

SEND TAX NOTICES TO:  
Frank Arnold Horton, Trustee  
1101 Chevy Chase Circle  
Salt Lake City, UT 84117

Serial Number: 21:027:0038

### AFFIDAVIT OF SURVIVORSHIP

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

F. Arnold Horton a.k.a. Frank Arnold Horton being duly sworn, deposes and states that:

1. Affiant is a resident of Salt Lake County, State of Utah
2. Affiant is the named co-trustee of the **HORTON FAMILY TRUST DATED MAY 4, 1994** (the “**Trust**”).
3. Affiant is the surviving spouse of Kathleen Ann Horton, deceased, who died on January 18, 2015. A certified copy of the death certificate of Kathleen Ann Horton is attached hereto as Exhibit “A” and incorporated herein by reference.
4. The property located in Utah County, Utah, more particularly described as:

COM S 1657.12 FT & W 239.5 FT FR NW COR. SEC. 4, T7S, R2E, SLB&M.; S 89 DEG 42' 36" E 1726.99 FT; N 1 DEG 42' 42" W 47.44 FT; N 63 DEG 21' 14" E 8.24 FT; S 84 DEG 36' 47" E 210.89 FT; S 88 DEG 37' 36" E 77.71 FT; S 81 DEG 29' 49" E 281.57 FT; S 54 DEG 1' 53" E 55.51 FT; S 47 DEG 17' 38" E 39.58 FT; S 40 DEG 45' 40" E 64.47 FT; S 34 DEG 39' 57" E 39.94 FT; S 25 DEG 19' 24" E 198.2 FT; S 21 DEG 55' 44" E 76.89 FT; N 89 DEG 53' 11" W 927.36 FT; S 2 DEG 39' 32" E 11.27 FT; N 89 DEG 53' 12" W 415.45 FT; S 1.01 FT; N 89 DEG 53' 12" W 277.66 FT; N 89 DEG 45' 43" W 1090.98 FT; N 15 DEG 34' 45" E 125.61 FT; N 18 DEG 47' 22" E 48.57; N 26 DEG 26' 7" E 156.09 FT; N 20 DEG 22' 12" E 94.14 FT; N 19 DEG 46' 49" E 23.44 FT TO BEG. AREA 24.285 AC.

(the “**Property**”), is currently vested in the name of **Frank Arnold Horton and Kathleen Ann Horton Trustees of the Horton Family Trust Dated May 4, 1994**, pursuant to a Warranty Deed recorded on September 2, 2005, on the records of the Utah County Recorder, as Entry No. 98383:2005.

3. Due to the death of Kathleen Ann Horton, Frank Arnold Horton, became the surviving Trustee of the Horton Family Trust Dated May 4, 1994, which Trust was and still is the sole owner of the Property.

5. Pursuant to the terms of the Trust, Suzanne Rengers was added as a co-trustee of the Trust. Accordingly, the Trustees are now Frank Arnold Horton and Suzanne Rengers and the format for taking title to assets is:

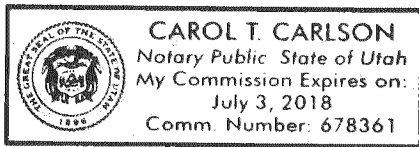
**Frank Arnold Horton and Suzanne Rengers, Trustees of the Horton Family Trust, dated May 4, 1994, and any amendments thereto.**

Dated: July 19, 2017

*Frank Arnold Horton*  
\_\_\_\_\_  
**Frank Arnold Horton, Trustee of the  
Horton Family Trust Dated May 4, 1994**

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

On this 19<sup>th</sup> day of July, 2017, before me personally appeared Frank Arnold Horton, Trustee, proved on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged he executed the same.



*Carol T. Carlson*  
\_\_\_\_\_  
Notary Public

**EXHIBIT "A"**  
**DEATH CERTIFICATE OF**  
**KATHLEEN ANN HORTON**

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH - VITAL STATISTICS

**CERTIFICATE OF DEATH**

2015000867  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Kathleen Ann HORTON</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 18, 2015</b>		3a. COUNTY OF DEATH <b>Clark</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Mesquite</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address) <b>455 Mesa Blvd. #101</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Female</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>80</b>		7b. UNDER 1 YEAR <b>MOS DAYS</b>		7c. UNDER 1 DAY <b>HOURS MINS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>December 07, 1934</b>		9a. STATE OF BIRTH (If not U.S.A., specify) <b>Utah</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>14</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (Maiden name) <b>Frank Arnold HORTON</b>	
13. SOCIAL SECURITY NUMBER <b>528-42-6942</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Lunchroom Program</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Education</b>	
15a. RESIDENCE - STATE <b>Utah</b>		15b. COUNTY <b>Clark</b>		15c. CITY, TOWN OR LOCATION <b>Mesquite</b>	
15d. STREET AND NUMBER <b>455 Mesa Blvd. #101</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			

PARENTS

16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Louis Duane RASMUSSEN</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Violet PETERSEN</b>	
18a. INFORMANT- NAME (Type or Print) <b>Frank Arnold HORTON</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1101 Chevy Chase Circle Salt Lake City, Utah 84117</b>	

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Removal/Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Mountain View Memorial Estates</b>		19c. LOCATION City or Town State <b>Cottonwood Heights Utah</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BRIAN REBMAN</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>49</b>		20c. NAME AND ADDRESS OF FACILITY <b>Moapa Valley Mortuary</b> <b>5090 N Moapa Valley Blvd Logandale NV 89021</b>	

TRADE CALL

TRADE CALL - NAME AND ADDRESS **Jenkins-Soffe Mortuary 4760 S. State St. Murray UT 84107**

CERTIFIER

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>LARY SIMMS DO, MPH</b> <b>SIGNATURE AUTHENTICATED</b>		22a. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>LARY SIMMS DO, MPH</b> <b>SIGNATURE AUTHENTICATED</b>	
21b. DATE SIGNED (Mo/Day/Yr) <b>January 21, 2015</b>		21c. HOUR OF DEATH <b>11:55</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>January 18, 2015</b>		21e. PRONOUNCED DEAD AT (Hour) <b>11:55</b>	

REGISTRAR

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Lary Simms DO, MPH 1704 Pinto Lane Las Vegas, NV 89106</b>		23b. LICENSE NUMBER <b>880</b>	
24a. REGISTRAR (Signature) <b>SUSAN ZANNIS</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 22, 2015</b>	

CAUSE OF DEATH

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
PART I (a) <b>Arteriosclerotic Cardiovascular Disease</b>			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Diabetes Mellitus</b>		26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>			
28a. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)	
28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc (Specify)	
28g. LOCATION		STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

ENT 69434 : 2017 PG 4 of 4

VRS-Rev-20120523a

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

B000082575  
DATE ISSUED: **JAN 23 2015**  
Registrar of Vital Statistics  
By: *[Signature]*

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.  
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

