

WHEN RECORDED MAIL TO:  
Cottonwood Title Insurance Agency, Inc.  
1216 W. Legacy Crossing Blvd., Suite 100  
Centerville, UT 84014

File No.: 161693-DWP

### SUCCESSOR TRUSTEE AFFIDAVIT

We, the undersigned LeeAnne Rickards, Suzanne Brimhall, and Carolyn Bona 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 Dawn B. Clark Revocable Trust U/A dated September 7, 2007 (The "Trust"), as it may have been amended, and that it is in full force and effect and that it has not been revoked or terminated.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 Dawn B. Clark, a trustee named in that certain Warranty Deed recorded November 25, 2008 as Entry no 342389, records of the Wasatch County Recorder, Utah.
3. We know of our own knowledge that Dawn B. Clark in the said deed and Dawn LaRae Beckstrom Clark mentioned in the attached Certificate of Death was one and the same person.
4. 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.
5. 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 Wasatch County, State of Utah, and more particularly described as:

Lot No. 87 in BRIGHTON ESTATES NO. 2 SUBDIVISION, according to the official plat thereof as recorded in the office of the Wasatch County Recorder.

**TAX ID NO.:** 00-0000-1532 (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 Westcor Land Title Insurance 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 Westcor Land Title Insurance Company against those liabilities, losses, damages, expenses and charges that may arise as a result of this transaction and conveyance of property.

Signed this August 17, 2022

Dawn B. Clark Revocable Trust U/A dated September 7, 2007

BY: Suzanne Brimhall  
Suzanne Brimhall  
Successor Co-Trustee

BY: LeeAnne Rickards  
LeeAnne Rickards  
Successor Co-Trustee

BY: Carolyn Bona  
Carolyn Bona  
Successor Co-Trustee

STATE OF UTAH

COUNTY OF SALT LAKE

Subscribed and sworn to before me this August 17, 2022, by Suzanne Brimhall, LeeAnne Rickards, and Carolyn Bona.

Brett Jeanseme  
Notary Public



**STATE OF UTAH**  
**CERTIFICATION OF VITAL RECORD**

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**CERTIFICATE OF DEATH**

State File Number: 2020021552

**Dawn LaRae Beckstrom Clark**

**DECEDENT INFORMATION**

Date of Death:	December 22, 2020	Time of Death:	14:49
City of Death:	Bluffdale	County of Death:	Salt Lake
Age:	92	Date of Birth:	October 30, 1928
Place of Birth:	Beaver, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Eldon Darrel Clark	Usual Occupation:	Office Manager
Industry/Business:	Industrial Insulation	Education:	Some College but No Degree
Residence:	South Jordan, Utah	Father's Name:	Marvin Beckstrom
Mother's Name:	Flora Baird	Facility Type:	Daughter's Home
Facility or Address:	2278 West 15000 South		

**INFORMANT INFORMATION**

Name:	Suzanne Brimhall	Relationship:	Daughter
Mailing Address:	2278 West 15000 South, Bluffdale, Utah 84065		

**DISPOSITION INFORMATION**

Method of Disposition:	Burial
Place of Disposition:	Elysian Burial Gardens, Salt Lake City, Utah
Date of Disposition:	December 29, 2020

**FUNERAL HOME INFORMATION**

Funeral Home:	Jenkins-Soffe South Valley
Address:	1007 West South Jordan Parkway, South Jordan, Utah 84095
Funeral Director:	Justin M Ford

**MEDICAL CERTIFICATION**

Certifying Physician: Renee N Scheidell MD, 8822 South Redwood Road, Suite E122, West Jordan, Utah 84088

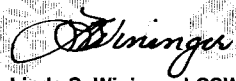
**CAUSE OF DEATH**

Adult Failure To Thrive [Onset: 1 Year]  
Due to (or as a consequence of): Neoplasm Of The Lymphatic System  
Other significant conditions: Advanced Age  
Tobacco Use: Non-user  
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: December 24, 2020

Date Issued: December 24, 2020


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: High Resolution Border, V & R images in top cycloids, and microtext. This document displays the date, seal, and signature of the Utah State Registrar of Vital Records and Statistics.



Linda S. Winger LCSW  
State Registrar  
Rev. 4/19



066411536

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



# STATE OF UTAH - DEPARTMENT OF HEALTH - OFFICE OF VITAL RECORDS AND STATISTICS

## AFFIDAVIT TO AMEND A RECORD

Ent 523575 Bk 1420Pg 189

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 and proof of ID.

**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	NOTARY SIGNATURE _____
	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	NOTARY SIGNATURE _____
	22. ADDRESS OF WITNESS					