

When Recorded Mail To:
Stephen G. Handy
1355 East 625 North
Layton, Utah 84040



W2771425

E# 2771425 PG 1 OF 4
Leann H. Kilts, WEBER COUNTY RECORDER
28-Dec-15 0443 PM FEE \$16.00 DEP TN
REC FOR: PLATINUM TITLE SERVICES
ELECTRONICALLY RECORDED

AFFIDAVIT OF TRUSTEES

STATE OF UTAH }
 }ss
COUNTY OF SALT LAKE }

THE UNDERSIGNED AFFIANT'S Stephen G. Handy, Mark D. Handy and Preston L. Handy, as Successor Trustees, being first duly sworn, do hereby state the following:

THAT we Stephen G. Handy, Mark D. Handy and Preston L. Handy, are citizens of the United States and of legal age.

THAT pursuant to the terms of the George B. Handy Amended and Restated Trust Agreement, dated the 19th day of December, 2012, it states that upon the death of the original Trustee George B. Handy, the undersigned are to be appointed as the Successor Trustee's.

THAT George B. Handy and June Smith Handy, the decedents shown in the attached certified copies of Death Certificates, are one and the same persons as the Grantee's shown in that certain Quit Claim Deed recorded January 14, 1998, in Book 1901, at Page 2305, as Entry No. 1515244, of the official Weber County Records.

THAT, also pursuant to the terms of the said trust, the undersigned are named as Successor Trustee's, and as said Successor Trustee's, they have the exclusive authority to Sell, Convey, or Hypothecate the subject property, described as follows:

All of Lot 8, MEMORY HILL ESTATES, OGDEN CITY, WEBER COUNTY, UTAH.

Tax ID#14-126-0008 *125*

AND, the undersigned does hereby execute the subsequent instrument as authorized by said Trust.

FURTHER Affiant's sayeth naught.

Witness the hand of the undersigned this 2⁵ day of December, 2015.


Stephen G. Handy

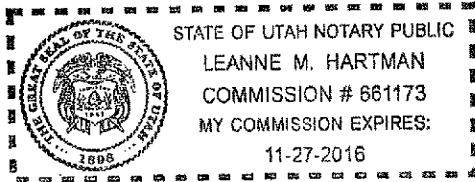

Mark D. Handy


Preston L. Handy

STATE OF UTAH

COUNTY OF

On the 8th day of December, 2015, personally appeared before me Stephen G. Handy, the signer of the above instrument, who duly acknowledged to me that he executed the same.

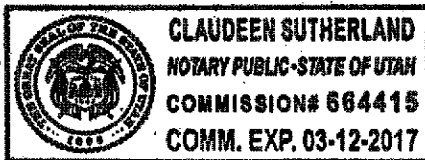


Leanne M. Hartman
Notary Public
My Commission Expires: 11-27-2016

STATE OF UTAH

COUNTY OF

On the 2nd day of December, 2015, personally appeared before me Mark D. Handy, the signer of the above instrument, who duly acknowledged to me that he executed the same.



Claudeen Sutherland
Notary Public
My Commission Expires: 3-12-17

STATE OF UTAH

COUNTY OF

On the 11 day of December, 2015, personally appeared before me Preston L. Handy, the signer of the above instrument, who duly acknowledged to me that he executed the same.



Elizabeth Vincent
Notary Public
My Commission Expires:

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

E# 2771425 PG 3 OF 4

CERTIFICATE OF DEATH

State File Number: 2015010492

George B Handy

DECEDENT INFORMATION

Date of Death:	August 1, 2015	Time of Death:	22:10
City of Death:	Ogden	County of Death:	Weber
Age:	93	Date of Birth:	August 26, 1921
Place of Birth:	Rigby, Idaho	Sex:	Male
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Betty Jo Walker	Usual Occupation:	Lawyer
Industry/Business:	Private Practice	Education:	Master's Degree
Residence:	Ogden, Utah	Father's Name:	David E Handy
Mother's Name:	Zina Eliza Brown	Facility Type:	Home
Facility or Address:	1742 29th St.		

INFORMANT INFORMATION

Name:	Steven G Handy	Relationship:	Son
Mailing Address:	1355 East 625 North, Layton, Utah 84040		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Ben Lomond Cemetery, North Ogden, Utah
Date of Disposition:	August 8, 2015

FUNERAL HOME INFORMATION

Funeral Home:	Lindquist Mortuary - Ogden
Address:	3408 Washington Boulevard, Ogden, Utah 84403
Funeral Director:	Craig J McMillan

MEDICAL CERTIFICATION

Medical Professional:	Jeffrey Call MD, McKay Dee #3875, 4401 Harrison, Ogden (Weber), Utah 84403
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CAUSE OF DEATH

Congestive Heart Disease
Due to (or as a consequence of): Hypertensive Heart Disease
Due to (or as a consequence of): Diabetes Mellitus
Tobacco Use: Non-user
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: August 5, 2015

Date Issued: August 6, 2015

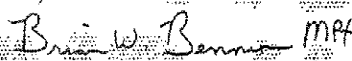
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Janice L. Houston
State Registrar
Rev. 8/13



* 064909386 *

 MPH

Brian W. Bennion MPH
Director/Health Officer
County/District Health Department



STATE OF UTAH CERTIFICATION OF VITAL RECORD

STATE OF UTAH - DEPARTMENT OF HEALTH

E# 2771425 PG 4 OF 4

LOCAL FILE NUMBER 29-9006		CERTIFICATE OF DEATH		STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (Include AKA's, if any) (First, Middle, Last) Mildred June Smith HANDY		2. SEX Female		3a. DATE OF DEATH (Mo., Day, Yr.) July 29, 2006	
4. DATE OF BIRTH (Mo., Day, Yr.) June 28, 1926		5. AGE - Last Birthday (Years) 80		6. BIRTHPLACE (City & State or Foreign Country) Salt Lake City, Utah	
7. SOCIAL SECURITY NUMBER 528-24-2088		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. Outpatient <input type="checkbox"/> 3. D.O.A. <input type="checkbox"/> 4. Nursing Home/Long term care facility <input type="checkbox"/> 5. Decedent's Home <input type="checkbox"/> 6. Other (Specify)			
9. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location) 1742 - 29th Street		10. COUNTY OF DEATH Weber		11. CITY, TOWN OR LOCATION OF DEATH Ogden	
12. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		13. MARITAL STATUS <input type="checkbox"/> 1. Never Married <input checked="" type="checkbox"/> 2. Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced <input type="checkbox"/> 5. Married, but separated <input type="checkbox"/> 6. Unknown		14. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) George Brown Handy	
15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired) Homemaker		16. KIND OF BUSINESS OR INDUSTRY Own Home		17. RESIDENCE - STREET AND NUMBER 1742 - 29th Street	
18. STATE Utah		19. COUNTY Weber		20. CITY, TOWN, COMMUNITY OR RURAL Ogden	
21. ZIP CODE 84403		22. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			
14. FATHER'S NAME (First, Middle, Last) George William Smith		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Margaret Ethel Larsen			
16. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT (Street & Number, City, State, Zip) George B. Handy/husband/ 1742 - 29th Street Ogden, Utah 84403					
17. METHOD OF DISPOSITION <input checked="" type="checkbox"/> 1. Burial <input type="checkbox"/> 2. Other <input type="checkbox"/> 3. Cremation <input type="checkbox"/> 4. Donation <input type="checkbox"/> 5. Reinterment		18. DATE OF DISPOSITION August 4, 2006		19. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Ber Lomond Cemetery	
20. LOCATION OF DISPOSITION - City or Town, State North Ogden, Utah		21. LICENSEE NUMBER 113899		22. FUNERAL HOME (Name and complete address) Lindquist's Ogden Mortuary #43 3408 Washington Blvd. Ogden, Utah 84401	
23. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>					
24. CERTIFIER (Check only one) <input checked="" type="checkbox"/> 1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> 2. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner as stated. M.E. Case No. 52007489-1205 SIGNATURE & TITLE OF CERTIFIER: <i>[Signature]</i> N. Qader, MD LIC. NO. 52007489-1205 DATE SIGNED: 8/1/06					
25. NAME, ADDRESS AND ZIP CODE FOR PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 24) (Type/Print) Nameer T. Qader, MD, 5495 South 500 East, Washington Terrace, Utah 84405					
26. DATE DECEASED WAS LAST ATTENDED BY PHYSICIAN 6/7/2006					
27. PART I: Enter the chain of events, diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Pancreatic Cancer Diabetes Mellitus Sequitally list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST 5 yrs					
28. PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I					
29. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: <input type="checkbox"/> 1. Probably contributed to the cause of death <input type="checkbox"/> 2. Was the underlying cause of death <input type="checkbox"/> 3. Did not contribute to the cause of death <input type="checkbox"/> 4. Is unknown in relation to the cause of death <input checked="" type="checkbox"/> 5. NON USER					
30. MANNER OF DEATH <input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Could not be determined <input type="checkbox"/> 6. Pending investigation					
31. IF FEMALE <input type="checkbox"/> 1. Not pregnant within past year <input type="checkbox"/> 2. Pregnant at time of death <input type="checkbox"/> 3. Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> 4. Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> 5. Unknown if pregnant within the past year					
32. DATE OF INJURY (Mo., Day, Yr.)		33. TIME OF INJURY (24 hr. Clock)		34. INJURY AT WORK? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
35. LOCATION (Street or rural route number, city or town, county and state)		36. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY should be obtained in item 24)			
37. WAS DECEDENT OF HISPANIC ORIGIN? (Check the "Hispanic" box if decedent is not Spanish speaking) <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No (If yes, check the box that best describes whether the decedent is Spanish speaking, alone or with interpreter) <input type="checkbox"/> 1. Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> 2. Yes, Cuban <input type="checkbox"/> 3. Yes, Puerto Rican <input type="checkbox"/> 4. Yes, other Spanish speaking/Latino (Specify)		38. DECEDENT'S RACE (Check only one race to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> 01. White <input type="checkbox"/> 02. Black or African American <input type="checkbox"/> 03. American Indian or Alaska Native (Name of line omitted or specify tribe) <input type="checkbox"/> 04. Chinese <input type="checkbox"/> 05. Japanese <input type="checkbox"/> 06. Native Hawaiian <input type="checkbox"/> 07. Filipino <input type="checkbox"/> 08. Other Asian (Specify) <input type="checkbox"/> 09. Asian Indian <input type="checkbox"/> 10. Korean <input type="checkbox"/> 11. Samoan <input type="checkbox"/> 12. Vietnamese <input type="checkbox"/> 13. Guamanian or Chamorro <input type="checkbox"/> 14. Other Pacific Islander (Specify) <input type="checkbox"/> 15. Other (Specify)		39. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 1. 8th grade or less <input type="checkbox"/> 2. 9th - 11th grade, no diploma <input type="checkbox"/> 3. High School graduate or GED completed <input type="checkbox"/> 4. Some college credit, but no degree <input type="checkbox"/> 5. Associate degree (e.g., AA, AS) <input type="checkbox"/> 6. Bachelor's degree (e.g., BA, BS, BSc) <input type="checkbox"/> 7. Master's degree (e.g., MA, MS, MEd, MDiv, MHA, MBA) <input type="checkbox"/> 8. Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LL.M., JD)	
40. REGISTRAR'S SIGNATURE <i>[Signature]</i>		41. DATE FILED (Mo., Day, Yr.) Aug 2, 2006			

DATE ISSUED:

AUG 02 2006

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Updated Utah State Seal replaces hawk over valid for authenticity.

Barry E. Nangle

Barry E. Nangle, State Registrar
Office of Vital Statistics



* 061367065 *

Gary House

Gary House
Director/Health Officer
County/District Health Department

WEBB MORGAN
HEALTH DEPARTMENT

