

When recorded mail to:  
Donna Mather  
1066 East Hollywood Ave.  
Salt Lake City, UT 84105

11597852  
3/15/2013 4:42:00 PM \$17.00  
Book - 10117 Pg - 7897-7900  
Gary W. Ott  
Recorder, Salt Lake County, UT  
NORTH AMERICAN TITLE LLC  
BY: eCASH, DEPUTY - EF 4 P.

Tax ID 16-17-456-005

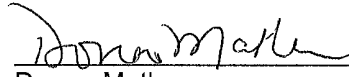
**AFFIDAVIT OF SUCCESSOR TRUSTEE**

This affidavit is given to evidence the death of James L. Davis, as Trustee(s) of THE James L. Davis Family Trust Dated October 7<sup>th</sup>, 2004, and to establish Donna Mather, as Successor Trustee of said Trust.

The undersigned hereby certifies that James L. Davis, listed as Trustee(s) of THE James L. Davis Family Trust Dated October 7<sup>th</sup>, 2004 are one and the same person(s) as James Leon Davis, listed as decedent on the attached copy of the Certificate of Death filed as number(s) 2013000045.

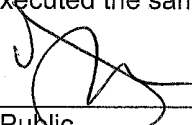
And by virtue of said death certificate(s) attached hereto and made a part hereof and pursuant to the terms and conditions of said Declaration of Trust I/we do hereby declare that the conditions for the appointment of Successor Trustee have been met and that pursuant to said Declaration of Trust, that the undersigned Donna Mather is authorized as Successor Trustee of said Trust to convey any assets of the Trust particularly the property located at 1066 East Hollywood Avenue, and more particularly described as follows:

Dated this 14th Day of March, 2013

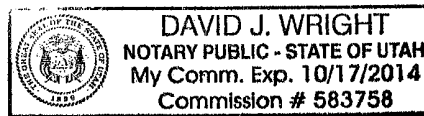
  
\_\_\_\_\_  
Donna Mather

State of Utah            )  
                                  )ss.  
County of Salt Lake    )

On the 14th Day of March, 2013, personally appeared before me Donna Mather, the signer(s) of the above instrument who duly acknowledged to me that they executed the same.

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

My Commission Expires: 10/17/14  
Residing At:  
North American Title # 40902-13-01778



STATE OF UTAH  
CERTIFICATE OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2013000045

James Leon Davis

DECEDENT INFORMATION

|                      |                              |                   |                        |
|----------------------|------------------------------|-------------------|------------------------|
| Date of Death:       | January 3, 2013              | Time of Death:    | 07:07                  |
| City of Death:       | Murray                       | County of Death:  | Salt Lake              |
| Age:                 | 76                           | Date of Birth:    | March 30, 1936         |
| Place of Birth:      | Little Rock, Arkansas        | Sex:              | Male                   |
| Armed Services:      | Yes                          | Marital Status:   | Widowed                |
| Spouse's Name:       |                              | Usual Occupation: | Electronics Technician |
| Industry/Business:   | Hill Air Force Base          | Education:        | High School or GED     |
| Residence:           | Salt Lake City, Utah         | Father's Name:    | Jay Leon Davis         |
| Mother's Name:       | Addie Matilda Davis          | Facility Type:    | Hospital Inpatient     |
| Facility or Address: | Intermountain Medical Center |                   |                        |

INFORMANT INFORMATION

|                  |   |               |          |
|------------------|---|---------------|----------|
| Name:            | Donna Mather  | Relationship: | Daughter |
| Mailing Address: | 3008 West Chimney Rock Circle, Taylorsville, Utah 84129 |               |          |

DISPOSITION INFORMATION

|                        |  |
|------------------------|--|
| Method of Disposition: | Burial                                       |
| Place of Disposition:  | Valley View Memorial Park, West Valley, Utah |
| Date of Disposition:   | January 7, 2013                              |

FUNERAL HOME INFORMATION

|                   |  |
|-------------------|--|
| Funeral Home:     | Valley View Funeral Home                           |
| Address:          | 4335 West 4100 South, West Valley City, Utah 84120 |
| Funeral Director: | Gregory C Ballard                                  |

MEDICAL CERTIFICATION

|                       |   |
|-----------------------|---|
| Medical Professional: | Ali Ahmed MD, Heart & Lung Institute of Utah, 5801 Fashion Blvd Suite 280, Murray, Utah 84107 |
|-----------------------|---|

CAUSE OF DEATH


Respiratory Failure [Onset: 2 Days]  
Due to (or as a consequence of): Septic Shock [Onset: 2 Days]  
Due to (or as a consequence of): Pneumonia [Onset: 2 Days]  
Other significant conditions:  
Tobacco Use: Unknown  
Medical Examiner Contacted: No    Autopsy Performed: No    Manner of Death: Natural

Date Registered: January 4, 2013

Date Issued: January 4, 2013

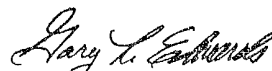
This is an exact reproduction of the document registered in the State Office of Vital Statistics. Security features of this official document include: Intaglio Border, V & R images in top cyclolds, ultra violet fibers and hologram image of the Utah State Seal, over the words "State of Utah". This document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

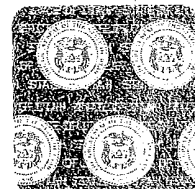


  
Janice L. Houston, State Registrar  
Office of Vital Statistics



BK 10117 PG 7898

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



## AFFIDAVIT FOR CORRECTION

This is a legal document. Complete in black ink and do not alter.

**ANY CHANGES MADE BELOW VOID THIS CERTIFICATE. A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.**

All vital records are registered as received. Corrections must be made by affidavit. An item on the birth or death certificate may be corrected by affidavit only once; a court order will be required for subsequent corrections.

There is no processing fee for affidavits registered within one year of the date of the event. After one year from the date of the event, there is a fee for filing the affidavit which includes one replacement copy. Affidavits completed **within 90 days of issuance** may be given credit for monies previously paid. (Multiple copies may require an additional fee.)

**PLEASE RETURN ALL COPIES WITH ONE COMPLETED AFFIDAVIT WITHIN 90 DAYS FOR REPLACEMENT TO:  
 UTAH DEPARTMENT OF HEALTH, OFFICE OF VITAL RECORDS AND STATISTICS, PO BOX 141012,  
 SALT LAKE CITY, UTAH 84114-1012. FOR SAME DAY SERVICE, PLEASE BRING COPIES AND COMPLETED  
 AFFIDAVIT TO OUR OFFICE AT 288 NORTH 1460 WEST, SALT LAKE CITY, UTAH.**

### BIRTH CERTIFICATES

1. List the facts exactly as stated on the reverse side. Opposite each item, correct the information as it should have been stated at the time of the birth.
2. Who may sign the affidavit for corrections: If the person listed on the record is under 18, both parents listed on the record. If the person listed on the record is 18 he/she **must sign** as one of the witnesses, unless mentally incompetent or physically incapacitated. Parents are the preferred witnesses for the second signature. If no father is listed on the record, a relative of the mother may sign if s/he is of legal age. The signatures **must be notarized.**
3. The parent(s) may add or correct the surname from that listed on the record until the child's first birthday without proofs. The first, and/or middle name can be corrected or added without proofs until the child's sixth birthday.
4. If the child is under the age of six and there is no father listed on the record, the child's surname may be corrected to match the mother's maiden name without documentation.
5. Minor corrections in spelling or parents' information may be corrected anytime. Some corrections may require documentary proof.
6. This affidavit cannot be used to add a father to or correct medical information on a birth certificate.

### DEATH CERTIFICATES

1. Corrections to non-medical information may be made by the Funeral Home, or 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. Corrections to marital status must be approved and processed by the State Office of Vital Records and Statistics. Contact our office for assistance. Replacements within 90 days may be charged a replacement fee.
2. The medical information (Cause of Death) may only be corrected **WITH A MEDICAL AFFIDAVIT COMPLETED** by the certifying health care provider or the Utah Office of the Medical Examiner.

BIRTH       DEATH       STILLBIRTH

LOCAL FILE NUMBER

STATE FILE NUMBER

|   | 1a. FIRST NAME  | 1b. MIDDLE NAME | 1c. LAST NAME   |
|---|---|-----------------|---|
| <b>NAME AS REPORTED ON REVERSE</b>  |   |                 |   |
| <b>STATEMENT OF CORRECTIONS</b>   | 2a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD  |                 | 2b. CORRECT INFORMATION                                     |
|   |   |                 |   |
|   |   |                 |   |
|   |   |                 |   |
|   |   |                 |   |
|   |   |                 |   |
| <b>WHY IS CHANGE NECESSARY?</b>   | 3.  |                 |   |
| <b>PROOFS USED TO AMEND RECORD</b>  | 4.  |                 |   |
| <b>OATH OF FIRST WITNESS (MUST BE 18 OR OLDER)</b>  | 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__ |
|   | 5. SIGNATURE OF WITNESS   |                 | Notary Public _____   |
|   | 6. DATE SIGNED      7. AGE OF WITNESS      8. DAYTIME TELEPHONE # OF WITNESS<br>(      )  |                 | My Commission expires _____                                 |
|   | 9. ADDRESS OF WITNESS (Street, City, State, Zip)  |                 | S<br>E<br>A<br>L  |
| 10. RELATIONSHIP TO PERSON IN 1a:    Self    Parent/Guardian    Spouse<br>Funeral Director    Informant    Other(Specify) |   |                 |   |
| <b>OATH OF SECOND WITNESS (MUST BE 18 OR OLDER)</b>   | 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__ |
|   | 11. SIGNATURE OF WITNESS  |                 | Notary Public _____   |
|   | 12. DATE SIGNED      13. AGE OF WITNESS      14. DAYTIME TELEPHONE # OF WITNESS<br>(      )   |                 | My Commission expires _____                                 |
|   | 15. ADDRESS OF WITNESS (Street, City, State, Zip)   |                 | S<br>E<br>A<br>L  |
| 16. RELATIONSHIP TO PERSON IN 1a:    Self    Parent/Guardian    Spouse<br>Funeral Director    Informant    Other(Specify) |   |                 |   |
| UDOH-OVRS<br>REV. 03/11   |   |                 |   |

**Exhibit "A"**  
**(Legal Description)**

Commencing at a point 74.15 feet North and 179.4 feet West of the Southeast corner of Lot 19, Block 1, Five Acre Plat "A" Big Field Survey (said point being identical with the Northeast corner of Lot 4, Block 4, Evergreen Park) thence West 8 feet; thence South 100 feet to the East line of said Lot 4, Block 4, Evergreen Park; thence South 5°4' West 25.48 feet to the Southeast corner of said Lot 4; thence East 30 feet; thence North 5°4' East 125.48 feet; thence West 30 feet to the place of Beginning.

Together with a right of way over a strip of ground 14.75 feet wide by 125.48 feet in length adjoining the above tract on the East.

The following is shown for information purposes only: 16-17-456-005