J.

Recorded at the Request of Thomas A. Mecham Kirton & McConkie 1800 Eagle Gate Tower 60 East South Temple Salt Lake City, UT 84111 BO69257

11/23/2001 02:38 PM 13.00

Book - 8530 P9 - 2966-2967

GARY W. OTT

RECORDER, SALT LAKE COUNTY, UTAH
KIRTON & MCCONKIE

1800 EAGLE GATE TOWER
60 E SO.TEMPLE SLC UT 84111-1004
BY: ARG, DEPUTY - NA 2 P.

Mail Tax Notice to:

Boyd K. Packer, Trustee 1850 E. Forestbend Drive Salt Lake City, Utah 84121

Space above for County Recorder's use

Parcel ID No. 22-28-478-001

## **QUIT-CLAIM DEED**

Boyd K. Packer, grantor, of Salt Lake City, County of Salt Lake, State of Utah, hereby QUIT-CLAIMS to Boyd K. Packer and Donna S. Packer, or their successors, as Trustee of the Boyd K. Packer Revocable Trust dated the day of November, 2001, as amended, grantee, of 1850 E. Forestbend Drive, Salt Lake City, Utah for the sum of Ten and No/100 Dollars and other good and valuable consideration, all of his interest in and to an undivided ½ interest in the following described tract of land in Salt Lake County, State of Utah:

See Exhibit "A" attached and by this reference made a part hereof.

WITNESS the hand of said gra	intor, this day of November, A.D., two thousand one
Signed in the presence of	Boyd K. Packer
	)
STATE OF UTAH	)
	: ss.
COUNTY OF SALT LAKE	)
The foregoing instrum Boyd K. Packer.	ent was acknowledged before me thisday of November, 2001 by

Notary Public
THOMAS A. MECHAM
60 East South Temple, Suite 1800
Salt Lake City, Utah 84111
My Commission Expires
May 15, 2005
State of Utah

Notary Public

既853UP52966

## EXHIBIT "A"

## Parcel No. 1

Beginning at a point 453.5 feet North and 925.3 feet West of the Southeast corner of Section 28, Township 2 South, Range 1 East, Salt Lake Meridian, and running thence North 6° 52' East 216.5 feet; thence North 36° 46' West 114.6 feet; thence North 83° West 174.3 feet; thence South 7° West 293.25 feet, more or less, to the old channel of Little Cottonwood Creek; thence generally South 49° East along the old channel of Little Cottonwood Creek 261.0 feet, more or less, to a point South 22° 02' West of the point of beginning; thence North 22° 02' East 145.1 feet, more or less, to the point of beginning. Together with privilege of right of way over the property described as follows: Beginning at a point on the Section line 28 rods West of the Southeast corner of Section 28, Township 2 South, Range 1 East, Salt Lake Meridian, and running thence North 250 feet; thence West 188.7 feet; thence North 49° 16' West 357.5 feet; thence South 6° 52' West 30.2 feet; thence South 49° 16' East 350.0 feet; thence East 173.0 feet; thence South 225 feet; thence East 25.0 feet to the point of beginning.

## Boundary line Agreement between Johnson & Packer

Beginning at a point on an existing chain link fence dividing the property of J. G. Henry and June H. Johnson from the property of Boyd K. and Donna S. Packer, said point being approximately 453.5 feet North and 925.3 feet West of the Southeast corner of Section 28, Township 2 South, Range 1 East, Salt Lake Meridian, and running thence Southwesterly along said chain link fence and beyond in line with said fence to the centerline of Little Cottonwood Creek.

14145072 B: 11440 P: 6491 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 120SALT 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.: 164100-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 Boyd K. Packer Revocable Trust dated the 14th day of November, 2001, as amended (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 Boyd K. Packer and Donna S. Packer, trustees named in that certain Quit-Claim Deed recorded November 23, 2001 as Entry no 8069257, records of the Salt Lake County Recorder, Utah.
- 3. 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.
- 4. 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.
- 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.: 22-28-478-001 (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

[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 \_ Kenneth W. Packer and David A. Packer. \_ 2023, by Allan F. Packer,

Notary Public

CANDICE PORTER
NOTARY PUBLIC-STATE OF UTAH
COMMISSION# 709482
COMM. EXP. 12-02-2023

## **EXHIBIT A**

Beginning at a point 469.17 feet North and 924.48 feet West of Southeast corner Section 28, Township 2 South, Range 1 East, Salt Lake Meridian; thence North 06°52'00" East 201.4 feet; thence North 36°46'00" West 114.6 feet; thence North 83°00'00" West 174.3 feet; thence South 07°00'00" West 293.25 feet; thence South 35°18'40" East 58.71 feet more or less to center of Little Cottonwood Creek; thence Southeasterly along said creek to chain link fence; thence North 39°18'00" East 83.59 feet; thence North 36°53'36" East 42.31 feet; thence North 36°18'00" East 48.51 feet; thence North 33°09'00" East 58.73 feet more or less to South boundary of Kenney Property recorded in Book 1956 at Page 566; thence North 49°19'00" West to a point which is 469.17 feet North and 924.48 feet West from Southeast corner of said Section, to point of beginning.

TOGETHER WITH PRIVILEGE OF RIGHT-OF-WAY over the property described as follows:

Beginning at a point on the Section line 28 rods West of the Southeast corner of Section 28, Township 2 South, Range 1 East, Salt Lake Base and Meridian, and running thence North 250.0 feet; thence West 188.7 feet; thence North 49°16'00" West 357.5 feet; thence South 06°52'00" West 30.2 feet; thence South 49°16'00" East 350.0 feet; thence East 173.0 feet; thence South 225.0 feet; thence East 25.0 feet to the point of beginning.

14145072 B: 11440 P: 6493 Page 3 of 7



## CERTIFICATION OF VITAL RECORD



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 SaintsEducation: 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 State Registrar \* 0 6 4 7 4 9 6 5 6 \*

Gary L.CEdwards
Director/Health Officer
County/District Health Depa



## **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:

	OR BRING COPIES AND	COMPLETED AFFIDAVIT	TO OUR OFFICE	AT 288 N	ORTH 1460 V	VEST, SALT LAI	KE CITY, UTAH.	
<ol> <li>If the person older, he/sh immediate re</li> <li>The parent(s) name can be</li> <li>This affidavit</li> </ol>	exactly as stated on the rein listed on the record is und the MUST sign as one of the velative of the mother may so may add or correct the sure corrected or added without cannot be used to add a far	verse side. Opposite each it er 18 years of age, both par witnesses. Parents are the p ign if he/she is of legal age. name from that listed on th it documentation until the ther or correct medical info urt order to make any corre	ents of record MU: preferred witnesses All signatures MU: ne record until the child's sixth birthd rmation on a birth	<b>ST</b> sign the s for the sec <b>ST</b> be notar child's first l av.	affidavit. If th ond signature ized.	e person listed o e. If no father is l	n the record is 18 y isted on the record	years or I, an
2. This form is to decedent's fa of Vital Reco	s exactly as stated on the re- to be used to correct non-m amily, or a person who is kn rds and Statistics. Contact o	verse side. Opposite each it edical information ONLY. To owledgeable of the facts. Cour office for assistance. ted with a MEDICAL AFFID	The informant MU: Corrections to mari	<b>ST</b> sign as a ital status <b>M</b>	witness along IUST be appro	y with an immed oved and process	iate member of the sed by the State Of	e ffice
	☐ BIRTH	☐ DEATH		STILI	LBIRTH	-	STATE FILE N	UMBER
NAME AS REPORTED ON REVERSE	1a. FIRST NAME		16. MIDDLE NAME			1c. LAST NAME		
ON REVERSE	22 FACTS EVACTOR AS STATED ON	THE ODICINAL RECORD	<u> </u>	Tak connect	INCODMATION			
	2a. FACTS EXACTLY AS STATED ON	THE ORIGINAL RECORD		2b. CORRECT	INFORMATION			
STATEMENT OF CORRECTIONS								
WHY IS CHANGE NECESSARY?	3.			<u> </u>				
DOCUMENTS USED TO AMEND RECORD	4.							
	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  6. DATE SIGNED  7. AGE OF WITNESS  8. DAYTIME TELEPHONE OF WITNESS						e this day of	
OATH OF FIRST WITNESS ( <u>MUST</u> BE 18 OR OLDER)	9. ADDRESS OF WITNESS (Stre	t, City, State, Zip)	)		S E	in Expires		
		rmant Other (Specify)	arent/Guardian	Spouse	L			
	I hereby certify, under pen above facts and that the ir 11. SIGNATURE OF WITNESS 12. DATE SIGNED	alty of perjury, that I have p formation given is true and			Subscribed & S		e this day of	
OATH OF SECOND WITNESS ( <u>MUST</u> BE 18 OR OLDER)	15. ADDRESS OF WITNESS (Str	13. AGE OF WITNESS 14. DAYT (eet, City, State, Zip)	TIME TELEPHONE OF		My Commissio	n Expires		

Parent/Guardian

Spouse

ዝ4145072 B: 11440 P: 6495

Page 5 of 7

16. RELATIONSHIP TO PERSON IN 1a. (Circle one) Self

Informant

Other (Specify)

**Funeral Director** 

UDOH-OVRS REV 05/13



## CERTIFICATE OF DEATH

State File Number: 2022004594

## **Donna Edith Smith Packer**

#### **DECEDENT INFORMATION**

Date of Death: City of Death:

March 5, 2022 Cottonwood Heights

Age: Place of Birth:

Brigham City, Utah

Armed Services: Spouse's Name:

Industry/Business: Residence:

Mother's Name: Facility or Address: Own Home

Cottonwood Heights, Utah Nellie Edith Jordan

1850 East Forest Bend Drive

Time of Death: County of Death:

Date of Birth: Sex:

**Usual Occupation:** 

Marital Status:

Father's Name:

Facility Type:

Education:

22:25 Salt Lake

October 20, 1927 Female

Widowed Homemaker Associate Degree William Waldamer Smith

Home

## INFORMANT INFORMATION

Name:

Allan F Packer

Relationship:

Son

Mailing Address: 1853 East Siesta Drive, Sandy, Utah 84093

Burial

## **DISPOSITION INFORMATION**

Method of Disposition:

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

#### **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. Wininger, MSW, LCSW State Registrar



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



ANY ALTERATION OR ERASURE VOIDS THIS CERT

# 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.

Z	1a. FIRST NA	ME		1b. MIDDLE NAME			1c. LAST NAME	
RTED C	2. SEX	3. DATE (	F EVENT	<u> </u>	4. PLACE	OF OCCURRE	NCE (City and County)	/
REPORTED ON RECORD	5. NAME OF F	ARENT 1 ( Maid	en name if appli	cable)	6. NAME	OF PARENT 2 (	Maiden name if applicable)	<u> </u>
	7. ITEM NO.	Ba. FACTS EXAC	TLY AS ON OF	RIGINAL RECORD		8b. CORRE	CT INFORMATION	
	,			<u> </u>				
AMENDMENTS								1
OME					/			
MEN			,					
₹				)				
'								
	9.							
NGE DED?								
	i .							
ocú-	10.							
DCÚ- NTS	10.							
DCÚ- NTS	I hereby certi			t i have personal kno	wledge of the abo	ove facts	Subscribed to and Sworn to before me this	day of 20
DCU- ENTS SED	I hereby certi	formation give	is true and co		_	ove facts	Subscribed to and Sworn to before me this	
DCU- ENTS SED	I hereby certi	formation give	is true and co	rrect.	_	ove facts	STATE COUNTY	
OCÚ- ENTS SED	I hereby certi	of OFT WITNESS (Must s	is true and co	OF V	VITNESS	ove facts		
OCÚ- ENTS SED	I hereby certi and that the I 11a. SIGNATURE	nformation give OF WITNESS (Must s	n is true and co	OF V	VITNESS	:	STATE COUNTY	
DCU- ENTS SED	I hereby certi and that the I 11a. SIGNATURE	of WITNESS (Must s	n is true and co	OF V	VITNESS	:	STATE COUNTY	
OCÚ- INTS SED	I hereby certified and that the 11a. SIGNATURE	of WITNESS (Must s	n is true and co	OF V	VITNESS	:	STATE COUNTY	
OCÚ- INTS SED	I hereby certified and that the 11a. SIGNATURE	of WITNESS (Must s	n is true and co	OF V	VITNESS	:	STATE COUNTY	
OCÚ- INTS SED	I hereby certi and that the I 11a. SIGNATURE 12. DATE SIGNED 16. ADDRESS OF	of witness (Must s 13. AGE OF WITNESS	a Is true and cogn in front of Notary  14. DAYTIME	OF V	VITNESS 15. RELATIO	ONSHIP TO 1a.	STATE COUNTY NOTARY SIGNATURE	)
(MUST BE 18 OR OLDER)	I hereby certification of the signature	13. AGE OF WITNESS WITNESS WITNESS WITNESS	of perjury, tha	orrect.  11b. PRINTED NAME OF V TELEPHONE  t I have personal knownect.	15. RELATION (15. WIELDS)	ONSHIP TO 1a.	STATE COUNTY  NOTARY SIGNATURE  Subscribed to and Swom to before me this	) day.of 20
(MUST BE 18 OR OLDER)	I hereby certification of the signature	13. AGE OF WITNESS WITNESS WITNESS WITNESS	of perjury, tha	POPE TO THE PRINTED NAME OF VIOLENTEEPHONE	15. RELATION (15. WIELDS)	ONSHIP TO 1a.	STATE COUNTY NOTARY SIGNATURE	) day.of 20
(MUST BE 18 OR OLDER)	I hereby certification of the	13. AGE OF WITNESS	of perjury, than is true and co	TITOL PRINTED NAME OF V	VITNESS  15. RELATION  Wiedge of the above	ONSHIP TO 1a. /	STATE COUNTY  NOTARY SIGNATURE  Subscribed to and Sworn to before me this  STATE COUNTY	) day\of 20,
(MUST BE 18 OR OLDER)	I hereby certification of the signature	13. AGE OF WITNESS	of perjury, tha	TITOL PRINTED NAME OF V	VITNESS  15. RELATION  Wiedge of the above	ONSHIP TO 1a.	STATE COUNTY  NOTARY SIGNATURE  Subscribed to and Swom to before me this	) day\of 20,
(MUST BE 18 OR OLDER)	I hereby certification of the second of the	13. AGE OF WITNESS  WITNESS  Y under penalty  nformation give  OF WITNESS  19. AGE OF WITNESS	of perjury, than is true and co	TITOL PRINTED NAME OF V	VITNESS  15. RELATION  Wiedge of the above	ONSHIP TO 1a. /	STATE COUNTY  NOTARY SIGNATURE  Subscribed to and Sworn to before me this  STATE COUNTY	) day\of 20,
BE 18 OR OLDER) (MUST BE 18 OR OLDER)	I hereby certification of the	13. AGE OF WITNESS  WITNESS  Y under penalty  nformation give  OF WITNESS  19. AGE OF WITNESS	of perjury, than is true and co	TITOL PRINTED NAME OF V	VITNESS  15. RELATION  Wiedge of the above	ONSHIP TO 1a. /	STATE COUNTY  NOTARY SIGNATURE  Subscribed to and Sworn to before me this  STATE COUNTY	) day\of 20,

14145072 B: 11440 P: 6497 Page 7 of 7