

MAIL TAX NOTICES TO:  
Michael J. Sweeten, co-trustee  
The Mary S. Maughan Revocable Trust  
949 E. Par Three Circle  
Fruit Heights, UT 84037

#### AFFIDAVIT OF SUCCESSOR TRUSTEES

STATE OF UTAH )  
:ss  
COUNTY OF Davis )

Affiant, Michael J. Sweeten, having been first duly sworn, deposes and states as follows:

1. By trust agreement dated February 4, 2008 (the "Trust Agreement"), Mary S. Maughan, as grantor and trustee, created and placed in effect The Mary S. Maughan Revocable Trust (the "Trust").

2. By Special Warranty Deed signed February 4, 2008 and recorded February 5, 2008 in the Davis County Recorder's Office as Entry No. 2339361, in Book No. 4463, at Page No. 1535, Mary H. Maughan, also known as Mary S. Maughan, as grantor, conveyed to Mary S. Maughan, and her successors, as trustee of The Mary S. Maughan Revocable Trust under agreement dated February 4, 2008, and all amendments thereto, as grantee, the following described parcel of improved real property located in Davis County, State of Utah (the "Property"):

Lot 4, PILLY GREEN, a subdivision as part of Section 1, Township 3 North, Range 1 West, Salt Lake Base and Meridian, in the City of Fruit Heights, according to the official plat thereof, recorded in the office of the County Recorder, County of Davis, State of Utah.

APN: 07-118-0004

3. Mary S. Maughan died on May 26, 2024, as evidenced by her Certificate of Death attached hereto as Exhibit A and incorporated herein by this reference ("Death Certificate").

4. Article 7.01(d) of the Trust Agreement sets forth the successorship provisions for the trustee of the Trust, and provides that upon a vacancy in the trusteeship of the Trust, the following persons shall serve as the successor trustees of the Trust: Blake A. Sweeten and Michael J. Sweeten, acting concurrently. Copies of the relevant pages of the Trust Agreement are attached hereto as Exhibit B and incorporated herein by this reference (the "Relevant Pages of the Trust Agreement").

5. Accordingly, as of the date of this Affidavit of Successor Trustees, Blake A. Sweeten and Michael J. Sweeten are the successor trustees of the Trust, with full power and authority to transfer interests in real property constituting the corpus of the Trust, including the Property.

DATED this 13 day of June, 2024.

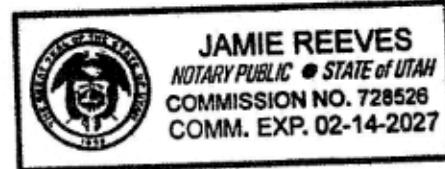


Michael J. Sweeten

On the 13<sup>th</sup> day of June, 2024, before me, the undersigned, a notary public, personally appeared Michael J. Sweeten, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same.



JAMIE REEVES  
NOTARY PUBLIC



**EXHIBIT A**  
DEATH CERTIFICATE

*[See document attached hereto]*

STATE OF UTAH  
CERTIFICATION OF VITAL RECORD

3575530  
BK 8524 PG 611

CERTIFICATE OF DEATH

State File Number: 2024009019

Mary Louise Helton Sweeten Maughan

DECEDENT INFORMATION

Date of Death:	May 26, 2024	Time of Death:	16:50
City of Death:	Kaysville	County of Death:	Davis
Age:	86	Date of Birth:	September 6, 1937
Place of Birth:	Savannah, Georgia	Sex:	Female
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:	Owen Raymond Sweeten (Deceased)	Usual Occupation:	Secretary
Industry/Business:	United States Government	Education:	High School or GED
Residence:	Fruit Heights, Utah	Father's Name:	Ernest Jackson Helton
Mother's Name:	Frances Louise Lavender	Facility Type:	Nursing Home/Assisted Living
Facility or Address:	Whisper Cove Assisted Living-Kaysville		

INFORMANT INFORMATION

Name:	Michael James Sweeten	Relationship:	Son
Mailing Address:	949 East Par Three Circle, Fruit Heights, Utah 84037		

DISPOSITION INFORMATION

Method of Disposition:	Burial/Removal
Place of Disposition:	Malad City Cemetery, Malad, Idaho
Date of Disposition:	June 4, 2024

FUNERAL HOME INFORMATION

Funeral Home:	Russon Mortuary Farmington
Address:	1941 North Main, Farmington, Utah 84025
Funeral Director:	Shannon D Warenski

MEDICAL CERTIFICATION

Certifying Physician: Casey L Stelter MD, 880 Heritage Park Blvd, Layton, Utah 84041

CAUSE OF DEATH

Alzheimer's type dementia

Other significant conditions: Protein calorie malnutrition

Tobacco Use: Non-user

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

Date Registered: May 29, 2024

Date Issued: May 29, 2024

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

Hn 12/20



\* 0 6 7 3 9 4 9 1 7 \*

  
Brian Hatch  
Director/Health Officer

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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)				
STATEMENT OF AMENDMENTS	5. NAME OF PARENT 1 ( Maiden name if applicable)		6. NAME OF PARENT 2 ( Maiden name if applicable)				
	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.	NOTARY SIGNATURE _____		
	16. ADDRESS OF WITNESS				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.				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.	NOTARY SIGNATURE _____		
	22. ADDRESS OF WITNESS				S E A L		

**EXHIBIT B**  
RELEVANT PAGES OF THE TRUST AGREEMENT

*[See document attached hereto]*

## THE MARY S. MAUGHAN REVOCABLE TRUST

THIS TRUST AGREEMENT (this "agreement"), dated this 4<sup>th</sup> day of February, 2008, is between Mary S. Maughan, as grantor (referred to in the first person), and Mary S. Maughan, as trustee (referred to as the "trustee").

### ARTICLE 1: CREATION OF TRUST

1.01 **Trust Estate.** With the execution of this agreement, I have transferred to the trustee, as the initial trust estate, cash in the amount of \$25.00. The trustee shall administer and distribute the initial and any additions to the trust estate in accordance with the provisions of this agreement.

1.02 **Name of Trust.** The name of the trust created by this agreement is The Mary S. Maughan Revocable Trust.

1.03 **Additions to Trust.** At any time I or any other person may transfer additional property to the trustee for administration and distribution in accordance with this agreement.

### ARTICLE 2: ADMINISTRATION DURING MY LIFE

#### 2.01 Reserved Powers.

(a) Enumeration of Powers. I reserve the following powers:

(1) Revocation. To revoke the trust, in whole or part. Upon revocation, the trustee shall promptly distribute to me all or the specified portion of the property comprising the trust estate.

(2) Amendment. To amend in any respect or entirely restate this agreement. However, no amendment shall increase the trustee's duties and responsibilities without its prior written consent.

(3) Trustees. To change the identity and number of the trustees. My reserved power under this Article 2.01(a)(3) includes, without limitation, the power to (i) remove any trustee, with or without cause, (ii) appoint an alternate trustee to serve in the place of any trustee who ceases to act and (iii) appoint additional trustees for general or limited purposes and for specified or indefinite terms.

(4) Investments. To direct the management, investment and reinvestment of the trust estate. My reserved power under this Article 2.01(a)(4) includes,

6.02 **Release.** Any beneficiary at any time may release any part or all of any interest, right or power with respect to any trust, temporarily or irrevocably, by signed notice delivered to the trustee.

6.03 **Spendthrift Provision.** Subject to the foregoing provisions of this Article 6, income and principal payable to a beneficiary may not be assigned by the beneficiary or attached by or subjected to the interference or control of any creditor of the beneficiary, or reached by any legal or equitable process in satisfaction of any debt or liability of the beneficiary, prior to its actual receipt by the beneficiary.

## ARTICLE 7: TRUSTEE

### 7.01 **Appointment and Succession.**

(a) **Appointment of Additional Trustees.** The trustee of a trust at any time may appoint one or more additional trustees of the trust by signed notice filed in the trust records and delivered to each appointed trustee and each beneficiary then eligible to receive trust income. The appointment may be for general or limited purposes and for a specified or indefinite term. The appointment shall be effective upon delivery of the notice of appointment to the appointed trustee or on such later date as may be specified in the notice.

(b) **Resignation.** A trustee at any time may resign by signed notice filed in the trust records and delivered to each beneficiary then eligible to receive trust income. If the trustee is a co-trustee, the resignation shall be effective on the date the notice of resignation is filed in the trust records or on such later date as may be specified in the notice of resignation. If the trustee is the sole trustee, the resignation shall be effective on acceptance by a properly appointed alternate trustee.

(c) **Incapacity.** A trustee who becomes incapacitated shall be considered to have resigned as of the date the physician's statement certifying the trustee's incapacity is filed in the trust records.

(d) **Alternates.** If the trustee fails to qualify or ceases to act for any reason, I appoint my son, Blake A. Sweeten, and my son, Michael J. Sweeten, to act concurrently as alternate trustees. If either Blake A. Sweeten or Michael J. Sweeten fails to qualify or ceases to act for any reason, I appoint the other as sole alternate trustee.

(e) **Vacancies.** If a vacancy occurs in the office of trustee, an alternate trustee shall be appointed pursuant to the following methods, applied in the order of priority listed:

(1) My children may appoint an alternate trustee by signed notice filed in the trust records and delivered to the alternate trustee and each beneficiary then eligible to receive the income of the trust.

IN WITNESS WHEREOF, we have signed this agreement on the dates set forth below to be effective for all purposes as of the date first above written.

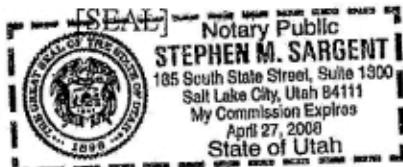
  
Mary S. Maughan, Grantor  
Date: February 4, 2008.

  
Mary S. Maughan, Trustee  
Date: February 4, 2008.

STATE OF UTAH )  
 )  
COUNTY OF DAVIS )  
 )ss.  
 )

On this 4<sup>th</sup> day of February, 2008, personally appeared before me Mary S. Maughan, the signer of the foregoing instrument, who duly acknowledged having executed the same as grantor and trustee.

Witness my hand and official seal.



  
Notary Public