

Mail Tax Notice To:  
Thomas G. Stockham III  
2494 Walker Lane  
Holladay, UT 84117

14224407 B: 11482 P: 5180 Total Pages: 4  
04/04/2024 12:01 PM By: ECarter Fees: \$40.00  
Rashelle Hobbs, Recorder, Salt Lake County, Utah  
Return To: THE FADEL LAW FIRM  
170 W 400 SBOUNTIFUL, UT 840106226

## AFFIDAVIT OF SUCCESSOR TRUSTEE

STATE OF UTAH                   :  
  : ss.  
County of Davis                :

THOMAS G. STOCKHAM III, being first duly sworn under oath, states as follows:

1. The MARTHA G. STOCKHAM TRUST, dated the 6<sup>th</sup> day of February, 2004, owns certain real property located in Salt Lake County, State of Utah, and more particularly described as follows:

**BEG AT NE COR LOT 45, ST MARY HILLS PLAT F; N 83°20'36" W 112.01 FT; S 15° W 90.61 FT; S 83°20'36" E 114.11 FT; N 15° E 11.47 FT; N'LY 78.88 FT TO BEG.**

**Parcel No. 16-14-127-011**

2. Title to the described property vested in the MARTHA G. STOCKHAM TRUST, dated the 6<sup>th</sup> day of February, 2004, in a document recorded June 30, 2008, as entry 10468145, in book 9622, page 7985 in the records of the Salt Lake County Recorder. MARTHA G. STOCKHAM is the same person as MARTHA GOODMAN STOCKHAM listed on the certificate of death.

3. Pursuant to the terms of the MARTHA G. STOCKHAM TRUST, dated the 6<sup>th</sup> day of February, 2004, MARTHA G. STOCKHAM, also known as MARTHA GOODMAN STOCKHAM has been removed as Trustee.

4. Pursuant to the terms of the MARTHA G. STOCKHAM TRUST, dated the 6<sup>th</sup> day of February, 2004, THOMAS G. STOCKHAM III is now serving as sole Trustee.

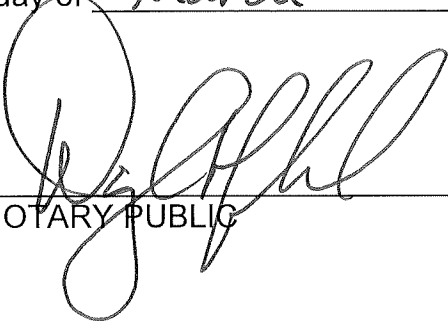
5. Title to the property should be held as:

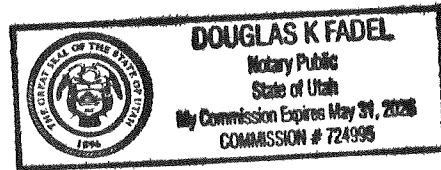
**THOMAS G. STOCKHAM III, or successor, as Trustee of the  
MARTHA G. STOCKHAM TRUST, dated February 6, 2004.**

DATED this 25<sup>th</sup> day of MARCH, 2024.

  
THOMAS G. STOCKHAM III, Trustee

Subscribed and sworn before me on this 25<sup>th</sup> day of March, 2024  
by, THOMAS G. STOCKHAM III as Trustee.

  
NOTARY PUBLIC



**My Commission Expires May 31, 2026**

STATE OF UTAH  
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2024004823

Martha Goodman Stockham

DECEDENT INFORMATION

Date of Death:	March 16, 2024	Time of Death:	07:57
City of Death:	Salt Lake City	County of Death:	Salt Lake
Age:	83	Date of Birth:	February 20, 1941
Place of Birth:	Oklahoma City, Oklahoma	Sex:	Female
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:	Dr. Thomas G. Stockham, Jr (Deceased)	Usual Occupation:	Nurse
Industry/Business:	Medical	Education:	Master's Degree
Residence:	Salt Lake City, Utah	Father's Name:	Robert Morris Goodman
Mother's Name:	Antoinette Kennedy	Facility Type:	Nursing Home/Assisted Living
Facility or Address:	Legacy Village of Sugarhouse		

INFORMANT INFORMATION

Name:	Thomas Stockham	Relationship:	Son
Mailing Address:	1404 Wilton Way, Salt Lake City, Utah 84108		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Larkin Sunset Lawn, Salt Lake City, Utah
Date of Disposition:	March 21, 2024

FUNERAL HOME INFORMATION

Funeral Home:	Larkin Sunset Lawn
Address:	2350 East 1300 South, Salt Lake City, Utah 84108
Funeral Director:	Joshua Hunter

MEDICAL CERTIFICATION

Certifying Physician: James L Stayner MD, 4401 Harrison Blvd, Ogden, Utah 84401

CAUSE OF DEATH

Aspiration pneumonitis  
Due to (or as a consequence of): Dysphagia with aspiration  
Due to (or as a consequence of): Alzheimer disease  
Other significant conditions: Fall with L5 compression fracture  
Tobacco Use: Non-user  
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Accident


INJURY INFORMATION

Date of Injury:	Unknown	Time of Injury:	Unknown
Injury at Work:	No	Place of Injury:	Legacy Village of Sugarhouse
Location of Injury:	1212 East Wilmington Avenue, #640, Salt Lake City, Utah		
How Injury Occurred:	Multiple ground level falls		
Motor Vehicle Accident:	No		

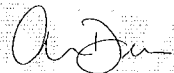
Date Registered: March 21, 2024  
Date Issued: March 22, 2024

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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  
Rev. 07/21



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



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. 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.



online instructions

Mailing Address: Office of Vital Records and Statistics PO Box 141012 Salt Lake City, UT 84114-1012

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					
DOCUMENT 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					