

WHEN RECORDED MAIL TO:
Sean O'Brien
2500 E. Olympus Dr.
Holladay, UT 84124

14171460 B: 11454 P: 7434 Total Pages: 4
11/03/2023 03:53 PM By: mpalmer Fees: \$40.00
Rashelle Hobbs, Recorder, Salt Lake County, Utah
Return To: COTTONWOOD TITLE INSURANCE AGENCY, INC.
1996 EAST 6400 SOUTH SUITE 120SALT LAKE CITY, UT 84121

File No.: 172653-PCP

SUCCESSOR TRUSTEE AFFIDAVIT

I, the undersigned Sean M. O'Brien as Successor Trustee, do hereby affirm the following:


1. The copy of the trust document provided to Cottonwood Title Insurance Agency, Inc. is a true and correct copy of the trust agreement or certification of trust of The Karen Marie O'Brien Revocable Trust dated May 18, 2000 (The "Trust"), as it may have been amended, and that it is in full force and effect and that it has not been revoked or terminated.
2. I was (we were) well and personally acquainted with Verl R. O'Brien, a trustee named in that certain Special Warranty Deed recorded April 21, 2011 as Entry no 11169967, records of the Salt Lake County Recorder, Utah.
3. I was (we were) well and personally acquainted with Verl R. O'Brien, a trustee named in that certain Special Warranty Deed recorded April 21, 2011 as Entry no 11169982, records of the Salt Lake County Recorder, Utah.
4. I (we) know of my (our) own knowledge that Verl R. O'Brien in the said deed and Verl Rich O'Brien mentioned in the attached Certificate of Death was one and the same person.
5. Pursuant to the terms of the trust, and the successor trustee provisions therein, I (we) have been duly appointed and named as successor trustee(s) of the Trust.
6. I (we) have full power to convey title, sell, or enter into any contract pertaining to real property currently held in the Trust. Said Property is located in Salt Lake County, State of Utah, and more particularly described as:

See Exhibit A attached hereto and made a part hereof

TAX ID NO.: 16-35-276-025, 16-35-276-026 (for reference purposes only)

6. The Trust has not been terminated or amended in any way to restrict my (our) ability to convey title to the above-mentioned property.
7. I am (we are) still the current successor trustee(s) of the Trust, and there are no new successor trustees.
8. In light of the foregoing facts, the undersigned, in consideration of the issuance by Westcor Land Title Insurance Company of a policy of Title Insurance covering the said Property in the manner described, the undersigned, hereby promises, covenants and agrees to hold harmless, protect and indemnify Cottonwood Title Insurance Agency, Inc. and Westcor Land Title Insurance Company against any liabilities, losses, damages, expenses and charges that may arise as a result of reliance on this Affidavit.


Dated this October 23, 2023


Sean M. O'Brien, Successor Trustee

STATE OF UTAH

COUNTY OF SALT LAKE

Subscribed and sworn to before me this 24 day of Oct., 2023, by Sean M. O'Brien.


Notary Public

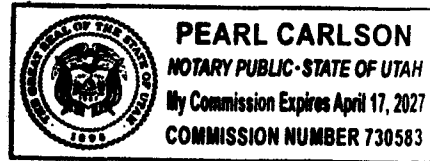


EXHIBIT A

PARCEL 1:

Beginning at a point 1,153.76 feet South and 557.00 feet West from the Northeast corner of Section 35, Township 1 South, Range 1 East, Salt Lake Base and Meridian; and running thence East 90.00 feet; thence North 27°57'36" East 141.38 feet, more or less, to the center of Millcreek; thence North 30°01'00" West 63.0 feet along said centerline; thence North 77°06'00" West 128.0 feet along said centerline; thence South 208.00 feet to the point of beginning.

TOGETHER WITH a 16 foot right of way over and across the following:

A 16 foot right of way, the Southerly line of which is described as follows:

Beginning on the Westerly line of a frontage road, said point being 1427.06 feet South and 368.34 feet West from the Northeast corner of Section 35, Township 1 South, Range 1 East, Salt Lake Base and Meridian; and running thence North 70°13'00" West 186.71 feet.

ALSO TOGETHER WITH AND SUBJECT TO a 16 foot right of way, being 8 feet on each side of the following described centerline:

Beginning at a point 1427.06 feet South and 368.34 feet West and North 70°13'00" West 186.71 feet from the Northeast corner of Section 35, Township 1 South, Range 1 East, Salt Lake Base and Meridian; and running thence North 235.81 feet.

PARCEL 2:

Beginning at a point 1,342.0 feet South and 557.0 feet West from the Northeast corner of Section 35, Township 1 South, Range 1 East, Salt Lake Base and Meridian; and running thence North 395.48 feet to the center of Millcreek Stream; thence along said center line South 77°06'00" East 128.00 feet and South 30°01'00" East 86.81 feet and South 60°26'00" East 23.80 feet; thence South 01°14'48" West 330.78 feet along the Westerly right of way line of Frontage Road; thence Southwesterly on a curve to the right, the radius point of which is North 80°13'12" West 5,679.58 feet, a distance of 13.88 feet; thence North 70°15'00" West 190.53 feet to the point of beginning.

LESS AND EXCEPTING therefrom the following:

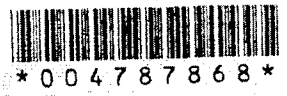
Beginning at a point 1,153.76 feet South and 557.00 feet West from the Northeast corner of Section 35, Township 1 South, Range 1 East, Salt Lake Base and Meridian; and running thence East 90.00 feet; thence North 27°57'36" East 141.38 feet, more or less, to the center of Millcreek; thence North 30°01'00" West 63.0 feet along said centerline; thence North 77°06'00" West 128.0 feet along said centerline; thence South 208.00 feet to the point of beginning.

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
HEALTH CARE AGENCY

3052021158059		CERTIFICATE OF DEATH	3202130012969	
STATE FILE NUMBER		LOCAL REGISTRATION NUMBER		
1. NAME OF DECEDENT - FIRST (Given)		2. LAST (Family)		
VERL		RICH		O'BRIEN
3. AKA: ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)				
4. DATE OF BIRTH		5. AGE Yrs.		6. SEX
12/19/1928		92		M
7. BIRTH STATE/FOREIGN COUNTRY		8. SOCIAL SECURITY NUMBER		9. EVER IN U.S. ARMED FORCES?
UTAH		[REDACTED]		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
10. MARITAL STATUS/PROX. at time of death		11. DATE OF DEATH		12. HOURS 24 Hours
WIDOWED		08/17/2021		1500
13. EDUCATION - Highest Level/Grade (see instruction on back)				
BACHELOR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
14. OCCUPATION - Type of work for most of life. DO NOT USE RETIRED				
REAL ESTATE DEVELOPER		REAL ESTATE		15. YEARS IN OCCUPATION
60				
16. DECEDENT'S RESIDENCE (Street and number or location)				
3612 VIRGINIA WAY				
17. CITY		18. COUNTY/PREFACE		19. ZIP CODE
SALT LAKE		SALT LAKE		84109
20. YEARS IN COUNTY		21. STATE/FOREIGN COUNTRY		
42		UTAH		
22. NAME OF SURVIVOR (SPOUSE/PROX. - FIRST)				
SEAN M. O'BRIEN, SON				
23. DECEASED'S MAILING ADDRESS (Street and number, or P.O. Box, State and Zip)				
2500 OLYMPUS DRIVE, SALT LAKE CITY, UT 84124				
24. NAME OF FATHER/PARENT - FIRST		25. MIDDLE		26. LAST (BIRTH NAME)
DON		JAMES		O'BRIEN
27. NAME OF MOTHER/PARENT - FIRST		28. MIDDLE		29. LAST (BIRTH NAME)
NELDA		RICH		RICH
30. DEPOSITION DATE		31. PLACE OF FINAL DISPOSITION		
06/25/2021		WASATCH LAWN MEMORIAL PARK 3401 S. HIGHLAND DRIVE, MILLCREEK, UT 84106		
32. TYPE OF DISPOSITION		33. SIGNATURE OF EMBLIMER		34. LICENSE NUMBER
TR/BU		JOEY HOPPER		EMB8468
35. NAME OF FUNERAL ESTABLISHMENT		36. SIGNATURE OF LOCAL REGISTRAR		37. DATE
PACIFIC VIEW MORTUARY		CLAYTON CHAU, MD, PHD		08/21/2021
38. PLACE OF DEATH				
RESIDENCE/HOSPICE				
39. COUNTY		40. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		41. CITY
ORANGE		520 S. BAY FRONT		BALBOA ISLAND
42. CAUSE OF DEATH				
LUNG CANCER				
43. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 42				
PAROTID GLAND CANCER				
44. HAD OPERATION PERFORMED FOR ANY CONDITION IN ITEM 113? (If yes, list type of operation and date)				
NO				
45. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE ENTERED FROM THE CAUSE ENTERED		46. SIGNATURE AND TITLE OF CLERK/REGISTRAR		47. LICENSE NUMBER
05/20/2021		RICHARD DEE BRUMLEY M.D.		G40582
48. TYPE AND GRADE OF PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		49. DATE		
19750 S. VERMONT AVENUE SUITE 160, TORRANCE, CA 90502		06/21/2021		
50. MANNER OF DEATH				
Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Negligence <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK				
51. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)				
52. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)				
53. LOCATION OF INJURY (Street and number, or location, and city, and zip)				
54. SIGNATURE OF CORONER / DEPUTY CORONER		55. DATE		56. TYPE, NAME, TITLE OF CORONER / DEPUTY CORONER
[REDACTED]		[REDACTED]		[REDACTED]
STATE REGISTRAR		FAX AUTH.		CENSUS TRACT
A B C D E		010001004994933		

CERTIFIED COPY OF VITAL RECORDS



STATE OF CALIFORNIA }
 COUNTY OF ORANGE } SS

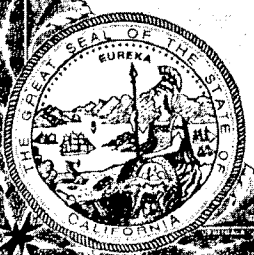
DATE ISSUED June 28, 2021

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

Clayton Chau MD, PhD

CLAYTON CHAU, MD, PHD
 HEALTH OFFICER
 ORANGE COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE