

CRAIG P ARRINGTON
1921 SUMMER WILLOW PL
SANDY UT 84093-1888

AFFIDAVIT OF SUCCESSOR TRUSTEE

NOW COMES, the undersigned and upon oath duly sworn states as follows:

- 1. That your Affiant is of legal age.

That Affidavit concerns certain real property located in the County of Summit, State of Utah, more particularly described as follows:

Lot PE-2-238 according to the official plat thereof on the file and of record in the Summit County Recorder's office.

ALL OF LOT 238 PINE PLATEAU ESTATES NO 2 SUBDIVISION CONT 0.26 ACRES XWD554 M18-337 M20-176 M35-671M145-711 M146-408 M207-340 645-252 ENTRY # 353869 BOOK 645 PAGE 252-253 2/10/1992 JOHN E. ARRINGTON & MARY F ARRINGTON TRUSTEES OF ARRINGTON FAMILY TRUST

- 2. The heretofore said property is titled in the names of JOHN E. ARRINGTON and MARY F. ARRINGTON, Trustees of the ARRINGTON FAMILY TRUST U/A/D/ JULY 26, 1991, of 1921 Summer Willow Place, Sandy, Utah.
- 3. The said Trustees, JOHN E. ARRINGTON and MARY F. ARRINGTON, are now deceased as evidenced by the death certificates attached hereto and incorporated herein by this reference.
- 4. The following are designated as the Successor Trustees of, THE ARRINGTON FAMILY TRUST, U/A/D July 26 1991: Craig P. Arrington and Patricia A. Griffith.

I request that the title to the said property be placed in the name of Craig P Arrington and Patricia A. Griffiths, Successor Trustees of, THE ARRINGTON FAMILY TRUST, JULY 26, 1991.

The name of the undersigned:

Craig P. Arrington, Successor Trustee

CRAIG P. ARRINGTON, one of the Successor Trustees

Arrington Family Trust

State of UTAH

County of) SS

Salt Lake)

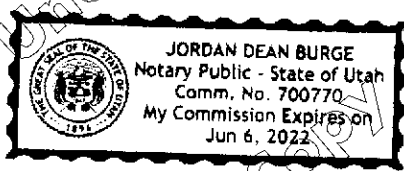
On this 6TH day of AUGUST, 2019, personally appeared before me CRAIG P. ARRINGTON individually and as one of the Successor Trustees of THE ARRINGTON FAMILY TRUST, effective July 26, 1991, the signer of the above instrument, who duly acknowledged to me that such person executed the same.

Jordan Burge

Notary Public

My Commission expires: 06-06-2022

Residing in: 7325 SO. UNION PARK AVE
MIDVALE, UT 84045



ENTRY NO. 01115710

08/08/2019 10:38:46 AM B: 2522 P: 0958

Affidavit PAGE 1/3
RHONDA FRANCIS - SUMMIT COUNTY RECORDER
FEE 40.00 BY CRAIG P ARRINGTON



STATE OF UTAH CERTIFICATION OF VITAL RECORD

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

LOCAL FILE NUMBER **18-1393**

STATE FILE NUMBER

1. NAME OF DECEDENT Mary F. ARRINGTON		2. SEX Female	3a. DATE OF DEATH (Mo., Day, Yr) April 7, 1993	3b. TIME OF DEATH (24 hr. clock) 1933
4. DATE OF BIRTH (Mo., Day, Yr) Sept. 27, 1924	5. AGE (Last birthday) 68	6. BIRTHPLACE (City & State or Foreign Country) London, England	7. SOCIAL SECURITY NUMBER Confidential	
8a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other		8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location) Sandy Regional Convalescent and Rehabilitation Center, Inc.		
9. CITY, TOWN OR LOCATION OF DEATH Sandy		10. COUNTY OF DEATH Salt Lake		11. SURVIVING SPOUSE (If sole, give maiden name) John E. Arrington
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13. MARITAL STATUS <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		14. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) Homemaker
15. RESIDENCE - STREET AND NUMBER 8974 So Wild Willow Circle		16. CITY, TOWN, OR COMMUNITY Sandy	17. COUNTY Salt Lake	18. STATE Utah
19. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20. ZIP CODE 84093	21. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		22. EDUCATION (Specify only highest grade completed) (Elementary or Secondary (6-12) College (13-16 or 17+) 13
23. FATHER'S NAME (First, Middle, Last) John PAYNE		24. MOTHER'S NAME (First, Middle, Last) Ellen PICTON		
25. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT John E. Arrington (husband) 8974 So Wild Willow Circle, Sandy, Utah 84093				
26. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other		27. DATE OF DISPOSITION (Mo., Day, Year) April 12, 1993		28. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Wasatch Lawn Mem. Park Salt Lake City, Utah
29. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>John P. Stevenson</i>		30. LICENSE NUMBER #539	31. FUNERAL HOME (Name, address and license number) Wasatch Lawn Mortuary 3401 Highland Drive Salt Lake City, UT 84106	
32. DATE RECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 4/2/93		33. If not certified by medical examiner, was death reported to M.E.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
34. CERTIFIER <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN <input type="checkbox"/> MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL				
35. SIGNATURE AND TITLE OF CERTIFIER <i>Patricia Legant</i>		36. LICENSE NUMBER 06251	37. DATE SIGNED (Mo., Day, Yr) 4/9/93	
38. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/print) Patricia Legant, M.D. 164 East 5900 South, Suite A106, Salt Lake City, Utah 84107				
39. REGISTRAR'S SIGNATURE <i>Richard J. Oborn</i>		40. DATE FILED (Month, Day, Year) April 9, 1993		
41. 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. Metastatic small cell lung cancer to liver, brain, bones		42. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ~7 months		
43. IMMEDIATE CAUSE (Final disease or condition resulting in death)		44. DUE TO (OR AS A CONSEQUENCE OF)		
45. SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE. ENTER UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST		46. DUE TO (OR AS A CONSEQUENCE OF)		
PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.		47. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT <input checked="" type="checkbox"/> Probably contributed to the cause of death <input type="checkbox"/> Was the underlying cause of death <input type="checkbox"/> Did not contribute to the cause of death <input type="checkbox"/> Is unknown in relation to the cause of death		48. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
49. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined If Injured Purposefully or Accidentally <input type="checkbox"/> Pending Investigation		50. DATE OF INJURY (Month, Day, Year)	51. TIME OF INJURY (24 Hour Clock)	52. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
53. LOCATION (Street or rural route number, city or town, county and state)		54. PLACE OF INJURY (At home, farm, street, factory, office, building, etc. (Specify))		
55. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)		56. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian.		

JUL 17 2019

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Richard J. Oborn
Richard J. Oborn, MPA
State Registrar
Rev. 1/16



065852795

Gary L. Edwards
Gary L. Edwards
Director/Health Officer
County/District Health
Department of 3 Summit



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2007002640

John E Arrington

DECEDENT INFORMATION

Date of Death:	March 3, 2007	Time of Death:	12:00
City of Death:	Sandy	County of Death:	Salt Lake
Age:	84	Date of Birth:	July 1, 1922
Place of Birth:	Milford, Utah	Sex:	Male
Armed Services:	Yes	Marital Status:	Widowed
Spouse's Name:		Usual Occupation:	Attorney Negotiator
Industry/Business:	Insurance	Education:	Bachelor's Degree
Residence:	Sandy, Utah	Parent or Father:	Cammon Anderson Arrington
Parent or Mother:	Vivian Hickman	Facility Type:	Home
Facility or Address:			

INFORMANT INFORMATION

Name:	Craig P Arrington	Relationship:	Son
Mailing Address:	1921 Summer Willow Place, Sandy, Utah 84093		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Wasatch Lawn Memorial Park, Salt Lake City, Utah
Date of Disposition:	March 13, 2007

FUNERAL HOME INFORMATION

Funeral Home:	Wasatch Lawn Mortuary
Address:	3401 South Highland Drive, Salt Lake City, Utah 84106
Funeral Director:	Ronald E Nielson

MEDICAL CERTIFICATION

Medical Professional:	Bigelow Barclay MD, 880 East 9400 South, Salt Lake City, Utah 84094
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CAUSE OF DEATH

Coronary artery disease / cardiac arrest
Due to (or as a consequence of): Senescense [Onset: 2 Years]
Tobacco Use: Non-user
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: March 13, 2007
Date Issued: July 17, 2019

AMENDMENT HISTORY

03/19/2007 Date of Disposition from 03/08/2007 to 03/13/2007

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Richard J. Oborn
Richard J. Oborn, MPA
State Registrar
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Gary L. Edwards
Gary L. Edwards
Director/Health Officer
County/District Health
Department

