

WHEN RECORDED, PLEASE MAIL TO:

Ms. Jyllana Bucher Sweet
378 Quince Street
Salt Lake City, Utah 84103

TRUSTEES' DEED

THIS TRUSTEES' DEED is made and executed by RACHEL V. SWEET-MARTIN and M. RICHARD KAY, acting in their capacity as successor trustees of the JONATHAN SWEET TRUST, dated December 23, 1994 (the "Trust"), who hereby state, represent and certify as follows:

A. On the 23rd day of December, 1994, JONATHAN SWEET, acting as Trustmaker, created the Trust, naming himself as the initial Trustee of the Trust; and

B. On the 10th day of February, 2011, JONATHAN SWEET, acting as Trustmaker, amended and restated the Trust in its entirety pursuant to that certain Amended and Restated Declaration and Agreement of Trust (the "Restated Agreement");

C. The Trust is the owner of the real property described in this Trustees' Deed; and

D. Section 9.3 (b) of the Restated Agreement specified that upon the death of JONATHAN SWEET, RACHEL V. SWEET-MARTIN and M. RICHARD KAY would serve as successor Trustees; and

E. JONATHAN SWEET died on June 30, 2012, as evidenced by the attached Death Certificate; and

F. RACHEL V. SWEET-MARTIN and M. RICHARD KAY, as acting successor Trustees of the Trust, desire to convey said real property to the Grantee described herein;

NOW, THEREFORE, for and in consideration of the foregoing, and for Ten Dollars (\$10.00) and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, RACHEL V. SWEET-MARTIN and M. RICHARD KAY acting in their capacity as Trustees of THE JONATHAN SWEET TRUST, dated December 23, 1994, Grantors, hereby TRANSFER, DISTRIBUTE and QUIT-CLAIM unto

JYLLANA BUCHER SWEET,

Grantee, whose address is 378 Quince Street, Salt Lake City, Utah 84103, the tract of real property situated in Salt Lake County, State of Utah, as more particularly described on Exhibit "A" attached hereto and incorporated herein by this reference.

IN WITNESS WHEREOF, said Grantors have executed this instrument on this 29th day of July, 2013.

THE JONATHAN SWEET TRUST dated December 23, 1994

By: *Rachel V. Sweet-Martin*
Rachel V. Sweet-Martin, Trustee

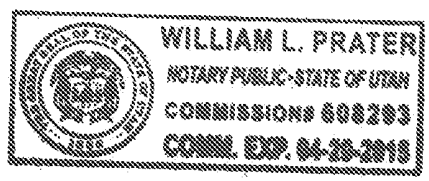
And by: *Richard M. Kay*
Richard M. Kay, Trustee

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

On this 29th day of July, 2013, personally appeared before me, the undersigned Notary, RACHEL V. SWEET-MARTIN, in her capacity as Trustee of THE JONATHAN SWEET TRUST, dated December 23, 1994, who is personally known to me or who proved to me through documentary evidence to be the person who signed the foregoing Trustees' Deed in my presence, and who, being by me first duly sworn, affirmed to me that she executed said Trustees' Deed voluntarily and that the statements therein are true and correct.

William L. Prater
NOTARY PUBLIC
Residing at: Salt Lake County, Utah

My Commission Expires:



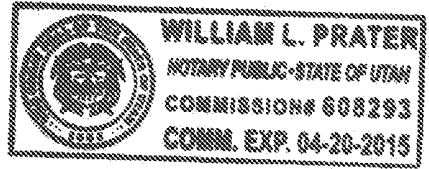
STATE OF UTAH)
 : ss.
COUNTY OF SALT LAKE)

On this 29th day of July, 2013, personally appeared before me, the undersigned Notary, M. RICHARD KAY, in his capacity as Trustee of THE JONATHAN SWEET TRUST, dated December 23, 1994, who is personally known to me or who proved to me through documentary evidence to be the person who signed the foregoing Trustees' Deed in my presence, and who, being by me first duly sworn, affirmed to me that he executed said Trustees' Deed voluntarily and that the statements therein are true and correct.



NOTARY PUBLIC
Residing at: Salt Lake County, Utah

My Commission Expires:



7077ASWEETJON.TD

CERTIFICATE OF DEATH

State File Number: 2012007988

Jonathan Sweet

DECEDENT INFORMATION

| | | | |
|----------------------|-------------------------|-------------------|-------------------|
| Date of Death: | June 30, 2012 | Time of Death: | 06:28 |
| City of Death: | Salt Lake City | County of Death: | Salt Lake |
| Age: | 62 | Date of Birth: | July 13, 1949 |
| Place of Birth: | Salt Lake City, Utah | Sex: | Male |
| Armed Services: | No | Marital Status: | Married |
| Spouse's Name: | Jyllana Bucher | Usual Occupation: | Owner |
| Industry/Business: | Antique Gallery | Education: | Bachelor's Degree |
| Residence: | Salt Lake City, Utah | Father's Name: | Leon Jack Sweet |
| Mother's Name: | Corinne Virginia Heller | Facility Type: | Hospital ER |
| Facility or Address: | St. Mark's Hospital | | |

INFORMANT INFORMATION

| | | | |
|------------------|--|---------------|---------|
| Name: | R Anthony Sweet | Relationship: | Brother |
| Mailing Address: | 1066 Oak Forest Road, Salt Lake City, Utah 84103 | | |

DISPOSITION INFORMATION

| | |
|------------------------|------------------------------------|
| Method of Disposition: | Cremation |
| Place of Disposition: | B'nai Israel, Salt Lake City, Utah |
| Date of Disposition: | July 8, 2012 |

FUNERAL HOME INFORMATION

| | |
|-------------------|--|
| Funeral Home: | Evans and Early Mortuary |
| Address: | 574 East 100 South, Salt Lake City, Utah 84102 |
| Funeral Director: | Summun B Temu |

MEDICAL CERTIFICATION

| | |
|-----------------------|---|
| Medical Professional: | Steven E Warren, PO Box 540562, North Salt Lake, Utah 84054 |
|-----------------------|---|

CAUSE OF DEATH

cardiovascular disease
Tobacco Use: Unknown if User
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Issued: July 5, 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, Y & 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

Janice L. Houston, State Registrar
Office of Vital Statistics



063486542

BK 10163 PG 5721

Gary L. Edwards

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.

| | | | |
|---|---|-------------------|---|
| LOCAL FILE NUMBER | <input type="checkbox"/> BIRTH <input type="checkbox"/> DEATH <input type="checkbox"/> STILLBIRTH | STATE FILE NUMBER | |
| NAME AS REPORTED ON REVERSE | 1a. FIRST NAME | 1b. MIDDLE NAME | 1c. LAST NAME |
| STATEMENT OF CORRECTIONS | 2a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD | | 2b. CORRECT INFORMATION |
| | | | |
| | | | |
| | | | |
| | | | |
| WHY IS CHANGE NECESSARY? | 3. | | |
| PROOFS USED TO AMEND RECORD | 4. | | |
| OATH OF FIRST WITNESS (MUST BE 18 OR OLDER) | 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 | | My Commission expires _____ |
| | 9. ADDRESS OF WITNESS (Street, City, State, Zip) | | S E A L |
| 10. RELATIONSHIP TO PERSON IN 1a: Self Parent/Guardian Spouse Funeral Director Informant Other(Specify) | | | |
| OATH OF SECOND WITNESS (MUST BE 18 OR OLDER) | 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 | | My Commission expires _____ |
| | 15. ADDRESS OF WITNESS (Street, City, State, Zip) | | S E A L |
| 16. RELATIONSHIP TO PERSON IN 1a: Self Parent/Guardian Spouse Funeral Director Informant Other(Specify) | | | |
| UDOH-OVRS REV. 03/11 | BK 10163 PG 5722 | | |

EXHIBIT "A"

Legal Description

The following described property is located in Salt Lake County, State of Utah:

Beginning South 18.7 feet South from the Northeast corner of Lot 7, Block 67, Plat A, SALT LAKE CITY SURVEY; thence West 146.34 feet; thence south 80.3 feet; thence East 146.34 feet; thence North 80.3 feet to beginning.

ALSO: Beginning South 18,7 feet and West 146.34 feet from the Southeast corner of Lot 6, Block 67, Plat A, SALT LAKE CITY SURVEY; thence North 2 feet; thence East 146.34 feet; thence south 2 feet; thence West 146.34 feet to beginning.

Parcel No. 15-01-207-023.