	County of Death:	Salt Lake
Age:	94	Date of Birth:	October 20, 1927
Place of Birth:	Brigham City, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:		Usual Occupation:	Homemaker
Industry/Business:	Own Home	Education:	Associate Degree
Residence:	Cottonwood Heights, Utah	Father's Name:	William Waldamer Smith
Mother's Name:	Nellie Edith Jordan	Facility Type:	Home
Facility or Address:	1850 East Forest Bend Drive		

INFORMANT INFORMATION

Name:	Allan F Packer	Relationship:	Son
Mailing Address:	1853 East Siesta Drive, Sandy, Utah 84093		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Brigham City Cemetery, Brigham City, Utah
Date of Disposition:	March 14, 2022

FUNERAL HOME INFORMATION

Funeral Home:	Larkin Mortuary
Address:	260 East South Temple, Salt Lake City, Utah 84111
Funeral Director:	Travis Greenwood

MEDICAL CERTIFICATION

Certifying Physician:	Sarah E Barney APRN, Church Office Building Health Unit/DMBA, 50 East North Temple, Salt Lake City (Salt Lake), Utah 84150
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CAUSE OF DEATH

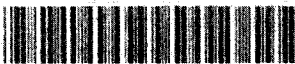
Community Acquired Pneumonia
 Other significant conditions: Coronary Artery Disease
 Tobacco Use: Non-user
 Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: March 10, 2022
 Date Issued: March 11, 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

Linda S. Winger, MSW, LCSW
 State Registrar



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UTAH DEPARTMENT OF HEALTH
 Office of Vital Records & Statistics
 Salt Lake City, Utah



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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CERTIFICATE OF DEATH

State File Number: 2015009244

Boyd Kenneth Packer

DECEDENT INFORMATION

Date of Death:	July 3, 2015	Time of Death:	14:00
City of Death:	Cottonwood Heights	County of Death:	Salt Lake
Age:	90	Date of Birth:	September 10, 1924
Place of Birth:	Brigham City, Utah	Sex:	Male
Armed Services:	Yes	Marital Status:	Married
Spouse's Name:	Donna Edith Smith	Usual Occupation:	President / Quorum of the Twelve Apostles
Industry/Business:	The Church of Jesus Christ of Latter-day Saints	Education:	Doctorate Degree
Residence:	Cottonwood Heights, Utah	Father's Name:	Ira Wight Packer
Mother's Name:	Emma Jensen	Facility Type:	Home
Facility or Address:	1850 East Forest Bend Drive		

INFORMANT INFORMATION

Name:	Donna S Packer	Relationship:	Wife
Mailing Address:	1850 East Forest Bend Drive, Cottonwood Heights, Utah 84121		

DISPOSITION INFORMATION

Method of Disposition: Burial
 Place of Disposition: Brigham City Cemetery, Brigham City, Utah
 Date of Disposition: July 10, 2015

FUNERAL HOME INFORMATION

Funeral Home: Larkin Mortuary
 Address: 260 East South Temple, Salt Lake City, Utah 84111
 Funeral Director: Robert A Larkin Jr

MEDICAL CERTIFICATION

Medical Professional: Larry V Staker MD, 150 Social Hall Avenue #170, Salt Lake City (Salt Lake), Utah 84111

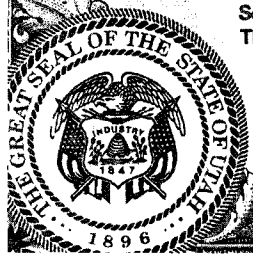
CAUSE OF DEATH

Respiratory Failure
 Due to (or as a consequence of): Pulmonary Fibrosis [Onset: 4 Years]
 Other significant conditions: Coronary Artery Occlusion, Post Polio Syndrome, Cancer Prostate
 Tobacco Use: Non-user
 Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

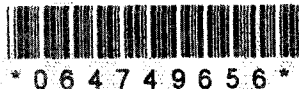
Date Registered: July 9, 2015

Date Issued: July 9, 2015

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 and the County/District Health Officer.



Janice L. Houston
 Janice L. Houston
 State Registrar
 Rev. 8/13



Gary L. Edwards
 Gary L. Edwards
 Director/Health Officer
 County/District Health Department
 14145073 B: 11440 P: 6563



AFFIDAVIT FOR CORRECTION

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE. A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

All vital records are registered as received. Corrections must be made by affidavit. An item on the birth certificate may be corrected by affidavit only once; a court order will be required for subsequent corrections.

PLEASE RETURN ALL COPIES WITH ONE COMPLETED AFFIDAVIT WITHIN 90 DAYS FOR REPLACEMENT TO:
 VITAL RECORDS, PO BOX 141012, SALT LAKE CITY, UTAH 84114-1012.
 OR BRING COPIES AND COMPLETED AFFIDAVIT TO OUR OFFICE AT 288 NORTH 1460 WEST, SALT LAKE CITY, UTAH.

BIRTH CERTIFICATES

1. List the facts exactly as stated on the reverse side. Opposite each item, correct the information as it should have been stated at the time of the birth.
2. If the person listed on the record is under 18 years of age, both parents of record **MUST** sign the affidavit. If the person listed on the record is 18 years or older, he/she **MUST** sign as one of the witnesses. Parents are the preferred witnesses for the second signature. If no father is listed on the record, an immediate relative of the mother may sign if he/she is of legal age. All signatures **MUST** be notarized.
3. The parent(s) may add or correct the surname from that listed on the record until the child's first birthday without documentation. The first, and/or middle name can be corrected or added without documentation until the child's sixth birthday.
4. This affidavit cannot be used to add a father or correct medical information on a birth certificate.
5. A Delayed Birth Certificate requires a court order to make any corrections.

DEATH CERTIFICATES

1. List the facts exactly as stated on the reverse side. Opposite each item, correct the information as it should have been stated at the time of the death.
2. This form is to be used to correct non-medical information **ONLY**. 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. Corrections to marital status **MUST** be approved and processed by the State Office of Vital Records and Statistics. Contact our office for assistance.
3. All medical information **MUST** be corrected with a **MEDICAL AFFIDAVIT** completed by the health care provider who signed the original death certificate.

BIRTH

DEATH

STILLBIRTH

STATE FILE NUMBER _____

NAME AS REPORTED ON REVERSE	1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME
STATEMENT OF CORRECTIONS	2a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD		2b. CORRECT INFORMATION
WHY IS CHANGE NECESSARY?	3.		
DOCUMENTS USED TO AMEND RECORD	4.		
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.		
	5. SIGNATURE OF WITNESS		Subscribed & Sworn to before me this ____ day of _____ 20____
	6. DATE SIGNED	7. AGE OF WITNESS	8. DAYTIME TELEPHONE OF WITNESS ()
	9. ADDRESS OF WITNESS (Street, City, State, Zip)		Notary Public _____ My Commission Expires _____
10. RELATIONSHIP TO PERSON IN 1a. (Circle one) Self Parent/Guardian Spouse Funeral Director Informant Other (Specify)			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.		
	11. SIGNATURE OF WITNESS		Subscribed & Sworn to before me this ____ day of _____ 20____
	12. DATE SIGNED	13. AGE OF WITNESS	14. DAYTIME TELEPHONE OF WITNESS ()
	15. ADDRESS OF WITNESS (Street, City, State, Zip)		Notary Public _____ My Commission Expires _____
16. RELATIONSHIP TO PERSON IN 1a. (Circle one) Self Parent/Guardian Spouse Funeral Director Informant Other (Specify)			S E A