

WHEN RECORDED MAIL TO:
Cottonwood Title Insurance Agency, Inc.
1996 East 6400 South, Suite 120
Salt Lake City, UT 84121

File No.: 87829-AF

SUCCESSOR TRUSTEE'S AFFIDAVIT

I, the undersigned Carolee B. Hepner as Successor Trustee, do hereby affirm the following:

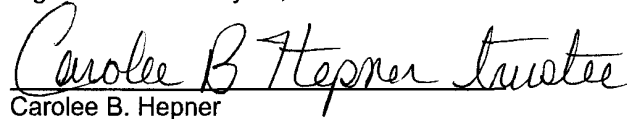
1. Verification of Trust: This is to certify by all present trustees that the copy of the Trust Agreement is a true and correct copy of the William E. Beckstead Revocable Trust dated July 7th 2005 (The "Trust"), as it may have been amended, and that it is in full force and effect and that it has not been revoked or terminated.
2. That I (we) was well and personally acquainted with William E. Beckstead, a trustee named in that certain Warranty Deed recorded December 24, 2007 as Entry no 10307380, records of the Salt Lake County Recorder, Utah.
3. That I (we) know of my own knowledge that William E. Beckstead in the said deed and William Edzell Beckstead 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, I (we) have been duly appointed and named as successor trustee(s) of the Trust.
5. I (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.: 26-25-400-007 and 26-25-400-011 (for reference purposes only)

6. The trust has not been terminated or amended in any way to restrict my (our) ability to convey title to the above-mentioned property.
7. I (we) are still the current trustee(s) of the Trust, and there are no new co-trustees.
8. In light of the foregoing facts, the undersigned, in consideration of the issuance by Fidelity National 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 Fidelity National Title Insurance Company against those liabilities, losses, damages, expenses and charges that may arise as a result of this transaction and conveyance of property.

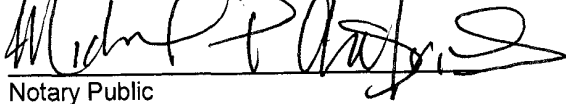
Signed this February 12, 2019


Carolee B. Hepner

State of Utah

County of Salt Lake

On this February 12, 2019, personally appeared before me Carolee B. Hepner, the successor trustee named above who acknowledged the foregoing instrument.



Notary Public

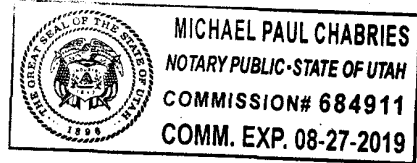


EXHIBIT A

PARCEL 1:

Description for Proposed Main Street Right of Way Part of Parcel No. 26-25-400-077.

Beginning at the Southeast corner of Parcel No. 26-25-400-007, said point being North 89°36'57" West 1560.00 feet along the section line and North 630.58 feet from the Southeast corner of Section 25, Township 3 South, Range 2 West, Salt Lake Base and Meridian; thence along the South boundary of said parcel South 83°45'00" West 118.48 feet; thence Northwesterly 200.41 feet along the arc of a 1447.00 foot radius non-tangent curve to the left, through a central angle of 07°56'08", chord or said curve bears North 09°06'39" West 200.25 feet; thence along the North boundary of said parcel North 83°45'00" East 128.48 feet; thence along the East boundary of said parcel South 06°15'00" East 200.00 feet to the point of beginning.

PARCEL 2:

Description for Proposed Main Street Right of Way Part of Parcel No. 26-25-400-011.

Beginning at the Southwest corner of Parcel No. 26-25-400-011, said point being North 89°36'57" West 1565.81 feet along the section line and North 408.46 feet from the Southeast corner of Section 25, Township 3 South, Range 2 West, Salt Lake Base and Meridian; thence along the West boundary of said parcel North 221.46 feet; thence North 83°45'00" East 33.39 feet; thence Southeasterly 156.50 feet along the arc of a 1593.00 foot radius curve to the right, through a central angle of 05°37'43", chord or said curve bears South 02°25'49" East 156.43 feet; thence South 00°23'02" West 68.80 feet; thence along the South boundary of said parcel West 39.36 feet to the point of beginning.

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

BK 10752 PG 4292

State File Number: 2017014718

William Edzell Beckstead

DECEDENT INFORMATION

Date of Death:	October 16, 2017	Time of Death:	16:14
City of Death:	Logan	County of Death:	Cache
Age:	90	Date of Birth:	June 7, 1927
Place of Birth:	West Jordan, Utah	Sex:	Male
Armed Services:	Yes	Marital Status:	Widowed
Spouse's Name:		Usual Occupation:	Farming
Industry/Business:	Dairy	Education:	High School or GED
Residence:	North Logan, Utah	Parent or Father:	Edzell Glen Beckstead
Parent or Mother:	Leona Thayne	Facility Type:	Nursing Home/Assisted Living
Facility or Address:	Beehive Home Assisted Living		

INFORMANT INFORMATION

Name:	Carolee Hepner	Relationship:	Daughter
Mailing Address:	815 North 6000 West, Petersboro, Utah 84325		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Redwood Memorial Estates, West Jordan, Utah
Date of Disposition:	October 21, 2017

FUNERAL HOME INFORMATION

Funeral Home:	Nelson Funeral Home 1
Address:	162 East 400 North, Logan, Utah 84321
Funeral Director:	Michael Chatterton

MEDICAL CERTIFICATION

Medical Professional:	Richard T Stevens MD, 382 West 280 North, Providence, Utah 84332
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CAUSE OF DEATH

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

Date Registered: October 23, 2017

Date Issued: October 23, 2017

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.

Richard J. Oborn

Richard J. Oborn, MPA
State Registrar

Rev. 1/16



065811158

Lloyd Berentzen
Lloyd Berentzen
Director/Health Officer
County/District Health
Department

Bear River
Health
Department

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

AFFIDAVIT TO AMEND A RECORD

Corrections to a vital record must be made by affidavit but an item on a birth record may be corrected by affidavit only once. A court order is required for subsequent changes. A court order is necessary to make any corrections to a Delayed Birth Certificate. This affidavit cannot be used to correct medical information. Please return any copies of the certificate with this affidavit completed. 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 or hand delivered.

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

Affidavit Instructions

Please print or type in black ink.
Items 1-6: Enter the facts as reported on the current vital record.
Item 7: Enter 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 on the record.
Item 9: Enter the reason the change is necessary.
Item 10: Enter the proofs used to support the change, if applicable. The proofs must match the asserted fact(s) exactly.
Items 11-22: Enter witness information.

Witness Instructions

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, or a person who is knowledgeable of the facts.

 BIRTH

 DEATH

 STILLBIRTH

STATE FILE NUMBER _____

NAME AS REPORTED ON REVERSE	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 STATED ON THE ORIGINAL RECORD			8b. CORRECT INFORMATION	
WHY IS CHANGE NECESSARY?	9a.					
	9b.					
DOCUMENTS USED TO AMEND RECORD	10a.					
	10b.					
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 & Sworn to before me this ____ day of _____ 20__
	11a. SIGNATURE OF WITNESS (Must be signed in front of a Notary)			11b. PRINTED NAME OF WITNESS		Notary Signature _____
	12. DATE SIGNED		13. AGE OF WITNESS	14. DAYTIME TELEPHONE OF WITNESS ()		State _____
	15. RELATIONSHIP OF WITNESS					County _____
	16. ADDRESS OF WITNESS (Street, City, State, Zip)					
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 & Sworn to before me this ____ day of _____ 20__
	17a. SIGNATURE OF WITNESS (Must be signed in front of a Notary)			17b. PRINTED NAME OF WITNESS		Notary Signature _____
	18. DATE SIGNED		19. AGE OF WITNESS	20. DAYTIME TELEPHONE OF WITNESS ()		State _____
	21. RELATIONSHIP OF WITNESS					County _____
	22. ADDRESS OF WITNESS (Street, City, State, Zip)					