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05/04/2012 12:09 PM \$16.00  
Book - 10014 Pg - 7353-7356  
GARY W. OTT  
RECORDER, SALT LAKE COUNTY, UTAH  
JONES WALDO HOLBROOK MCDONOUGH  
170 S MAIN ST STE 1500  
SLC UT 84101  
BY: DCD, DEPUTY - MA 4 P.

RECORDING REQUESTED BY )  
JONES WALDO HOLBROOK & MCDONOUGH PC )  
SEND TAX NOTICE TO: )  
ARLEN J JOHNSON II )  
3494 Bristol Way )  
West Valley City, Utah 84119 )  
AFTER RECORDING RETURN TO: )  
JONES WALDO ATTN: CLV )  
170 South Main Street, Suite 1500 )  
Salt Lake City, Utah 84101 )

SPACE ABOVE FOR RECORDER'S USE  
PARCEL ID NUMBER: 22-29-130-003

### AFFIDAVIT OF SUCCESSOR TRUSTEE

Comes now ARLEN J JOHNSON II the undersigned, being duly sworn, and states as follows:

1. Affiant is the Successor Trustee of the ARLEN J. JOHNSON AND EVA CORENE JOHNSON LIVING TRUST, dated November 12, 1999, and all amendments and restatements thereto (hereinafter "the Trust"). Affiant is presently eligible to act as Successor Trustee due to the death of the Initial Trustees, ARLEN JOHN JOHNSON and EVA CORENE JOHNSON. This Affidavit is consistent with the Appointment of Successor Trustee provisions located in the Trust.

2. Affiant knows the said ARLEN JOHN JOHNSON, TRUSTEE who is named in that particular Utah Certificate of Death, state file number 2012004988, a certified copy of which is attached hereto and incorporated herein, and the said EVA CORENE JOHNSON, TRUSTEE who is named in that particular Utah Certificate of Death, local file number 18-5493, a certified copy of which is attached hereto and incorporated herein, to be the same persons who are named as grantees and as Trustees of the ARLEN J. JOHNSON AND EVA CORENE JOHNSON LIVING TRUST, dated November 12, 1999 in that particular Quit-Claim Deed dated November 12, 1999 and recorded on November 18, 1999 as Entry number 7515485, Book 8323, Page 7911 in the office of the Salt Lake County Recorder, covering the following described property:


Beginning at a point in the center of Union Avenue, which point is 1023.0 feet South and 778.8 feet West from the Northeast corner of the Northwest quarter of Section 29, Township 2 South, Range 1 East, Salt Lake and Base Meridian, and running thence South 73° East 101.8 feet along the center line of street; thence South 11°48' West 252.5 feet; thence North 81° West 53.7 feet; thence North 1° East 269.1 feet, more or less to the point of beginning.

3. Affiant hereby requests that the title to the above described property, upon recording of this document, be transferred to ARLEN J JOHNSON II, Trustee, or his successors in trust, under the ARLEN J. JOHNSON AND EVA CORENE JOHNSON LIVING TRUST, dated November 12, 1999.

#### AFFIDAVIT OF SUCCESSOR TRUSTEE

*This instrument has been prepared by Jones Waldo Holbrook & McDonough PC solely from information provided by the client. There are no express or implied guarantees as to marketability of title, accuracy of the property or property legal description or quantity of land described, as no examination of title property was requested by the client.*

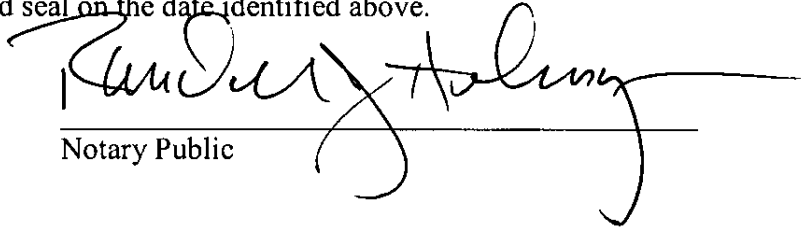
Date: April 27, 2012

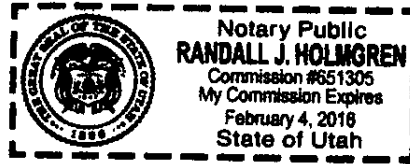
  
ARLEN J JOHNSON II Affiant

STATE OF UTAH )  
 )SS  
COUNTY OF SALT LAKE )

On April 27, 2012, before me, a Notary Public in and for said State, personally came ARLEN J JOHNSON II and acknowledged the signing thereof to be her voluntary act.

Witness my official signature and seal on the date identified above.

  
\_\_\_\_\_  
Notary Public



**AFFIDAVIT OF SUCCESSOR TRUSTEE**

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

**CERTIFICATE OF DEATH**

State File Number: 2012004988

**Arlen John Johnson**

**DECEDENT INFORMATION**

|                      |                               |                   |                              |
|----------------------|-------------------------------|-------------------|------------------------------|
| Date of Death:       | April 20, 2012                | Time of Death:    | 23:50                        |
| City of Death:       | Murray                        | County of Death:  | Salt Lake                    |
| Age:                 | 79                            | Date of Birth:    | April 5, 1933                |
| Place of Birth:      | Deer Valley, Utah             | Sex:              | Male                         |
| Armed Services:      | No                            | Marital Status:   | Widowed                      |
| Spouse's Name:       |                               | Usual Occupation: | Security                     |
| Industry/Business:   | Financial                     | Education:        | Some College but No Degree   |
| Residence:           | Midvale, Utah                 | Father's Name:    | Harold John Johnson          |
| Mother's Name:       | Lola Winterton Jordan         | Facility Type:    | Nursing Home/Assisted Living |
| Facility or Address: | Aspen Ridge Transitional Care |                   |                              |

**INFORMANT INFORMATION**

|                  |  |               |     |
|------------------|--|---------------|-----|
| Name:            | Arlen J Johnson II                             | Relationship: | Son |
| Mailing Address: | 3494 Bristol Way, West Valley City, Utah 84119 |               |     |

**DISPOSITION INFORMATION**

|                        |  |
|------------------------|--|
| Method of Disposition: | Burial   |
| Place of Disposition:  | Mountain View Memorial Estates, Salt Lake City, Utah |
| Date of Disposition:   | April 26, 2012                                       |

**FUNERAL HOME INFORMATION**

|                   |   |
|-------------------|---|
| Funeral Home:     | Memorial Mortuary                         |
| Address:          | 5850 South 900 East, , Murray, Utah 84121 |
| Funeral Director: | Brandon W Burningham                      |

**MEDICAL CERTIFICATION**

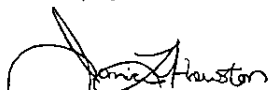
|                       |   |
|-----------------------|---|
| Medical Professional: | David H Workman MD, 1405 W 2200 S Suite 200, Salt Lake City, Utah 84119 |
|-----------------------|---|

**CAUSE OF DEATH**

Congestive Heart Failure  
Due to (or as a consequence of): Hypertension  
Due to (or as a consequence of): Chronic Obstructive Pulmonary Disease  
Tobacco Use: Unknown if User  
Medical Examiner Contacted: No    Autopsy Performed: No    Manner of Death: Natural

Date Issued: April 23, 2012

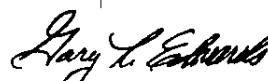
This is an exact reproduction of the document registered in the State Office of Vital Statistics. Security features of this official document include: Intaglio Border, V & R images in top cycloids, ultra violet fibers and hologram image of the Utah State Seal, over the words "State of Utah". This document displays the date, seal and signature of the State Registrar and the County/District Health Officer.



Janice L. Houston, State Registrar  
Office of Vital Statistics



\* 063497927 \*  
BK 10014 PG 7355



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



# STATE OF UTAH — DEPARTMENT OF HEALTH

Access to information on this form is limited under the Utah Statistics Act and Rules.

## STATE OF UTAH — DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

LOCAL FILE NUMBER 18-5493

STATE FILE NUMBER

|  |  |                        |  |   |  |   |  |  |  |
|--|--|------------------------|--|---|--|---|--|--|--|
| 1. NAME OF DECEDENT<br>FIRST MIDDLE LAST<br>Eva Corene JOHNSON   |  |                        | 2. SEX<br>Female   |   | 3a. DATE OF DEATH (Mo., Day, Yr.)<br>December 18, 2000   |   | 3b. TIME OF DEATH (24 hr. clock)<br>1435   |  |  |
| 4. DATE OF BIRTH (Mo., Day, Yr.)<br>Sep 22, 1934   |  |                        | 5. AGE - Last Birthday<br>66   |   | 6. BIRTHPLACE (City & State or Foreign Country)<br>Wagoner, Oklahoma   |   | 7. SOCIAL SECURITY NUMBER<br>524-40-3576   |  |  |
| 8a. PLACE OF DEATH (check only)<br><input type="checkbox"/> 1. Inpatient<br><input checked="" type="checkbox"/> 2. ER/Outpatient<br><input type="checkbox"/> 3. DOA<br><input type="checkbox"/> 4. Other (specify)   |  |                        |  |   | 8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location)<br>Rocky Mountain Medical Center |   |  |  |  |
| 8c. CITY, TOWN, OR LOCATION OF DEATH<br>Salt Lake City   |  |                        | 8d. COUNTY OF DEATH<br>Salt Lake   |   | 9. SURVIVING SPOUSE (if wife, give maiden name)<br>Arlen J Johnson   |   |  |  |  |
| 10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES?<br><input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No   |  |                        | 11. MARITAL STATUS<br><input type="checkbox"/> 1. Never Married <input type="checkbox"/> 3. Widowed<br><input checked="" type="checkbox"/> 2. Married <input type="checkbox"/> 4. Divorced   |   | 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired)<br>Self Employed                   |   | 12b. KIND OF BUSINESS OR INDUSTRY<br>Restaurant  |  |  |
| 13a. RESIDENCE - STREET AND NUMBER<br>920 East North Union Avenue  |  |                        | 13b. CITY, TOWN OR COMMUNITY<br>Midvale  |   | 13c. COUNTY<br>Salt Lake   |   | 13d. STATE<br>Utah   |  |  |
| 13e. INSIDE CITY LIMITS?<br><input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No  |  | 13f. ZIP CODE<br>84047 |  | 14. WAS DECEDENT OF HISPANIC ORIGIN? (if yes, Specify)<br><input type="checkbox"/> 1. Mexican <input type="checkbox"/> 2. Cuban<br><input type="checkbox"/> 3. Puerto Rican <input type="checkbox"/> 4. Other (Specify) |  | 15. RACE - Black, White, Am. Indian (tribe may be entered), Japanese, etc. (Specify)<br>White |  | 16. EDUCATION (specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17+)<br>12 |  |
| 17. FATHER'S NAME (First, Middle, Last)<br>Lewis Stacy   |  |                        |  |   | 18. MAIDEN NAME OF MOTHER (First, Middle, Last)<br>Viola Kirk  |   |  |  |  |
| 19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT<br>Arlen Johnson (Husband) 920 East North Union Avenue, Midvale, Utah 84047  |  |                        |  |   |  |   |  |  |  |
| 20. METHOD OF DISPOSITION<br><input type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other<br><input checked="" type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal  |  |                        | 21a. DATE OF DISPOSITION<br>Dec 22, 2000   |   | 21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place)<br>Mountain View Memorial Estates                                      |   | 21c. LOCATION - City or Town, State<br>3115 East 7800 South SLC, UT 84121              |  |  |
| 22. SIGNATURE OF FUNERAL SERVICE LICENSEE<br><i>Barbara J. Freshman</i>  |  |                        | 23. LICENSE NUMBER<br>115386   |   | 24. FUNERAL HOME (Name and address)<br>Memorial Estates Mortuary<br>5850 South 900 East SLC, UT 84121  |   |  |  |  |
| 25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN<br>12-18-00  |  |                        | 26. If not certified by medical examiner, was death reported to M.E.? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No<br>If yes, enter the date and hour reported.<br>M.E. CASE NO. _____ HR. _____ MO. _____ DAY _____ YEAR _____ |   |  |   |  |  |  |
| 27a. CERTIFIER<br><input checked="" type="checkbox"/> 1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.<br><input type="checkbox"/> 2. MEDICAL EXAMINER/LAW ENFORCEMENT OFFICIAL: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner as stated.  |  |                        |  |   |  |   |  |  |  |
| 27b. SIGNATURE AND TITLE OF CERTIFIER<br><i>Robert C. Hiemstra M.D.</i>  |  |                        |  |   | 27c. LICENSE NUMBER<br>262754  |   | 27d. DATE SIGNED (Month, Day, Year)<br>12-23-00  |  |  |
| 28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print)<br>Robert Hiemstra, M.D., 2500 So. State, Salt Lake City, Utah, 84115   |  |                        |  |   |  |   |  |  |  |
| 29. REGISTRAR'S SIGNATURE<br><i>Kathy Aldred</i>   |  |                        | 30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)<br>Dec. 21, 2000   |   | 30b. DATE FILED (Mo., Day, Yr.)<br>December 26, 2000   |   |  |  |  |
| 31. PART I. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.<br><br>IMMEDIATE CAUSE (Final disease or condition resulting in death)<br>a. <i>Cardiopulmonary arrest</i><br>DUE TO (OR AS A CONSEQUENCE OF) <i>MI</i><br>b. <i>COPD + Respiratory Failure</i><br>DUE TO (OR AS A CONSEQUENCE OF) <i>mo's</i><br>c. <i>COPD</i><br>DUE TO (OR AS A CONSEQUENCE OF) <i>mo's</i><br>d. _____<br><br>PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I<br><i>CHE</i> |  |                        |  |   |  |   |  |  |  |
| 32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT:<br><input type="checkbox"/> 1. Probably contributed to the cause of death. <input type="checkbox"/> 5. NON USER<br><input type="checkbox"/> 2. Was the underlying cause of death. <input type="checkbox"/> 6. UNKNOWN IF USER<br><input type="checkbox"/> 3. Did not contribute to the cause of death. <input checked="" type="checkbox"/> 4. Its unknown in relation to the cause of death.   |  |                        | 33a. WAS AN AUTOPSY PERFORMED?<br><input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No  |   | 33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?<br><input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No  |   |  |  |  |
| 34. MANNER OF DEATH<br><input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident<br><input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide<br><input type="checkbox"/> 5. Undetermined <input type="checkbox"/> 6. Pending Investigation<br>If injured Purposely or Accidently   |  |                        | 35a. DATE OF INJURY (Mo., Day, Yr.)  |   | 35b. TIME OF INJURY (24 Hour Clock)  |   | 35c. INJURY AT WORK?<br><input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No |  |  |
| 35d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)  |  |                        | 35e. LOCATION (Street or rural route number, city or town, county and state)   |   |  |   |  |  |  |
| 35f. If motor vehicle accident specify if decedent was driver, passenger or pedestrian.  |  |                        | 35g. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY should be entered in item 31)   |   |  |   |  |  |  |

USE PERMANENT BLACK INK

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued: DEC 26 2000

County - Salt Lake

Registrar *Kathy Aldred*

*Barry E Nangle*

Barry E. Nangle  
DIRECTOR OF VITAL RECORDS  
By

*Ellen Freeman*

L043997

BK 10014 PG 7356



WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES. ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.

SDH-BVR 95 (11/99)