



IN WITNESS WHEREOF, the undersigned has executed this Affidavit of Successor Trustees as of the 11 day of February, 2021.

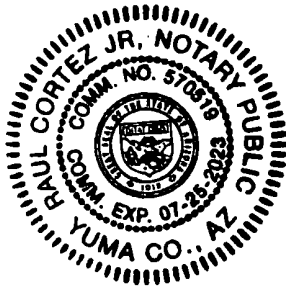
**AFFIANT:**

Karrol Ann McIntyre  
Karrol Ann McIntyre

STATE OF AZ )

COUNTY OF Yuma ) :SS

On the 11 day of February, 2021, KARROL ANN MCINTYRE, the signer of the foregoing Affidavit of Successor Trustee, personally appeared before me, a notary public in and for said State, acknowledged to me that she executed the same and that the statements contained therein are true to the best of her knowledge and belief.



Paul Cortez Jr.  
NOTARY PUBLIC

**EXHIBIT "A"**  
**Certified Copy of Death Certificate**

4823-3567-2283, v. 1

# STATE OF ARIZONA

## CERTIFICATION OF VITAL RECORD

BK 11123 PG 333

ORIGINAL  
STATE COPY

STATE OF ARIZONA  
DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS  
CERTIFICATE OF DEATH

State File Number  
102-2020-023990

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>LEOLA, M., HAGMAN</b>		2. AKA'S (IF ANY)		3. DATE OF DEATH <b>05/07/2020</b>	
4. SEX <b>FEMALE</b>		5. SOCIAL SECURITY NUMBER <b>534-20-1780</b>		6. DATE OF BIRTH <b>05/04/1926</b>	
7. AGE <b>94 YEARS</b>					
8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH <b>YUMA, YUMA, 85367</b>					
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS) <b>ASSISTED LIVING - COPPER PLACE - 12234 NORTH FRONTAGE ROAD #139</b>					
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>WILBUR, WASHINGTON</b>		11. MARITAL STATUS <b>WIDOWED</b>		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) <b>NOT LISTED</b>	
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP) <b>2244 LAKE LINE CIRCLE, SALT LAKE CITY, SALT LAKE, UT, 84109</b>					
14. DECEDENT'S HISPANIC ORIGIN(S) <b>NO, NOT SPANISH/HISPANIC/LATINO</b>		15. DECEDENT'S RACE(S) <b>WHITE</b>		16. EVER IN ARMED FORCES <b>NO</b>	
17. OCCUPATION <b>HOMEMAKER</b>					
18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>EDWARD, GOODLAKE</b>			19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) <b>HAZEL, SALTER</b>		
20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>KARROL, HAGMAN, MCINTYRE</b>				21. RELATIONSHIP <b>DAUGHTER</b>	
22. INFORMANT'S MAILING ADDRESS <b>12585 S FRONTAGE ROAD, YUMA, AZ, 85367</b>					
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON <b>SUNSET VISTA FUNERAL HOME, CEMETERY &amp; CREMATORY 11357 E 40TH STREET, YUMA, AZ, 85367</b>			24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON <b>FRANK, ACUNA</b>		25. LICENSE NUMBER <b>FUN-000652</b>
26. METHOD(S) OF DISPOSITION <b>CREMATION</b>		27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY <b>DESERT VALLEY MORTUARY AND CREMATORY SOMERTON, AZ, US</b>		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
<b>MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I</b>					
29. A. IMMEDIATE CAUSE OF DEATH <b>RESPIRATORY FAILURE</b>				30. APPROXIMATE INTERVAL <b>UNKNOWN</b>	
31. B. DUE TO OR AS A CONSEQUENCE OF: <b>END STAGE HEART FAILURE</b>				32. APPROXIMATE INTERVAL <b>UNKNOWN</b>	
33. C. DUE TO OR AS A CONSEQUENCE OF:				34. APPROXIMATE INTERVAL	
35. D. DUE TO OR AS A CONSEQUENCE OF:				36. APPROXIMATE INTERVAL	
<b>CAUSE OF DEATH PART II</b>					
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: <b>ESSENTIAL HYPERTENSION</b>		38. INJURY? <b>NO</b>	39. INJURY AT WORK? <b>NO</b>	40. MANNER OF DEATH <b>NATURAL DEATH</b>	
		41. TIME OF DEATH <b>10:11 AM</b>	42. WAS AN AUTOPSY PERFORMED? <b>NO</b>	43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
<b>CAUSE AND MANNER CERTIFICATION</b>					
44. NAME OF PERSON COMPLETING CAUSE OF DEATH <b>RONALD, D. BROOKSHER</b>			45. DATE CERTIFIED <b>05/11/2020</b>		
46. CERTIFIER'S ADDRESS <b>2320 S 22ND DRIVE, YUMA, AZ, 85364</b>					

Date Registered: 05/12/2020

Date Issued: 05/18/2020

VS-49 Rev. 12/2017



J2188003

This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA. Revised 07/2016

*Krystal Colburn*  
**KRYSTAL COLBURN**  
ASSISTANT STATE REGISTRAR

**ARIZONA DEPARTMENT OF HEALTH SERVICES**

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**