

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 }
 }
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

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 2 day of December, 2015.

Stephen G. Handy

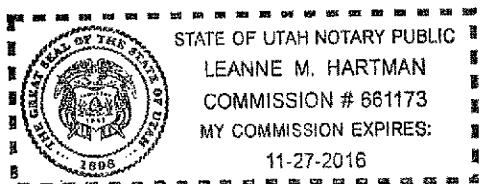
Mark D. Handy

Preston L. Hand

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.

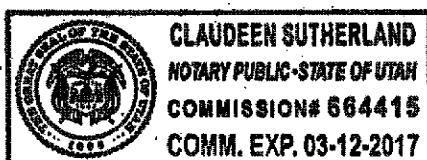


Leanne M. Hartman
Notary Public
My Commission Expires: 11-27-2016

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.



Claudine 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 84401
Funeral Director	Craig J McMillan

MEDICAL CERTIFICATION

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

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

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: Intaglio Border, V & R images in top cycloids, and intaglio microtext.
This document displays the date, seal and signature of the Utah State Registrar and the County/District Health Officer.



Janice L. Houston
State Registrar
Ref. 043



0 6 4 9 0 9 3 8 6

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



CERTIFICATION OF VITAL RECORD

STATE OF UTAH - DEPARTMENT OF HEALTH E# 2771425 PG 4 of 4

LOCAL FILE NUMBER 29-97006
VITAL STATISTICS ACT
Form 12
Rev. 1/30/04

1. DECEASED'S LEGAL NAME (Include AKA's, if any) (First, Middle, Last)		2. SEX	3b. DATE OF DEATH (Mo., Day, Yr.)	3c. TIME OF DEATH		
Mildred June Smith HANDY		Female	July 29, 2006	1320		
4. DATE OF BIRTH (Mo., Day, Yr.)		5. AGE-Last Birthday (Years)	6. IF UNDER 1 YEAR, MONTHS	7. BIRTHPLACE (City & State or Foreign Country)	7. SOCIAL SECURITY NUMBER	
June 28, 1926		80	Days	Hours	Minutes	Salt Lake City, Utah 528-24-2088
IF DEATH OCCURRED IN A HOSPITAL:		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:				
<input type="checkbox"/> 1. Hospital <input type="checkbox"/> 2. Hospital <input type="checkbox"/> 3. Nursing Home/Long term care facility		<input type="checkbox"/> 4. Doctor's Home <input type="checkbox"/> 5. Other (specify)				
DECEASED		8a. PLACE OF DEATH (Check only one)				
1742 - 29th Street		<input type="checkbox"/> 1. Hospital <input type="checkbox"/> 2. Hospital <input type="checkbox"/> 3. Nursing Home/Long term care facility <input type="checkbox"/> 4. Doctor's Home <input type="checkbox"/> 5. Other (specify)				
9. WAS DECEASED EVER IN THE U.S. ARMED FORCES?		10. MARITAL STATUS				
<input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		<input type="checkbox"/> 1. Never Married <input 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				
11a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired.)		12a. KIND OF BUSINESS OR INDUSTRY				
Homemaker		Own Home				
13b. STATE		13c. COUNTY	13d. CITY, TOWN, COMMUNITY, OR RURAL	13e. ZIP CODE	13f. INSIDE CITY LIMITS?	
Utah		Weber	Ogden	84403	<input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
PARENTS		14. FATHER'S NAME (First, Middle, Last)				
George William Smith		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)				
INFORMANT		16. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT (Street & Number, City, State, Zip)				
George B. Handy/husband		1742 - 29th Street Ogden, Utah 84403				
DISPOSITION		17. METHOD OF DISPOSITION				
<input type="checkbox"/> 1. Burial <input type="checkbox"/> 2. Cremation <input type="checkbox"/> 3. Other		<input type="checkbox"/> 18a. DATE OF DISPOSITION				
<input checked="" type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal		August 4, 2006				
18b. LOCATION OF DISPOSITION - City or Town, State		19. LICENSE NUMBER				
North Ogden, Utah		113899				
CERTIFIER		20. FUNERAL HOME (Name and complete address)				
M.E. Case No. N. Qader, MD		Lindquist's Ogden Mortuary #43 3400 Washington Blvd, Ogden, Utah 84401				
22. CERTIFIER (Check only one)		23a. WAS MEDICAL EXAMINER CONTACTED? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No				
<input 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.				
23b. NAME, ADDRESS AND ZIP CODE FOR PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 24) (Type/Pen)		23c. DATE DECEASED WAS LAST ATTENDED BY PHYSICIAN				
Nameer T. Qader, MD 5495 South 500 East Washington Terrace, Utah 84405		07/29/06				
24. PART I. Enter the chain of events/diseases, injuries, complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or vascular occlusion without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line.		Approximate Interval Between Death and Certification of Death				
IMMEDIATE CAUSE (First disease or condition resulting in death): Pneumonia, C. Pneumonia		DUE TO (OR AS A CONSEQUENCE OF): Diseases, Injuries, Complications				
Sequentially list conditions, if any, leading to the cause listed on line 4. Enter line 4 again if any conditions listed on line 4 are present.		DUE TO (OR AS A CONSEQUENCE OF): or injury that initiated events resulting in death (LAST)				
25. CAUSE OF DEATH		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I				
26. IN YOUR OPINION, TOBACCO USE BY THE DECEASED:		27. MANNER OF DEATH				
<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 type="checkbox"/> 5. NOT USER.		<input type="checkbox"/> 1. Natural <input checked="" 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				
28. DATE OF INJURY (Mo., Day, Yr.)		29. INJURY AT WORK?	30. PLACE OF INJURY - At home, term, street, factory, office, business, (specify)	31. IF MOTOR VEHICLE ACCIDENT:	32. IF OTHER:	
28a. INJURY (Mo., Day, Yr.)		<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	30a. INJURY AT WORK?	<input type="checkbox"/> 1. Driver <input type="checkbox"/> 2. Passenger <input type="checkbox"/> 3. Pedestrian <input type="checkbox"/> 4. Other <input type="checkbox"/> 5. Unknown	32a. IF OTHER:	
29. LOCATION (Street or route number, city or town, county and state)		30b. DESCRIBE HOW INJURY OCCURRED (Enter sequence of events which resulted in injury. NATURE OF INJURY should be entered in Item 29)				
30. WAS DECEASED OF HISPANIC ORIGIN? (Check the "No" box if deceased is not Spanish/Hispanic/Latino.)		31. DECEASED'S RACE (Check one or more boxes to indicate what race deceased considered himself to be)				
<input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		<input type="checkbox"/> 1. White <input type="checkbox"/> 2. Black or African American <input type="checkbox"/> 3. American Indian or Alaska Native (Name the tribe(s) or specific tribe)				
(Note: Check the box that best describes whether the deceased is Spanish/Hispanic/Latino)		<input type="checkbox"/> 4. Asian <input type="checkbox"/> 5. Japanese <input type="checkbox"/> 6. Chinese <input type="checkbox"/> 7. Native Hawaiian <input type="checkbox"/> 8. Other Asian (Specify) <input type="checkbox"/> 9. Asian Indian <input type="checkbox"/> 10. Korean <input type="checkbox"/> 11. Samoan <input type="checkbox"/> 12. Vietnamese <input type="checkbox"/> 13. Other Pacific Islander (Specify) <input type="checkbox"/> 14. Guatemalan or Chichona <input type="checkbox"/> 15. Other (Specify) <input type="checkbox"/> 16. Other (Specify)				
RACE AND EDUCATION		32. DECEASED'S EDUCATION (Check the box that best describes the highest degree or level of school completed by deceased)				
<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/Hispanic/Latino (Specify)		<input type="checkbox"/> 1. 8th grade or less <input type="checkbox"/> 2. 9th-12th 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's degree (e.g., AA, AS) <input checked="" type="checkbox"/> 6. Bachelor's degree (e.g., BA, AB, BB) <input type="checkbox"/> 7. Master's degree (e.g., MA, MS, MM, MEd, MSW, MBA) <input type="checkbox"/> 8. Doctorate (e.g., PhD, EdD or Professional degree (e.g., MD, DDS, DVM, LLD, JD))				
UDOH-12RS Form 12 Rev. 1/30/04		33. REGISTRAR'S SIGNATURE				34. DATE FILED (Mo., Day, Yr.)
REGISTRAR		<i>Gary House</i>				<i>Aug 2, 2006</i>

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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

W. Morgan
W. Morgan
Health Department

