

Recording requested by:

Nicole A. Bonham Colby, Attorney at Law, PLLC

Please return document and send taxes to:

Kimberly F. Blake, Successor Trustee;
The Delano F. and Madge B. Ford Living Trust
UAD 10-13-1999
c/o 578 West Tomahawk Circle
Kanab, UT 84741

Parcel Nos. 15439, 15437, 15438, 26593

AFFIDAVIT OF SUCCESSOR TRUSTEE

I, Kimberly Ford Blake (f/k/a Kimberly Glazier), identified as Trustee of The Delano F. and Madge B. Ford Living Trust dated October 13, 1999, and any amendments and restatements thereto (hereafter as "Trust"), whose mailing address is c/o 578 West Tomahawk Circle, Kanab, UT 84741 ("Affiant"), being of legal age and being first duly sworn, depose and state as follows:

1. That I am a citizen of the United States over the age of 21 years; and
2. That I am a daughter of Delano Frost Ford (a/k/a Delano F. Ford) who died April 19, 2012, as evidenced by the Certificate of Death attached hereto as **Exhibit A** ("Exhibit A"); and
3. That I am a daughter of Madge Renon Ford (a/k/a Madge B. Ford) who died August 12, 2024, as evidenced by the Certificate of Death attached hereto as **Exhibit B** ("Exhibit B"); and
4. That Delano Frost Ford (a/k/a Delano F. Ford) and Madge Renon Ford (a/k/a Madge B. Ford) are the same parties who acquired certain real property ("Property") located in Sanpete County, State of Utah, as the initial Trustees of said Trust via Quit Claim Deed recorded November 16, 1999, at Entry Number 00074483, in the Official Records of the Sanpete County Recorder, Sanpete County, State of Utah, as further described on **Exhibit C** ("Exhibit C") attached hereto;
5. That, as the identified successor Trustee, I am the duly appointed Trustee of said Trust;
6. That said Trust remains in full force and effect; and
7. That assets of said Trust include, among other items, the subject Property described in Exhibit C attached hereto.

Dated this 23 day of October, 2024.

Kimberly Ford Blake

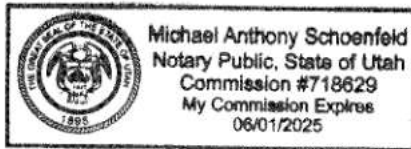
Kimberly Ford Blake, Successor Trustee; Affiant

STATE OF UTAH)

ss.

COUNTY OF KANE)

Subscribed to and sworn before me this 23rd day of October, 2024.



Michael Anthony Schoenfeld

Michael Anthony Schoenfeld, Notary Public
Residing at: Kanab, Kane County, Utah
Commission #718629
Expires: June 1, 2025
State of Utah

[Remainder this page blank by intent]

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA "Exhibit A"

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

State File NO. 102-2012-015675

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) DELANO FROST FORD				2. AKA'S (IF ANY)				3. DATE OF DEATH APRIL 19, 2012							
4. SEX MALE		5. SOCIAL SECURITY NUMBER 552-46-9824		6. DATE OF BIRTH 11-05-1934		7. AGE 77		8. MONTHS UNDER 1 YEAR		9. DAYS UNDER 1 DAY		10. HOURS UNDER 1 DAY		11. MINUTES UNDER 1 DAY	
12. PLACE OF DEATH - HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER															
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY) 285 N 100 E.								15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH FREDONIA 86022				16. COUNTY OF DEATH COCONINO			
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) KANAB, UTAH						18. MARITAL STATUS AT TIME OF DEATH MARRIED			19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) MADGE RENON BRADY						
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: 285 N 100 E.						21. CITY AND COUNTY FREDONIA, COCONINO			22. STATE ARIZONA		23. ZIP CODE 86022		24. EVER IN THE ARMED FORCES YES		
25. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN				26. DECEDENT'S RACE(S) <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE				27. IF AMERICAN INDIAN OR ALASKA NATIVE SPECIFY UP TO 4 TRIBES PRIMARY OF ENROLLED TRIBE ADDITIONAL TRIBE ADDITIONAL TRIBE ADDITIONAL TRIBE							
28. OCCUPATION TEACHER				29. FATHER'S NAME (FIRST, MIDDLE, LAST) EDWIN JAMES FORD				30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) VERA FROST							
31. INFORMANT'S NAME MADGE RENON FORD				32. RELATIONSHIP SPOUSE				33. INFORMANT'S MAILING ADDRESS: P.O. BOX 567, FREDONIA, ARIZONA 86022							
34. NAME AND ADDRESS OF FUNERAL FACILITY: MOSDELL MORTUARY 676 S 175 E KANAB, UT						35. FUNERAL DIRECTOR DENNIS R MOSDELL, FUNERAL DIRECTOR		36. LICENSE NUMBER 446							
37. METHOD(S) OF DISPOSITION REMOVAL/BURIAL			38. NAME AND LOCATION OF 1st DISPOSITION FACILITY MOSDELL MORTUARY KANAB, UTAH			39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY NONE									
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART 1															
IMMEDIATE CAUSE OF DEATH: 40. A METASTATIC MELANOMA		41. APPROXIMATE INTERVAL: UNKNOWN													
DUE TO OR AS A CONSEQUENCE OF: 42. B		43. APPROXIMATE INTERVAL:													
DUE TO OR AS A CONSEQUENCE OF: 44. C		45. APPROXIMATE INTERVAL:													
DUE TO OR AS A CONSEQUENCE OF: 45. D		47. APPROXIMATE INTERVAL:													
CAUSE OF DEATH PART II															
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE				49. INJURY? NO		50. INJURY AT WORK? NO		51. MANNER OF DEATH NATURAL DEATH		52. TIME OF DEATH 0825					
				53. WAS AN AUTOPSY PERFORMED? NO		54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?									
CAUSE AND MANNER OF DEATH CERTIFICATION															
<input checked="" type="checkbox"/> Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated.				55. NAME OF PERSON COMPLETING CAUSE OF DEATH: JONATHAN BOWMAN, MD				56. DATE CERTIFIED: 04-23-2012							
<input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.				57. CERTIFIER'S ADDRESS: 355 N MAIN ST, KANAB, UT 84741				58. NAME OF REGISTRAR: YASMINE SEALY		59. DATE REGISTERED: 04-24-2012					

Date Issued: 04-26-2012

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA. Revised 04/2011

Patricia Adams

**PATRICIA ADAMS
ASSISTANT STATE REGISTRAR**



This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR REASURE VOIDS THIS DOCUMENT

STATE OF ARIZONA
CERTIFICATION OF VITAL RECORD

"Exhibit B"

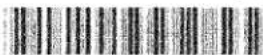
ORIGINAL STATE COPY STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS State File Number 102-2024-042785
CERTIFICATE OF DEATH

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) MADGE, RENON, FORD		2. AKA'S (IF ANY)		3. DATE OF DEATH 08/12/2024	
4. SEX FEMALE	5. SOCIAL SECURITY NUMBER 528-46-3355	6. DATE OF BIRTH 03/14/1937	7. AGE 87 YEARS		
8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH FREDONIA, COCONINO 86022					
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS) RESIDENCE - 285 N 1ST E					
10. SITE/PLACE (CITY AND STATE OR FOREIGN COUNTRY) FAIRVIEW, UTAH		11. MARITAL STATUS WIDOWED		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) NOT LISTED	
13. DECEDENT'S USUAL RESIDENCE (ADDRESS, STREET, CITY, COUNTY, STATE, ZIP) 285 N 1ST E, FREDONIA, COCONINO, AZ, 86022					
14. DECEDENT'S HISPANIC ORIGIN(S) NO, NOT SPANISH/HISPANIC/LATINO		15. DECEDENT'S RACE(S) WHITE		16. EVER IN ARMED FORCES NO	
17. OCCUPATION HOMEMAKER		18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX) WARREN, L, BRADY			
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) MARY, CATHERINE, CAMBRON		20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX) KIMBERLY, FORD, BLAKE			
21. RELATIONSHIP DAUGHTER				22. INFORMANT'S MAILING ADDRESS 578 W TOMAHAWK CIRCLE, KANAB, UT, 84741	
23. NAME AND ADDRESS OF FUNERAL HOME/CITY OR RESPONSIBLE PERSON MOSDELL MORTUARY 876 S HWY 89A, KANAB, UT, 84741		24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON SPENCER, C., MOSDELL		25. LICENSE NUMBER FDL-001865	
26. METHOD(S) OF DISPOSITION BURIAL		27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY KANAB CITY CEMETERY, KANAB, UT, US		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I					
29. A. IMMEDIATE CAUSE OF DEATH METASTATIC B CELL LYMPHOMA				30. APPROXIMATE INTERVAL 1 MONTH	
31. B. DUE TO OR AS A CONSEQUENCE OF				32. APPROXIMATE INTERVAL	
33. C. DUE TO OR AS A CONSEQUENCE OF				34. APPROXIMATE INTERVAL	
35. D. DUE TO OR AS A CONSEQUENCE OF				36. APPROXIMATE INTERVAL	
CAUSE OF DEATH PART II					
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (GIVEN IN PART I)		38. INJURY? NO		39. INJURY AT WORK? NO	
40. MANNER OF DEATH NATURAL DEATH		41. TIME OF DEATH 23:19		42. WAS AN AUTOPSY PERFORMED? NO	
43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?		44. NAME OF PERSON COMPLETING CAUSE OF DEATH JONATHAN, BOWMAN			
45. DATE CERTIFIED 08/13/2024		46. CERTIFIER'S ADDRESS 355 N MAIN STREET, KANAB, UT, 84741			

Date Registered: 08/13/2024

Date Issued: 08/26/2024

VS-49 Rev. 12/2017



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA. Revised 07/2016

Krystal Colburn
KRYSTAL COLBURN
ASSISTANT STATE REGISTRAR



This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Exhibit "C" – Property

Sanpete County, State of Utah, Parcel No. 0000015439

PARCEL #1: Beginning 1.25 chains West, 3.33 chains South from the Northeast Corner of the Northwest Quarter of Section 2, Township 14 South, Range 4 East, Salt Lake Base and Meridian; thence West 3.75 chains, thence South 2.67 chains, thence East 3.75 chains, thence North 2.67 chains to the point of beginning. (Containing 1 acre more or less).

TOGETHER WITH all improvements and appurtenances thereunto belonging; and SUBJECT TO restrictions, easements, rights-of-way, and reservations of record and those enforceable in law and equity.

Sanpete County, State of Utah, Parcel No. 0000015437

PARCEL #2: Beginning 7.50 chains West and 2.25 chains South of the Northeast Corner of the Northwest Quarter of Section 2, Township 14 South, Range 4 East, Salt Lake Base and Meridian; thence East 3.75 chains, thence South 7 chains to the County Road, thence along said County Road North 45° West 6 chains to a point South of the place of beginning, thence North 3.50 chains to the point of beginning.

Containing 2.0 acres, more or less.

TOGETHER WITH all improvements and appurtenances thereunto belonging; and SUBJECT TO restrictions, easements, rights-of-way, and reservations of record and those enforceable in law and equity.

Sanpete County, State of Utah, Parcel No. 0000015438

PARCEL #3: BEGINNING 1.25 chains West, 6.50 chains South Northeast Corner Northwest Quarter, Section 2, Township 14 South, Range 4 East, Salt Lake Meridian; Thence South 6.25 chains, thence Northwesterly 4.00 chains, thence North 2.05 chains, thence East 2.75 chains to point of beginning, containing 1.16 acres.

TOGETHER WITH all improvements and appurtenances thereunto belonging; and SUBJECT TO restrictions, easements, rights-of-way, and reservations of record and those enforceable in law and equity.

Sanpete County, State of Utah, Parcel No. 0000026593

PARCEL #4: BEGINNING at the Southeast Corner of Section 21, Township 15 South, Range 4 East of the Salt Lake Base and Meridian; thence West 20 chains; thence North 14 chains; thence East 20 chains; thence South 14 chains to the point of beginning.

Containing 28.00 acres, more or less;

TOGETHER WITH all improvements and appurtenances thereunto belonging; and SUBJECT TO restrictions, easements, rights-of-way, and reservations of record and those enforceable in law and equity.