

EXHIBIT A

Beginning at the North quarter corner of Section 3, Township 11 South, Range 1 East, Salt Lake Base and Meridian, thence South $1^{\circ}58'52''$ West 823.47 feet along the mid-Section line to a point North $1^{\circ}58'52''$ East 4591.97 feet from the South quarter corner of said Section 3, thence South $89^{\circ}16'43''$ West 4180.41 feet to the East right-of-way line of I-15, thence the next 7 courses along said right-of-way, along a curve to the right 632.05 feet (with chord bearing and distance of North $3^{\circ}34'59''$ East 631.97 feet and a radius of 11259.16 feet), thence South $84^{\circ}48'32''$ East 50 feet, thence North $31^{\circ}23'25''$ East 183.98 feet, thence North $6^{\circ}35'28''$ East 213.66 feet, thence North $5^{\circ}22'57''$ East 662.74 feet, thence along a curve to the right 438.58 feet (with a chord bearing and distance of North $11^{\circ}39'59''$ East 438.56 feet and a radius of 11169.16 feet), thence North $41^{\circ}44'28''$ East 108.06 feet to the North line of the Southeast quarter of the Southeast quarter of Section 33, Township 10 South, Range 1 East, Salt Lake Base and Meridian, thence North $89^{\circ}31'04''$ East 1127.23 feet to the Northeast corner of the Southeast quarter of the Southeast quarter of said Section 33, thence North $89^{\circ}20'19''$ East 2629 feet to the Northeast corner of the South half of the Southwest quarter of Section 34, thence South $0^{\circ}51'58''$ East 1329.83 feet to the true point of beginning. XB001426-1

Beginning at a point South $0^{\circ}42'04''$ East 1409.70 feet along the one-sixteenth line from the Northeast corner of the West half of the Southwest quarter of Section 10, Township 11 South, Range 1 East, Salt Lake Base and Meridian, thence South $0^{\circ}42'04''$ East 656.21 feet along the one-sixteenth line, thence North $89^{\circ}36'48''$ West 3356.38 feet to the East right-of-way line of I-15, thence along a curve to the left 668.44 feet (with a chord bearing and distance of North $12^{\circ}43'10''$ East 668.41 feet and a radius of 23098.31 feet) along said right-of-way, thence South $89^{\circ}40'08''$ East 3201.14 feet to the point of beginning. XB001469-21

Together with and subject to a right-of-way for ingress and egress along the West 20 feet of the above-described parcels. (Said right-of-way runs parallel with the East right-of-way line of I-15 Freeway and access road.)

All of Lot 2 of Section 5, Township 11 South, Range 1 East, Salt Lake Base and Meridian. XB001436-2

The Southwest quarter of the Southwest quarter of Section 29, Township 10 South, Range 1 East, Salt Lake Meridian. XB001408-2

Together with all improvements thereof and anywise appertaining thereto.

WHEN RECORDED MAIL
AND SEND TAX NOTICES TO:
THE R DELOS AND MAXINE
ANDREWS FAMILY TRUST
70 W Apple Blossom Way
Salem UT 84653

ENTRY NO. 00283110

01/11/2017 10:51:10 AM B: 0574 P: 0268
Affidavit with Death Certificate PAGE 1 / 5
CRAIG J. SPERRY, JUAB COUNTY RECORDER
FEE \$ 23.00 BY JEFFREY B. BROWN LAW OFFICES



AFFIDAVIT OF DEATH OF TRUSTEE

I, Maxine Andrews, of lawful age, being duly sworn, state as follows:

1. A certified copy of the death certificate of R Delos Andrews, deceased, issued by the Department of Health for the State of Utah showing that the deceased died on December 25, 2016, is attached to this Affidavit;
2. R Delos Andrews, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as R Delos Andrews, named as Trustee in **THE R DELOS AND MAXINE ANDREWS FAMILY TRUST** dated May 18, 2009, and executed by R Delos Andrews and Maxine Andrews as Trustors;
3. At the time of decedent's death, decedent was a record owner, as Trustee, of certain real property located in Juab County, State of Utah, which real property is described in a Warranty Deed which was executed by R. Delos Andrews and Maxine D. Andrews, individually and as Trustees under the DEL-MAX TRUST dated May 29, 1998, as Grantors, on June 8, 2009, and recorded on June 24, 2009, as Entry Number 00257369, in Book 0533 at Pages 1751 through 1752 of the records of the Juab County Recorder, State of Utah;
4. The legal description of said property is as follows:

See Exhibit "A" attached.
5. I am the Joint Trustee under the above-referenced grantor trust, which was in effect at the time of the death of the decedent mentioned in Paragraphs 1 and 2 above, and which has not been revoked, and as such I have full authority to act as

sole Trustee, including all powers under Utah Code Annotated §§75-7-813 et seq., and I hereby consent to act as such.

Dated on January 04, 2017.

Maxine Andrews
Maxine Andrews, Affiant

STATE OF UTAH)
)§.
COUNTY OF Utah)

On January 04, 2017, before me, a Notary Public in and for the State of Utah, personally appeared Maxine Andrews, known by me to be the person named in, and who executed the foregoing Affidavit of Death of Trustee, and acknowledged that she executed the same as her voluntary act and deed.

Misty Lee Webber
Notary Public



EXHIBIT "A"

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STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2016018209

R Delos Andrews

DECEDENT INFORMATION

Date of Death: December 25, 2016
City of Death: Salem
Age: 89
Place of Birth: Aurora, Utah
Armed Services: No
Spouse's Name: Maxine Dyreng
Industry/Business: Agriculture
Residence: Salem, Utah
Parent or Mother: Millie Jane Durfee
Facility or Address: 70 W. Apple Blossom Way

Time of Death: 20:20
County of Death: Utah
Date of Birth: January 19, 1927
Sex: Male
Marital Status: Married
Usual Occupation: Rancher
Education: High School or GED
Parent or Father: Orvil Andrews
Facility Type: Home

INFORMANT INFORMATION

Name: Maxine D Andrews Relationship: Wife
Mailing Address: 70 W. Apple Blossom Way, Salem, Utah 84653

DISPOSITION INFORMATION

Method of Disposition: Burial
Place of Disposition: Salem City Cemetery, Salem, Utah
Date of Disposition: December 31, 2016

FUNERAL HOME INFORMATION

Funeral Home: Legacy Funerals & Cremations Management Inc.
Address: 3595 N. Main Street, Spanish Fork, Utah 84660
Funeral Director: Lance Nelson

MEDICAL CERTIFICATION

Medical Professional: Richard J Holmes MD, 2230 North University Parkway #1A, Provo, Utah 84604

CAUSE OF DEATH

Congestive Heart Failure
Due to (or as a consequence of): Coronary Artery Disease
Tobacco Use: Non-user

Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: December 29, 2016
Date Issued: December 29, 2016

This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics. Security features of this official document include: High Resolution Barcode, Y & R Images in top cycloids, and microtext. This document displays the date, seal, and signature of the Utah State Registrar of Vital Records and Statistics.



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



065364907

Ralph Clegg
Ralph Clegg, EHS, MPA
Executive Director
Utah County Health Department



STATE OF UTAH - DEPARTMENT OF HEALTH - OFFICE OF VITAL RECORDS AND STATISTICS
AFFIDAVIT TO AMEND A RECORD

00283110 Page 5 of 5 Juab County

Corrections to a vital record must be made by affidavit but an item on a birth record may be corrected by affidavit only once. A court order is required for subsequent changes. A court order is necessary to make any corrections to a Delayed Birth Certificate. This affidavit cannot be used to correct medical information. Please return any copies of the certificate with this affidavit completed. If corrected certificates are reissued within 90 days of issuance, the new certificate fee will be waived but affidavit fees may still apply. This affidavit may be mailed or hand delivered.

Mailing Address
 Office of Vital Records and Statistics
 PO Box 141012
 Salt Lake City, UT 84114-1012

Physical Address
 Office of Vital Records and Statistics
 288 North 1460 West
 Salt Lake City, UT 84116

Affidavit Instructions

Please print or type in black ink.
Items 1-6: Enter the facts as reported on the current vital record.
Item 7: Enter item number from items 1-6 that will be changed, if applicable.
Item 8a: Enter the information as stated on the original record.
Item 8b: Enter the correct information as it should be stated on the record.
Item 9: Enter the reason the change is necessary.
Item 10: Enter the proofs used to support the change, if applicable. The proofs must match the asserted fact(s) exactly.
Items 11-22: Enter witness information.

Witness Instructions

Witnesses for Birth Certificate: If the person listed on the record is under 18 years of age, both parents of record **MUST** sign the affidavit. If only one parent is listed, the second witness **MUST** be an immediate family member of the listed parent. If the person listed on the record is 18 years of age or older, he/she **MUST** sign as one of the witnesses. The second witness **MUST** be their immediate family member.
Witnesses for Death Certificate: 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.

BIRTH

DEATH

STILLBIRTH

STATE FILE NUMBER _____

NAME AS REPORTED ON REVERSE	1a. FIRST NAME		1b. MIDDLE NAME		1c. LAST NAME	
	2. SEX	3. DATE OF EVENT		4. PLACE OF OCCURRENCE (City and County)		
	5. NAME OF PARENT 1 (Maiden name if Applicable)			6. NAME OF PARENT 2 (Maiden name if Applicable)		
STATEMENT OF AMENDMENTS	7. ITEM NO.	8a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD			8b. CORRECT INFORMATION	
WHY IS CHANGE NECESSARY?	9a.					
	9b.					
DOCUMENTS USED TO AMEND RECORD	10a.					
	10b.					
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.					
	11a. SIGNATURE OF WITNESS (Must be signed in front of a Notary)			11b. PRINTED NAME OF WITNESS		
	12. DATE SIGNED		13. AGE OF WITNESS	14. DAYTIME TELEPHONE OF WITNESS ()		15. RELATIONSHIP OF WITNESS
	16. ADDRESS OF WITNESS (Street, City, State, Zip)					
	Subscribed & Sworn to before me this ____ day of _____, 20__					
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.					
	17a. SIGNATURE OF WITNESS (Must be signed in front of a Notary)			17b. PRINTED NAME OF WITNESS		
	18. DATE SIGNED		19. AGE OF WITNESS	20. DAYTIME TELEPHONE OF WITNESS ()		21. RELATIONSHIP OF WITNESS
	22. ADDRESS OF WITNESS (Street, City, State, Zip)					
	Subscribed & Sworn to before me this ____ day of _____, 20__					