

RECORDING REQUESTED BY:)
 JONES WALDO HOLBROOK & MCDONOUGH PC)
SEND TAX NOTICE TO:)
 GEANEEN W. BLAUER)
 295 North 300 East)
 Ephraim, Utah 84627)
AFTER RECORDING RETURN TO:)
 JONES WALDO ATTN: CLV)
 170 South Main Street, Suite 1500)
 Salt Lake City, Utah 84101)

Ent 173365 Bk 609 Pg 271
 Date: 14-OCT-2010 9:57:35AM
 Fee: \$16.00 Check
 Filed By: KEH
 REED D HATCH, Recorder
 SANPETE COUNTY CORPORATION
 For: JONES WALDO
 EPHRAIM

SPACE ABOVE FOR RECORDER'S USE
PARCEL ID NUMBER: EPH-A-35

AFFIDAVIT OF SURVIVING TRUSTEE

DOCUMENTARY TRANSFER TAX -0-

Comes now GEANEEN W. BLAUER, the undersigned, being duly sworn, and states as follows:

1. Affiant is the Initial Trustee and Trustor under the BLAUER FAMILY LIVING TRUST, dated June 19, 1997 (hereinafter "the Trust"). Affiant is presently eligible to act as the sole Trustee due to the death of her spouse, the Initial Trustee, and Trustor, A. CLYDE BLAUER (AKA AARON CLYDE BLAUER).

2. Affiant knows the said A. CLYDE BLAUER (AKA AARON CLYDE BLAUER) is named in that particular Utah Certificate of Death, state file number 2010006056, a certified copy of which is attached hereto and made a part hereof. This Affidavit is consistent with the Appointment of Trustees provisions located in Article Three, Section 4 of the Trust.

3. Affiant knows the said A. CLYDE BLAUER (AKA AARON CLYDE BLAUER), to be the one and the same person who is named as joint grantee and as a Trustee of the BLAUER FAMILY LIVING TRUST, dated June 19, 1997 in that particular Quitclaim Deed dated December 20, 1999 and recorded on January 6, 2000 as Entry number 00075585 in Book 00445, Page 02539-02540, in the office of the Sanpete County Recorder, covering the following described property:

295 North 300 East, Ephraim, Utah 84267

503X
 Beginning at the Northeast Corner of Lot 6, Block 35, Plat "A" Ephraim City Survey, thence South 150 feet, West 108 feet, North 150 feet, East 108 feet to the point of beginning.

4. Affiant hereby requests that the title to the above described property, upon recording of this document, be transferred to GEANEEN W. BLAUER and ALAN CLYDE BLAUER, Trustees, or their successors in trust, under the BLAUER FAMILY LIVING TRUST, dated June 19, 1997, and any amendments thereto.

This instrument has been prepared by Jones Waldo Holbrook & McDonough PC solely from information provided by the client. There are no express or implied guarantees as to marketability of title, accuracy of the property or property legal description or quantity of land described, as no examination of title property was requested by the client.

Date: September 14, 2010.

Geaneen W. Blauer

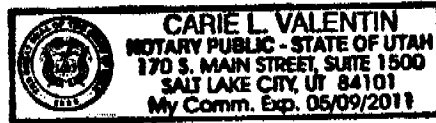
GEANEEN W. BLAUER, Trustee

STATE OF UTAH)
COUNTY OF SALT LAKE) SS

The foregoing instrument was acknowledged before me this September 14, 2010 by GEANEEN W. BLAUER, Trustee.

Carie L. Valentin

Notary Public



Ent 173365 Bk 0609 Pg 0272

This instrument has been prepared by Jones Waldo Holbrook & McDonough PC solely from information provided by the client. There are no express or implied guarantees as to marketability of title, accuracy of the property or property legal description or quantity of land described, as no examination of title property was requested by the client.

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2010006056

Aaron Clyde Blauer

DECEDENT INFORMATION

Date of Death:	May 24, 2010	Time of Death:	15:35
City of Death:	Ephraim	County of Death:	Sanpete
Age:	71	Date of Birth:	April 26, 1939
Place of Birth:	View, Idaho	Sex:	Male
Armed Services:	No	Marital Status:	Married
Spouse's Name: /	Geaneen Whittle	Usual Occupation:	College Professor
Industry/Business:	Junior College	Education:	Master's Degree
Residence:	Ephraim, Utah	Father's Name:	Henry William Blauer
Mother's Name:	Lucile Woodbury	Facility Type:	Nursing Home/Assisted Living
Facility or Address:	Golden Skyline Assisted Living		

INFORMANT INFORMATION

Name:	Geaneen W Blauer	Relationship:	Wife
Mailing Address:	295 North 300 East, Ephraim, Utah 84627		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Ephraim Park Cemetery, Ephraim, Utah
Date of Disposition:	May 28, 2010

FUNERAL HOME INFORMATION

Funeral Home:	Rasmussen Mortuary
Address:	96 North 100 West, Mt Pleasant, Utah 84647
Funeral Director:	Jeffrey D Rasmussen

MEDICAL CERTIFICATION

Medical Professional:	Michael S Frischknecht Dr, Manti Clinic, 159 North Main, Manti, Utah 84642
-----------------------	--

CAUSE OF DEATH

Lewy Body Disease	
Tobacco Use: Non-user	
Medical Examiner Contacted: No	Autopsy Performed: No
Manner of Death: Natural	

Date Issued: May 26, 2010

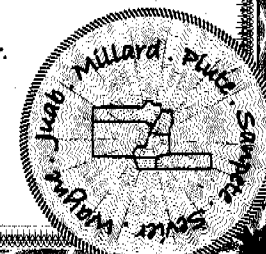
Ent 173365 Bk 0609 Pg 0273

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 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.

Barry E Nangle
 Barry E. Nangle, State Registrar
 Office of Vital Statistics



Bruce Costa, M.S., R.E.H.S.
 Bruce Costa, M.S., R.E.H.S.
 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 DEPT. OF HEALTH, OFFICE OF VITAL RECORDS AND STATISTICS, P O BOX 141012,
SALT LAKE CITY, UT 84114-1012**

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 or other older relatives are preferred witnesses for the second signature. If no father is listed on the record, an older relative of the mother of legal age may sign. 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.	If corrections to non medical information are not being made by the Funeral Home, the Informant MUST sign as a witness along with an older relative of the decedent, or another person who is knowledgeable of the facts.
2.	The medical information (Cause of Death) may only be corrected by the certifying physician or the Medical Examiner.

BIRTH DEATH STILLBIRTH

	LOCAL 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.	
	5. SIGNATURE OF WITNESS	
	6. DATE SIGNED	7. AGE OF WITNESS
	8. DAYTIME TELEPHONE # OF WITNESS ()	
	9. ADDRESS OF WITNESS (Street, City, State, Zip)	
	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.	
	11. SIGNATURE OF WITNESS	
	12. DATE SIGNED	13. AGE OF WITNESS
	14. DAYTIME TELEPHONE # OF WITNESS ()	
	15. ADDRESS OF WITNESS (Street, City, State, Zip)	
	16. RELATIONSHIP TO PERSON IN 1a: Self Parent/Guardian Spouse Funeral Director Informant Other (Specify)	
UDOH-OVRS REV. 02/06		