

Mail Tax Notice To:

Carrie Broberg
3669 Stirrup Circle
Garden City, UT 84028

AFFIDAVIT OF SUCCESSOR TRUSTEE

Affiants, Tina Broberg, Carrie Broberg, and Terri Howland being first duly sworn, does depose and say:

1. Tina Broberg is of legal age, a resident of Utah County, Utah, and competent to make this Affidavit.
2. Carrie Broberg is of legal age, a resident of Rich County, Utah, and competent to make this Affidavit.
3. Terri Howland is of legal age, a resident of Salt Lake County, Utah, and competent to make this Affidavit.
4. **I make the following affidavit** based upon my personal knowledge of the facts as set for **the therein.**
5. **Goldie Mead and Clyde C. Mead** established The Mead Family Trust, dated June 14, 2007 **with Goldie and Clyde as Trustees.**
6. Goldie Mead and Clyde C. Mead, trustees of The Mead Family Trust, dated June 14, 2007 took title to the below listed property on June 28, 2007, Entry Number: 287815.
7. Clyde C. Mead died on May 14, 2013. Clyde C. Mead is the same person as the decedent named in the copy of the Certificate of Death, State File Number: 2013006478 and which is attached hereto as Exhibit "A" and is incorporated by reference. The decedent is referred to as Clyde Clinton Mead in the attached Certificate of Death, he is the same individual as referenced herein and shall hereinafter be referred to as Clyde C. Mead.
8. Goldie Mead died on December 5, 2024. Goldie Mead is the same person as the decedent named in the copy of the Certificate of Death, State File Number: 2024020716 and which is attached hereto as Exhibit "A" and is incorporated by reference. The decedent is referred to as Goldie Mead in the attached Certificate of Death, she is the same individual as referenced herein and shall hereinafter be referred to as Goldie Mead.
9. Article 7.6 of The Mead Family Trust outlines the order of trustee succession.

7.6 Trustees. The following will act as original Trustee, and as successor Trustees in the following order of succession:

(a) Goldie Mead

(b) Tina Broberg, Carrie Broberg, and Terri Howland, serving together. If anyone should fail or cease to serve, the survivors shall continue serving together.

(c) A Trustee chosen by the majority of the beneficiaries, with natural or legal guardian voting for legally disabled beneficiaries.

On December 5, 2024, Goldie Mead passed away, leaving Tina Broberg, Carrie Broberg, and Terri Howland as the successor Trustees.

10. That there is real property owned by the Trust situated in Tooele County, state of Utah, described as follows:

Tax Parcel No: 11-081-0-0020

LOT 12, BUZIANIS RANCHETTES PHASE 2 AMENDED, A SUBDIVISION OF TOOELE COUNTY ACCORDING TO THE OFFICIAL PLAT ON RECORD IN THE OFFICE OF THE TOOELE COUNTY RECORDER.

LESS AND EXPECTING THAT PORTION DEEDED TO THE UTAH DEPARTMENT OF TRANSPORTATION FOR THE WIDENING OF SR-36 IN THAT CERTAIN WARRANTY DEED RECORDED MARCH 12, 2004 AS ENTRY NO. 219838 IN BOOK 929 AT PAGE 250 OF OFFICIAL RECORDS.

MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT 199.64 FEET SOUTH 12 DEGREES 09'33" WEST FROM THE NORTHWEST CORNER OF SAID LOT 12, OF SAID AMENDED BUZIANIS RANCHETTES PHASE II SUBDIVISION, AS RECORDED AT THE OFFICE OF THE TOOELE COUNTY RECORDER; AND RUNNING THENCE NORTH 12 DEGREES 09'33" EAST 741.08 FEET ALONG THE WESTERLY BOUNDARY LINE OF SAID AMENDED BUZIANIS RANCHETTES PHASE II SUBDIVISION; THENCE SOUTH 09 DEGREES 36'34" WEST 198.07 FEET TO A POINT OF CURVATURE OF A 10062.00 FOOT RADIUS CURVE TO THE RIGHT; THENCE SOUTHWESTERLY 540.50 FEET ALONG THE ARC OF SAID CURVE, HAVING A CENTRAL ANGLE OF 3 DEGREES 04'40" SUBTENDED BY A CHORD THAT BEARS SOUTH 11 DEGREES 08'54" WEST 540.44 FEET TO THE SOUTHERLY LINE OF SAID LOT 12, AT A POINT 62.00 FEET PERPENDICULARLY DISTANT EASTERLY FROM THE CENTER LINE OF SAID SR-36 OF SAID PROJECT, AT ENGINEER STATION 272+40.67; THENCE NORTH 86 DEGREES 41'45" WEST 18.57 FEET ALONG SAID SOUTHERLY LINE TO THE POINT OF BEGINNING AS SHOWN ON THE OFFICIAL MAP OF SAID PROJECT ON FILE IN THE OFFICE OF THE UTAH DEPARTMENT OF TRANSPORTATION.

11. That we, Tina Broberg, Carrie Broberg, and Terri Howland, file this affidavit of Successor Trustees and accept the Trusteeship of the Trust, and accept all powers, duties, and obligations empowered in ourselves under the terms of the Trust to serve as successor Trustees.

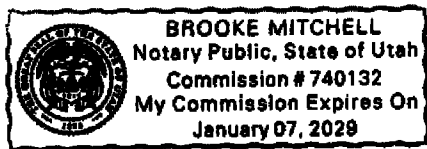
DATED this March 17, 2025

The Mead Family Trust, dated June 14, 2007

Tina Broberg
Tina Broberg, Successor Trustee

STATE OF UTAH)
)ss.
COUNTY OF Salt Lake)

SUBSCRIBED AND SWORN TO before me this March 17, 2025, by Tina Broberg, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is signed on the preceding document, who duly acknowledged to me that he executed the same voluntarily for its stated purpose.



Brooke Mitchell
Notary Public

DATED this February 13, 2025

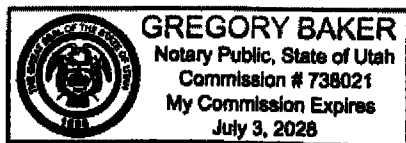
The Mead Family Trust, dated June 14, 2007

Carrie Broberg

Carrie Broberg, Successor Trustee

STATE OF UTAH)
)ss.
COUNTY OF SALT LAKE)

SUBSCRIBED AND SWORN TO before me this February 13, 2025, by Carrie Broberg, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is signed on the preceding document, who duly acknowledged to me that he executed the same voluntarily for its stated purpose.



[Signature]
Notary Public

DATED this March 17, 2025

The Mead Family Trust, dated June 14, 2007

Terri Howland

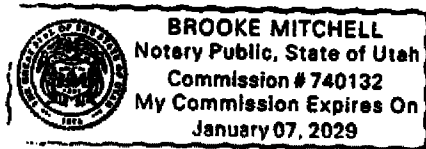
Terri Howland, Successor Trustee

STATE OF UTAH)

)ss.

COUNTY OF Salt Lake)

SUBSCRIBED AND SWORN TO before me this March 17, 2025, by Terri Howland, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is signed on the preceding document, who duly acknowledged to me that he executed the same voluntarily for its stated purpose.



Brooke Mitchell

Notary Public

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

Page 6 of 9

CERTIFICATE OF DEATH

State File Number: 2013006478

Clyde Clinton Mead

DECEDENT INFORMATION

Date of Death:	May 14, 2013	Time of Death:	13:40
City of Death:	Tooele	County of Death:	Tooele
Age:	84	Date of Birth:	1928
Place of Birth:	Cable, Wisconsin	Sex:	Male
Armed Services:	Yes	Marital Status:	Married
Spouse's Name:	Goldie Benson	Usual Occupation:	Construction
Industry/Business:	Masonry	Education:	9th Through 12th Grade
Residence:	Erda, Utah	Father's Name:	Joseph Silas Mead
Mother's Name:	Hattie Jane Stafford	Facility Type:	Nursing Home/Assisted Living
Facility or Address:	Rocky Mountain Care - Tooele		

INFORMANT INFORMATION

Name:	Goldie Mead	Relationship:	Wife
Mailing Address:	4897 N Ashlee Way, Erda, Utah 84074		

DISPOSITION INFORMATION

Method of Disposition: Burial
Place of Disposition: Tooele City Cemetery, Tooele, Utah
Date of Disposition: May 18, 2013

FUNERAL HOME INFORMATION

Funeral Home: Tate Mortuary
Address: PO Box 569, 110 South Main Street, Tooele, Utah 84074
Funeral Director: Bodie Layne Topham

MEDICAL CERTIFICATION

Certifying Physician: Ronald R. Trudel MD, Personal Community Health Care PC, 1959 North Aaron Drive Suite A, Tooele, Utah 84074

CAUSE OF DEATH

Renal Failure
Tobacco Use: Non-user
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: May 17, 2013

Date Issued: June 30, 2023

AMENDMENT HISTORY

05/29/2013 Decedent Date of Death from 05/13/2013 to 05/14/2013
09/16/2013 Informant Address 1 from 4897 N Ashton to 4897 N Ashlee Way
09/16/2013 Residence Street 1 from 4897 N Ashton to 4897 N Ashlee Way

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
Rev. 07/21



Jordan Mathis
Jordan Mathis
Director/Health Officer
County/District Health Department



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)		
	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					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

CERTIFICATE OF DEATH

State File Number: 2024020716

Goldie Mead

DECEDENT INFORMATION

Date of Death:	December 5, 2024	Time of Death:	11:56
City of Death:	Erda	County of Death:	Tooele
Age:	88	Date of Birth:	1936
Place of Birth:	Cable, Wisconsin	Sex:	Female
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:	Clyde Clinton Mead (deceased)	Usual Occupation:	Home Maker
Industry/Business:	Own Home	Education:	Some College but No Degree
Residence:	Erda, Utah	Father's Name:	John Segal Benson
Mother's Name:	Lily Hulda Leuenberger	Facility Type:	Home
Facility or Address:	4897 North Ashley Way		

INFORMANT INFORMATION

Name:	Tina Denise Broberg	Relationship:	Daughter
Mailing Address:	4056 Russell Road, Eagle Mountain, Utah 84005		

DISPOSITION INFORMATION

Method of Disposition: Burial
Place of Disposition: Tooele City Cemetery, Tooele, Utah
Date of Disposition: December 14, 2024

FUNERAL HOME INFORMATION

Funeral Home: Tate Mortuary
Address: PO Box 569, 110 South Main Street, Tooele, Utah 84074
Funeral Director: Cole M Houghton

MEDICAL CERTIFICATION

Certifying Physician: Jonathan D Atkin PA, University of Utah Stansbury Health Center, 220 millpond rd #100, Stansbury Park, Utah 84074

CAUSE OF DEATH

Exacerbation of chronic bronchitis
Due to (or as a consequence of): tobacco exposure years ago
Other significant conditions: Hemiparesis
Tobacco Use: Did not Contribute
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: December 10, 2024

Date Issued: December 10, 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.
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Linda S. Wininger
Linda S. Wininger, MSW, LCSW
State Registrar



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Jeff R. Coombs
Jeff R. Coombs
Director/Health Officer
Tooele County 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 name changes after the age of one year. 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; 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

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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 and an immediate family member, or two immediate family members, must sign as a witness. 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 the 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 the change is needed	9					
Documents used	10					
Oath of first witness	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. Telephone number		15. Relationship to 1a.	Notary signature _____
	16. Address of witness					S E A L
Oath of second witness	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. Telephone number		21. Relationship to 1a.	Notary signature _____
	22. Address of witness					S E A L