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3/16/2016 3:45:00 PM \$17.00  
Book - 10412 Pg - 98-101  
Gary W. Ott  
Recorder, Salt Lake County, UT  
BACKMAN TITLE SERVICES  
BY: eCASH, DEPUTY - EF 4 P.

When Recorded, Return to:

Giles  
18 Clubhouse Dr  
Stansbury Park, Ut. 84074

**AFFIDAVIT OF TRUSTEESHIP**

I Tammy F. Giles , being first duly sworn, do hereby depose and

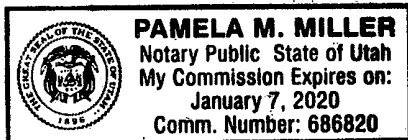
1. I have personal knowledge of the facts contained in the Affidavit and I am over the age of 18 years.
2. This Affidavit is given to evidence the death of Ira W. Hayden and Dixie B. Hayden Trustees of the Ira W. Hayden and Dixie B. Hayden Revocable Family Living Trust dated the 13<sup>th</sup> day of July, 1999, (the Trust) and to establish Tammy F. Giles as the Successor Trustee(s) of the Trust ("the Trust").
3. Ira W. Hayden and Dixie B. Hayden are my parents.
4. The undersigned hereby certifies that Ira W. Hayden and Dixie B. Hayden, listed as Trustee in that certain Warranty Deed recorded 7-15-99 as Entry No. 7413067, is one and the same person as Ira Wayne Hayden and Dixie Benson Hayden listed as decedent on the attached certified copy of Certificate of Death.
5. By virtue of the death of Ira W. Hayden and Dixie B. Hayden, I do hereby declare that the conditions for Successor Trustee appointment have been met and that pursuant to Article 9 Section 9.01 of the Trust, that I am now appointed as Successor Trustee of said Trust and am authorized to convey any assets of the Trust including the property located at 2704 North 2200 West, Salt Lake City, UT 84116, which Property is more particularly described as follows:|

Parcel No.:

Dated this 29 day of Feb, 2016, .

Tammy F. Giles  
Tammy F. Giles

Subscribed and sworn to and acknowledged before me this 29 day of Feb, 2016, by Tammy F. Giles.



P. Miller  
Notary Public

My Commission Expires: Feb 20 Residing at: Murray, UT  
PRO 2 Jan 2020

STATE OF UTAH DEPARTMENT OF HEALTH  
 STATE OF UTAH DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**

LOCAL FILE NUMBER 18-3233		STATE FILE NUMBER	
1. NAME OF DECEDENT FIRST MIDDLE LAST Ira Wayne HAYDEN		2. SEX Male	3a. DATE OF DEATH (Mo., Day, Yr.) July 15, 2003
3b. TIME OF DEATH (24 hr. clock) 1400		7. SOCIAL SECURITY NUMBER 528-90-2715	
4. DATE OF BIRTH (Mo., Day, Yr.) February 17, 1929		5. AGE - Last Birthday 74	6. BIRTHPLACE (City & State or Foreign Country) Tablona, Utah
8a. PLACE OF DEATH (Hospital, make code for Hospital only; if other location, check only one) <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DCA <input type="checkbox"/> 4. Nursing Home <input checked="" type="checkbox"/> 5. Residence (in yr.)		8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) 2704 North 2200 West	
9c. CITY, TOWN, OR LOCATION OF DEATH Salt Lake City		9d. COUNTY OF DEATH Salt Lake	9e. SURVIVING SPOUSE (if wife, give maiden name) Dixie Benson
10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		11. MARITAL STATUS <input type="checkbox"/> 1. Never Married <input type="checkbox"/> 3. Widowed <input checked="" type="checkbox"/> 2. Married <input type="checkbox"/> 4. Divorced	12. KIND OF BUSINESS OR INDUSTRY Union Pacific
12a. DECEDENT'S USUAL OCCUPATION (give kind of work done during most of working life. Do NOT enter retired) Welder		12b. KIND OF BUSINESS OR INDUSTRY Union Pacific	
13a. RESIDENCE - STREET AND NUMBER 2704 North 2200 West		13b. CITY, TOWN OR COMMUNITY Salt Lake City	13c. COUNTY Salt Lake
13d. STATE Utah		13e. STATE Utah	
14. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		15. ZIP CODE 84116	16. RACE - Black, White, Am. Indian (to be only list entered), Japanese, etc. (Specify) Caucasian
17. FATHER'S NAME (First, Middle, Last) Mark Bryon Hayden		18. MOTHER'S NAME (First, Middle, Last) Mildred Faye Gines	
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT DAUGHTER: Tammy Young / 474 West 3460 North / Erda, Utah 84074			
20. METHOD OF DISPOSITION <input checked="" type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other <input checked="" type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal		21a. DATE OF DISPOSITION July 22, 2003	21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Tablona City Cemetery
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Ronald Ward</i>		23. LICENSE NUMBER 22-113273	24. FUNERAL HOME (Name and address) Larkin Mortuary 260 E. South Temple SLC Utah 84111
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 9-200-71103		26. If not certified by medical examiner, was death reported to M.E.T? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No M.E. CASE NO. _____ HR. _____ MO. _____ DAY _____ YEAR _____	
27a. CERTIFIER <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. <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 <i>Ronald Ward</i>		27c. LICENSE NUMBER 08-149979-1205	27d. DATE SIGNED (Month, Day, Year) 7-17-03
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type in full) Ronald Ward, MD / 24 South 1100 East / Salt Lake City, Utah 84102			
29. REGISTRAR'S SIGNATURE <i>Barry E. Nangle</i>		30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) July 21, 2003	30b. DATE FILED (Mo., Day, Yr.) July 21, 2003
31. PART I. ENTER THE DISEASE, 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. <i>Cardiogenic shock</i> IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): <i>Myocardial infarction</i> c. DUE TO (OR AS A CONSEQUENCE OF): <i>Coronary heart dz</i> d. DUE TO (OR AS A CONSEQUENCE OF): Approximate Interval Between Cause and Death: 3 hrs 3 days 7 yrs			
32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: <input type="checkbox"/> 1. Probably contributed to the cause of death. <input type="checkbox"/> 2. Was the underlying cause of death. <input type="checkbox"/> 3. Did not contribute to the cause of death. <input checked="" type="checkbox"/> 4. UNKNOWN IF USER		33a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
34. MANNER OF DEATH <input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Undetermined if injured purposefully or accidentally <input type="checkbox"/> 6. Pending investigation		35a. DATE OF INJURY (Mo., Day, Yr.)	35b. TIME OF INJURY (24 Hour Clock)
35c. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		35d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)	
35e. DESCRIBE HOW INJURY OCCURRED (Enter sequence of events which resulted in injury, NATURE OF INJURY should be entered in item 31)			

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 DISPOSITION  
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 CAUSE OF DEATH  
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 UH-BVR Form 12, Rev. 12/98

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:

*Barry E Nangle*

Barry E. Nangle  
 DIRECTOR OF VITAL RECORDS

JUL 01 2004

SL 345914



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

STATE OF UTAH - DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**

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

LOCAL FILE NUMBER 18-1000 STATE FILE NUMBER

3a. TIME OF DEATH (24 hr. clock) 1250

1. NAME OF DECEDENT FIRST MIDDLE LAST  
 Dixie Benson HAYDEN

2. SEX Female 3a. DATE OF DEATH (Mo., Day, Yr.) February 18, 2004

4. DATE OF BIRTH (Mo., Day, Yr.) October 27, 1934 5. AGE - Last Birthday 69

6. BIRTHPLACE (City & State or Foreign Country) Newton, Utah 7. SOCIAL SECURITY NUMBER 528-40-2937

8a. PLACE OF DEATH (check only)  1. Inpatient  2. ER/Outpatient  3. DOA  4. Nursing Home  5. Residence (any)  6. Other (specify) Garden Terrace Alzheimer's Center

8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location)

8c. CITY, TOWN, OR LOCATION OF DEATH Salt Lake City 8d. COUNTY OF DEATH Salt Lake 9. SURVIVING SPOUSE (if wife, give maiden name)

10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES?  1. Yes  2. No  3. Married  4. Divorced 11. MARITAL STATUS  1. Never Married  3. Widowed  2. Married  4. Divorced 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired) Assembly Worker 12b. KIND OF BUSINESS OR INDUSTRY Telephones

13a. RESIDENCE - STREET AND NUMBER 2704 North 2200 West 13b. CITY, TOWN OR COMMUNITY Salt Lake City 13c. COUNTY Salt Lake 13d. STATE Utah

14. WAS DECEDENT OF HISPANIC ORIGIN?  1. Yes  2. No  1. Mexican  2. Cuban  3. Puerto Rican  4. Other (Specify) 15. RACE - Black, White, Am. Indian (tribe may be entered), Japanese, etc. (Specify) Caucasian 16. EDUCATION (specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17+) 11

17. FATHER'S NAME (First, Middle, Last) John DouL Benson 18. MAIDEN NAME OF MOTHER (First, Middle, Last) Winona Dahle

19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT DAUGHTER: Tammy Young / 474 West 3460 North / Brda, Utah 84074 21c. LOCATION - City or Town, State Tabiona, Utah

20. METHOD OF DISPOSITION  1. Entombment  2. Donation  3. Other  4. Burial  5. Cremation  6. Removal 21a. DATE OF DISPOSITION Feb 28, 2004 21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Tabiona City Cemetery

22. SIGNATURE OF FUNERAL SERVICE LICENSEE [Signature] 23. LICENSE NUMBER 95-270363 24. FUNERAL HOME (Name and address) Larkin Mortuary 260 E. South Temple SLC Utah 84111

25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN February 2, 2004 26. If not certified by medical examiner, was death reported to M.E.?  1. Yes  2. No  If yes, enter the date and hour reported. M.E. CASE NO. HR. MO. DAY YEAR

27a. CERTIFIER  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.  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 [Signature] 27c. LICENSE NUMBER 89-181657 27d. DATE SIGNED (Month, Day, Year) 3/2/04

28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print) Mary Jane Norman, MD / 4285 South Highland Drive / Salt Lake City, Utah 84124

29. REGISTRAR'S SIGNATURE [Signature] 30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) March 3, 2004 30b. DATE FILED (Mo., Day, Yr.) March 3, 2004

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. IMMEDIATE CAUSE (Final disease or condition resulting in death) Dementia DUE TO (OR AS A CONSEQUENCE OF): Years

32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT:  1. Probably contributed to the cause of death.  2. Was the underlying cause of death.  3. Did not contribute to the cause of death.  4. Is unknown in relation to the cause of death.  5. NON USER

33a. WAS AN AUTOPSY PERFORMED?  1. Yes  2. No 33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1. Yes  2. No

34. MANNER OF DEATH  1. Natural  2. Accident  3. Suicide  4. Homicide  5. Undetermined  6. Pending Investigation If injured Purposely or Accidentally

35a. DATE OF INJURY (Mo., Day, Yr.) 35b. TIME OF INJURY (24 Hour Clock) 35c. INJURY AT WORK?  1. Yes  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)

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: March 03, 2004

County Salt Lake

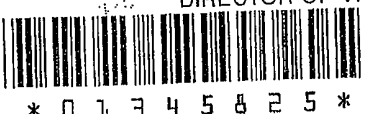
Registrar *Patti Covey*

*Barry E Nangle*

Barry E. Nangle  
 DIRECTOR OF VITAL RECORDS

By *Ellen Freeman*

LL01345825



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

BEGINNING 1502 feet North from the Southwest Corner of the Northeast  $\frac{1}{4}$  of the Northeast  $\frac{1}{4}$  of Section 16, Township 1 North, Range 1 West, SLB&M; thence North 234.46 feet; thence East 929 feet more or less; thence South 234.46 feet; thence West 929.20 more or less to the point of beginning.

Tax id #08-09-476-009