

When Recorded Mail To:
Mann, Hadfield & Thorne, P.C.
98 North Main Street
Brigham City, UT 84302

AFFIDAVIT OF SURVIVING JOINT TENANT

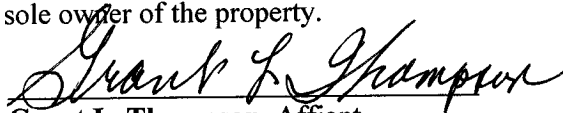
STATE OF UTAH)
 :SS
COUNTY OF BOX ELDER)

Grant L. Thompson (the "Affiant"), being duly sworn, states and represents that:

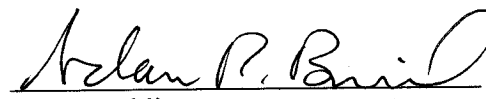
1. Affiant is the surviving joint tenant with regard to Water User Claim Number **29-2451**, which is appurtenant to the following described real property located in Box Elder County, State of Utah:

See Attached Exhibit "A"

and the Affiant is the same person as **Grant L. Thompson**, named as one of the joint tenants in that certain Water User Claim Number.
2. The Affiant was a joint tenant with regard to the Water User Claim Number with the following person who is now deceased. The Decedent's name was **Miriam S. Thompson (a.k.a. Miriam Clarice Selman Thompson Wise)**.
3. A Certificate of Death of the Decedent is attached hereto and is incorporated herein by reference.
4. The Affiant was the Son of the Decedent and was personally acquainted with her. The Decedent named in the attached Certificate of Death is one and the same person listed as a record owner of the Water User Claim Number herein described.
5. As the surviving joint tenant, Affiant is now the sole owner of the property.


Grant L. Thompson, Affiant

On the 27 day of May, 2011, personally appeared before me, the undersigned authority, the Affiant named in the foregoing Affidavit, who being by me first duly sworn, acknowledged to me that she executed the same and the statements contained therein are true


Notary Public

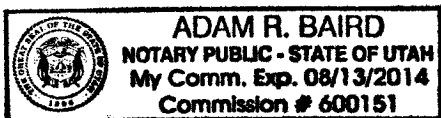


EXHIBIT "A"

(04-044-0011)

BEG AT A APT 548 FT S OF SEC COR BY AGREEMENT WHICH PT IS 1060 FT S & 4620 FT W OF NE COR OF SEC 32, TWP 10N, R 2W, SLM, S 362 FT, E 990 FT TO SW COR OF LOT 23 RIVER BANK TR B N 660 FT, E 134 FT, S 104 FT, N 87° 18' E 131 FT, S 0° 5' W 839.9 FT, E 725.5 FT TO 1/4 SEC LINE, S 400 FT, W 1980 FT, N 340 FT, W 3500 FT TO RIVER, N 43° 30' W 890 FT, E 4080 FT TO POB..

ALSO BEG AT NW COR OF LOT 46 RIVER TRACT B, E 1320 FT, S 140 FT, S 56° W 495 FT, S 72° 5' W 508.86 FT, S 23° 30' W 763 FT, W 420 FT, N 820 FT TO A PT 160 FT N OF NW COR O OF LOT 62 OF SD RIVER BANK TR, E 330 FT, N 500 FT TO POB. CONTG 110 ACS M/L. RES A R/W 2 RDS WIDE ACROS N END OF LOTS 8, 27 & 30 OF SD RIVER BANK TR B. TOG WITH A R/W OVER E 2 RDS OF LOTS 8 & 27 RIVER BANK TR B. EXC TR DEEDED TO WESLEY HANSEN..

LESS: THE LOTS VACATED & COMBINED IN 04-045-0017. CONT 99.52 ACRES M/L

STATE OF UTAH

CERTIFICATION OF VITAL RECORD

SEP 15 1997

STATE OF UTAH - DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

143 97 007359

<p>LOCAL FILE NUMBER 02-152</p> <p>STATE FILE NUMBER</p>		<p>3a. TIME OF DEATH (24hr clock)</p> <p>Aug 28, 1997 1725</p>	
<p>1. NAME OF DECEDENT FIRST MIDDLE LAST</p> <p>Miriam Clarice Selman Thompson WISE</p>		<p>2. SEX</p> <p>Female</p>	
<p>4. DATE OF BIRTH (Mo. Day, Yr.)</p> <p>Feb 22, 1906</p>		<p>7. SOCIAL SECURITY NUMBER</p> <p>Confidential</p>	
<p>5. AGE (Last birthday)</p> <p>91</p>		<p>6. BIRTHPLACE (City & State or Foreign Country)</p> <p>Ogden, UT</p>	
<p>8a. PLACE OF DEATH (Check only one)</p> <p>HOSPITAL: <input checked="" type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. Emergency <input type="checkbox"/> 3. Outpatient</p> <p>OTHER: <input type="checkbox"/> 4. Nursing Home <input type="checkbox"/> 5. Residence <input type="checkbox"/> 7. Other</p>		<p>8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location)</p> <p>Columbia Brigham City Community</p>	
<p>9a. CITY, TOWN OR LOCATION OF DEATH</p> <p>Brigham City</p>		<p>9b. COUNTY OF DEATH</p> <p>Box Elder</p>	
<p>10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES</p> <p><input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No</p>		<p>11. MARITAL STATUS</p> <p><input type="checkbox"/> 1. Never Married <input checked="" type="checkbox"/> 2. Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced</p>	
<p>12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired)</p> <p>Homemaker-substitute teacher</p>		<p>12b. KIND OF BUSINESS OR INDUSTRY</p> <p>Education</p>	
<p>13a. RESIDENCE - STREET AND NUMBER</p> <p>2905 West 3200 North</p>		<p>13b. CITY, TOWN OR COMMUNITY</p> <p>Brigham City</p>	
<p>13c. COUNTY</p> <p>Box Elder</p>		<p>13d. STATE</p> <p>UT</p>	
<p>14. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No</p>		<p>15. RACE - Black, White, Am. Indian (Tribe may be entered), Japanese, etc. (Specify)</p> <p>White</p>	
<p>16. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17+)</p> <p>14</p>			
<p>17. FATHER'S NAME (First, Middle, Last)</p> <p>John Mark Selman</p>		<p>18. MAIDEN NAME OF MOTHER (First, Middle, Last)</p> <p>Ruth Wheelwright</p>	
<p>19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT</p> <p>Mrs Thelma Manning Daughter 6200 West 13800 North Garland, Utah 84312</p>			
<p>20. METHOD OF DISPOSITION</p> <p><input type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other</p> <p><input checked="" type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Reinterment</p>			
<p>21a. DATE OF DISPOSITION</p> <p>Sept 4, 1997</p>		<p>21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)</p> <p>Brigham City, UT 84302</p>	
<p>22. SIGNATURE OF FUNERAL SERVICE LICENSEE</p> <p><i>[Signature]</i></p>		<p>23. LICENSE NUMBER</p> <p>87-345063-0903</p>	
<p>24. FUNERAL HOME (Name, address and license number)</p> <p>Rogers & Taylor Funeral Home</p>		<p>111 North 100 East</p>	
<p>25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN</p> <p>8/27/97</p>		<p>26. If not certified by medical examiner, report death reported to M.E.?</p> <p><input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No</p>	
<p>27a. CERTIFIER</p> <p><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.</p> <p><input type="checkbox"/> 2. MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL 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.</p>		<p>27b. LICENSE NUMBER</p> <p>92-186908-1205</p>	
<p>27c. DATE SIGNED (Mo., Day, Yr.)</p> <p>9/9/97</p>			
<p>28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type Print)</p> <p>Dr. Jan M. Ashdown 950 South 500 West, Brigham City, UT 84302</p>			
<p>29. REGISTRAR'S SIGNATURE</p> <p><i>[Signature]</i></p>			
<p>30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)</p> <p>Aug. 29, 1997</p>		<p>30b. DATE FILED (Mo., Day, Yr.)</p> <p>Sept 11, 1997</p>	
<p>31. PART I. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEAVY FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.</p> <p>IMMEDIATE CAUSE (The disease or condition resulting in death)</p> <p>a. Aggressive metastatic Colon Cancer.</p> <p>USE TO (OR AS A CONSEQUENCE OF):</p> <p>b. DUE TO (OR AS A CONSEQUENCE OF):</p> <p>c. DUE TO (OR AS A CONSEQUENCE OF):</p>			
<p>32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT</p> <p><input type="checkbox"/> 1. Properly contributed to the cause of death. <input checked="" type="checkbox"/> 6. NON-USER</p> <p><input type="checkbox"/> 2. Was the underlying cause of death. <input type="checkbox"/> 7. UNKNOWN IF USER</p> <p><input type="checkbox"/> 3. Did not contribute to the cause of death. <input type="checkbox"/> 8. UNKNOWN IF USER</p> <p><input type="checkbox"/> 4. Is unknown in relation to the cause of death.</p>			
<p>34. MANNER OF DEATH</p> <p><input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident</p> <p><input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide</p> <p><input type="checkbox"/> 5. Undetermined if injured Purposefully or Accidentally <input type="checkbox"/> 6. Pending Investigation</p>		<p>35a. DATE OF INJURY (Mo., Day, Yr.)</p> <p>35b. TIME OF INJURY (24 Hour Clock)</p> <p>35c. INJURY AT WORK</p> <p><input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No</p>	
<p>35d. LOCATION (Street or rural route number, city or town, county and state.)</p>		<p>35e. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)</p>	
<p>36. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)</p>			

DATE ISSUED

MAY 09 2011

This is an exact reproduction of the facts 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 of Vital Statistics.

[Signature]
Janice L. Houston
State Registrar



* 063102843 *

UTAH DEPARTMENT OF HEALTH
Office of Vital Records & Statistics
Salt Lake City, Utah



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.

LOCAL FILE NUMBER

☐ BIRTH

☐ DEATH

☐ STILLBIRTH

STATE 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.		Subscribed & Sworn to before me this ____ day of _____, 20__
	5. SIGNATURE OF WITNESS		Notary Public _____
	6. DATE SIGNED	7. AGE OF WITNESS	8. DAYTIME TELEPHONE # OF WITNESS ()
	9. ADDRESS OF WITNESS (Street, City, State, Zip)		My Commission expires _____
	10. RELATIONSHIP TO PERSON IN 1a: Self Parent/Guardian Spouse Funeral Director Informant Other(Specify)		S E A L
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.		Subscribed & Sworn to before me this ____ day of _____, 20__
	11. SIGNATURE OF WITNESS		Notary Public _____
	12. DATE SIGNED	13. AGE OF WITNESS	14. DAYTIME TELEPHONE # OF WITNESS ()
	15. ADDRESS OF WITNESS (Street, City, State, Zip)		My Commission expires _____
	16. RELATIONSHIP TO PERSON IN 1a: Self Parent/Guardian Spouse Funeral Director Informant Other(Specify)		S E A L

UDOH-OVRS
REV. 02/06

REGISTRARS USE ONLY: Number of Certificates Replaced: ____ Initials: ____ Date: ____