



\*W3376932\*

Send tax notices to:

James Wright Shupe, Trustee  
3435 Blue Sage Rd.  
Morgan, UT 84050

E# 3376932 PG 1 OF 9  
B. Rahimzadegan, WEBER COUNTY RECORDER  
16-Jul-25 1132 AM FEE \$40.00 DEP RC  
REC FOR: SMITH KNOWLES PC  
ELECTRONICALLY RECORDED

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## **Certification of Trust for the Wright and Janneane Shupe Family Trust dated November 16, 1992**

Pursuant to Utah Code § 75B-2-1013, this Certification of Trust is signed by the currently acting trustees of the Wright and Janneane Shupe Family Trust dated November 16, 1992 ("Trust"), who declare:

1. The Grantors are James W. Shupe, Jr., also known as James Wright Shupe, Jr., and Wright Shupe, and Janneane H. Shupe, also known as Janneane Shupe. James W. Shupe, Jr. died October 20, 2020, and Janneane H. Shupe died February 5, 2025. See *Certificates of Death* attached as **Exhibit A**. The trust is irrevocable.
2. The Trustees of the trust are James Wright Shupe and David Thomas Shupe, both sons of the Grantors. The signatures of both Trustees are required to exercise the powers of the Trustee, except as they may delegate among themselves in writing.
3. The addresses of the trustees are:

James Wright Shupe a/k/a Jay Shupe 3435 Blue Sage Rd. Morgan, Utah 84050	David Thomas Shupe 3112 E. 4100 N. Liberty, Utah 84310
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4. Title to assets held in the trust will be titled as:

James Wright Shupe and David Thomas Shupe, Trustees of The Wright and Janneane Shupe Family Trust dated November 16, 1992.

5. Any alternative description will be effective to title assets in the name of the Trust or to designate the Trust as a beneficiary if the description includes the name of at least one initial or successor trustee, any reference indicating that property is being held in a fiduciary capacity, and the date of the Trust.
6. Excerpts from the Trust document that establish the trust, designate the trustee, and set forth the powers of the trustee will be provided upon request. The powers of the trustee include the power to acquire, sell, assign, convey, pledge, encumber, lease, borrow, manage, and deal with real and personal property interests of all Trust property.

7. The terms of the trust provide that a third party may rely upon this Certification of Trust as evidence of the existence of the trust and is specifically relieved of any obligation to inquire into the terms of this trust or the authority of my Trustee, or to see to the application that the Trustee makes of funds or other property received by the Trustee.
8. The Trust has not been revoked, modified, or amended in any way that would cause the representations in this Certification of Trust to be incorrect.
9. Pursuant to Utah Code § 75B-2-1013(2), the undersigned Trustees hereby execute this Certification.
10. This Certification of Trust identifies a successor trusteeship to the prior trusteeship as identified in those certain Quit-Claim Deeds recorded with the Weber County Recorder on December 15, 2005, as Entry Nos. 2148888 and 214889 ("Deeds").
11. This Certification of Trust affects title in the following-described parcels of real property situated in Weber County, State of Utah:

**BT**  
**Parcel No. 18-021-0006**

PART OF BLOCK 22, PLAT A, NORTH OGDEN SURVEY, WEBER COUNTY, UTAH: BEGINNING AT THE NORTHWEST CORNER OF SAID BLOCK 22, AND RUNNING THENCE EAST 24 RODS TO PARK STREET, THENCE SOUTH 6 RODS, THENCE WEST 24 RODS, THENCE NORTH 6 RODS TO THE PLACE OF BEGINNING. ALSO: THE EAST 33 FEET OF VACATED STREET ABUTTING ON THE WEST SIDE THEREOF. TOGETHER WITH 1/2 OF THE VACATED STREET ABUTTING THEREON (BOOK 694-PAGE 3). LESS AND EXCEPTING: A PARCEL OF LAND IN FEE FOR THE WIDENING OF THE EXISTING 400 EAST STREET, BEING PART OF AN ENTIRE TRACT OF PROPERTY SITUATE IN THE SOUTHEAST QUARTER SOUTHEAST QUARTER OF SECTION 29, TOWNSHIP 7 NORTH, RANGE 1 WEST, SALT LAKE BASE AND MERIDIAN. THE BOUNDARIES OF SAID PARCEL OF LAND ARE DESCRIBED AS FOLLOWS: BEGINNING AT THE SOUTHWEST CORNER OF SAID ENTIRE TRACT WHICH CORNER IS 1,146.45 FEET SOUTH 01D09'30" WEST AND 33.00 FEET SOUTH 88D50'30" EAST FROM MONUMENT NO. 16 LOCATED AT THE INTERSECTION OF 400 EAST STREET AND ELBERTA DRIVE, SAID CORNER IS ALSO 99.00 FEET SOUTH 01D09'30" WEST AND 33.00 FEET NORTH 88D50'30" WEST FROM THE NORTHWEST CORNER OF BLOCK 22, PLAT A, NORTH OGDEN CITY SURVEY; AND RUNNING THENCE NORTH 01D09'30" EAST (NORTH BY RECORD) 132.00 FEET ALONG THE EASTERLY RIGHT OF WAY LINE OF THE EXISTING 400 EAST STREET TO THE NORTHWEST CORNER OF SAID ENTIRE TRACT; THENCE SOUTH 88D50'30" (EAST BY RECORD) 26.50 FEET ALONG THE NORTHERLY BOUNDARY LINE OF SAID ENTIRE TRACT TO A LINE PARALLEL WITH AND 59.50 FEET PERPENDICULARLY DISTANT EASTERLY FROM THE CONTROL LINE

OF SAID PROJECT; THENCE SOUTH 01D09'30" WEST 55.44 FEET ALONG SAID PARALLEL LINE TO A POINT OPPOSITE ENGINEER STATION 1013+47.50; THENCE SOUTH 04D58'21" WEST 76.73 FEET TO THE SOUTHERLY BOUNDARY LINE OF SAID ENTIRE TRACT; THENCE NORTH 88D50'30" WEST (WEST BY RECORD) 21.40 FEET ALONG SAID SOUTHERLY BOUNDARY LINE TO THE POINT OF BEGINNING AS SHOWN ON THE OFFICIAL MAP OF SAID PROJECT ON FILE IN THE OFFICE OF NORTH OGDEN CITY. THE ABOVE DESCRIBED PARCEL OF LAND CONTAINS 3,303 SQUARE FEET OR 0.076 ACRE IN AREA, MORE OR LESS. E#3076690

Parcel No. 17-008-0002 BT

ALL OF LOT 2, PLAT A, NORTH OAKS SUBDIVISION, NORTH OGDEN CITY, WEBER COUNTY, UTAH.

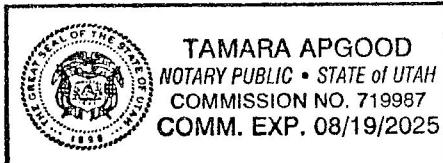
This certification is being executed in conformity with the provisions of Utah Code § 75B-2-1013.

DATED this 9<sup>th</sup> day of July, 2025.

James Wright Shupe (a/k/a Jay Shupe), Trustee

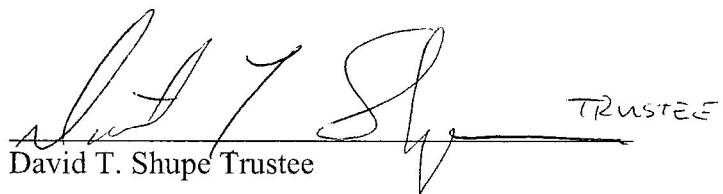
STATE OF UTAH )  
COUNTY OF WEBER )  
ss.

The foregoing instrument was acknowledged before me on this 9th day of July, 2025, by James Wright Shupe (a/k/a Jay Shupe), proved on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged he executed the same in his capacity as a trustee of The Wright and Janneane Shupe Family Trust dated November 16, 1992.



## Notary Public

DATED this 11 day of July, 2025.

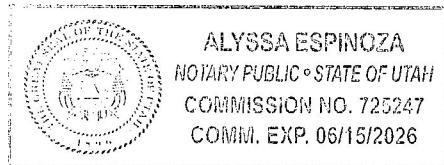


David T. Shupe Trustee

TRUSTEE

STATE OF UTAH )  
ss.  
COUNTY OF Wasatch )

The foregoing instrument was acknowledged before me on this 11 day of July, 2025, by David T. Shupe, proved on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged he executed the same in his capacity as a trustee of The Wright and Janneane Shupe Family Trust dated November 16, 1992.




Alyssa Espinoza  
Notary Public

## EXHIBIT A

**Certificate of Death for James Wright Shupe, Jr. and Alice Janneane Shupe (a/k/a  
Janneane H. Shupe)**

STATE OF UTAH  
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2020017027

E# 3376932 PG 6 OF 9

James Wright Shupe Jr

DECEDENT INFORMATION

Date of Death:	October 20, 2020	Time of Death:	20:10
City of Death:	North Ogden	County of Death:	Weber
Age:	85	Date of Birth:	March 28, 1935
Place of Birth:	Ogden, Utah	Sex:	Male
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Alice Janneane Halverson	Usual Occupation:	Machinist
Industry/Business:	Department of Defense	Education:	High School or GED
Residence:	North Ogden, Utah	Father's Name:	James Wright Shupe
Mother's Name:	Myrtle Bybee	Facility Type:	Home
Facility or Address:	958 East 3100 North		

INFORMANT INFORMATION

Name:	James Wright Shupe III	Relationship:	Son
Mailing Address:	3435 Blue Sage Road, Morgan, Utah 84050		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Ogden City Cemetery, Ogden, Utah
Date of Disposition:	October 23, 2020

FUNERAL HOME INFORMATION

Funeral Home:	Premier Funeral Services
Address:	671 East 8000 South, Midvale, Utah 84047
Funeral Director:	Jared O M Fairbanks

MEDICAL CERTIFICATION

Certifying Physician: R Mark Firth MD, Bridge Utah Medical Group, 1015 East 100 North, Logan, Utah 84321

CAUSE OF DEATH

Lung Cancer  
Tobacco Use: Non-user  
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: October 29, 2020

Date Issued: November 2, 2020

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 Border, V & 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.



Linda S. Wninger LCSW  
State Registrar

Rev. 4/19



066391951

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Gary L. Edwards  
Director/Health Officer  
County/District Health  
Department

SALT LAKE  
COUNTY  
HEALTH  
DEPARTMENT

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

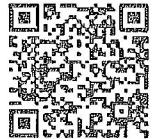
E# 3376932 PG 7 OF 9

Corrections to a vital record may be made by affidavit but an item on a birth record may be corrected by affidavit only once. A court order is required for gender or subsequent changes. This form is not used with a court order. A court order is necessary to make any corrections to a Delayed Birth Certificate or Death Certificate. This affidavit cannot be used to correct medical information. Many changes, including marital status, require more information; please visit our website or contact our office. Please return any copies of the certificate with this completed affidavit and all supporting documentation. 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 with the correct fees and proof of ID.

**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

**Contact Info:** <https://VitalRecords.utah.gov> 801-538-6105 vrequest@utah.gov



**Affidavit Instructions:** Please print or type. Items 1-6: Enter the facts as reported on the current vital record. Item 7: Enter the 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. Item 9: Enter the reason the change is necessary. Item 10: Enter the proofs used to support the change. The proofs must match the asserted fact(s) exactly. Proofs must be submitted with the affidavit. Items 11-22: Enter witness information.

**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. If adding a spouse, the spouse must sign as a witness. If no immediate family, a person who is knowledgeable of the facts may sign.

BIRTH

DEATH

STILLBIRTH

STATE FILE NUMBER: \_\_\_\_\_

INFORMATION AS REPORTED ON RECORD	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 ON ORIGINAL RECORD	8b. CORRECT INFORMATION	
WHY IS CHANGE NEEDED?	9.			
DOCUMENTS USED	10.			
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 sign in front of Notary)	11b. PRINTED NAME OF WITNESS		
	12. DATE SIGNED	13. AGE OF WITNESS	14. DAYTIME TELEPHONE	15. RELATIONSHIP TO 1a
	16. ADDRESS OF WITNESS			
	Subscribed to and Sworn to before me this ____ day of ____ 20____. STATE _____ COUNTY _____ NOTARY SIGNATURE _____			
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 sign in front of Notary)	17b. PRINTED NAME OF WITNESS		
	18. DATE SIGNED	19. AGE OF WITNESS	20. DAYTIME TELEPHONE	21. RELATIONSHIP TO 1a
	22. ADDRESS OF WITNESS			
	Subscribed to and Sworn to before me this ____ day of ____ 20____. STATE _____ COUNTY _____ NOTARY SIGNATURE _____			

**STATE OF UTAH**  
**CERTIFICATION OF VITAL RECORD**

**CERTIFICATE OF DEATH**

State File Number: 2025002517

**Alice Janneane Shupe**

**DECEDENT INFORMATION**

Date of Death:	February 5, 2025	Time of Death:	23:25
City of Death:	Springville	County of Death:	Utah
Age:	87	Date of Birth:	February 19, 1937
Place of Birth:	Ogden, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:		Usual Occupation:	Homemaker
Industry/Business:	Own Home	Education:	High School or GED
Residence:	North Ogden, Utah	Father's Name:	Amos Frank Halverson
Mother's Name:	Ruby Elizabeth Fisher	Facility Type:	Daughter's Home
Facility or Address:	467 West 3505 South #A		

**INFORMANT INFORMATION**

Name:	James Shupe	Relationship:	Son
Mailing Address:	3435 North Blue Sage Road, Morgan, Utah 84050		

**DISPOSITION INFORMATION**

Method of Disposition:	Burial
Place of Disposition:	Ogden City Cemetery, Ogden, Utah
Date of Disposition:	February 15, 2025

**FUNERAL HOME INFORMATION**

Funeral Home:	Premier Funeral Services
Address:	67 East 8000 South, Midvale, Utah 84047
Funeral Director:	David L Milius

**MEDICAL CERTIFICATION**

Certifying Physician: Gary F Holland MD, 5226 Frontier Drive, Morgan, Utah 84050

**CAUSE OF DEATH**

Hypoxia [Onset: 4 Hours]

Due to (or as a consequence of): Pneumonia [Onset: 4 Days]

Due to (or as a consequence of): Chronic Obstructive Pulmonary Disease [Onset: 15 Years]

Due to (or as a consequence of): Asthma [Onset: 40 Years]

Tobacco Use: Non-user

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

Date Registered: February 10, 2025

Date Issued: February 10, 2025

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 of Vital Record and Statistics.

  
 Linda S. Wininger, MSW, LCSW  
 State Registrar

Raw 12/20



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 Eric S. Edwards, MPA, MCES  
 Executive Director  
 Utah County Health Department

  
 Utah County  
 HEART OF UTAH  
 Health Department



Office of Vital Records and Statistics  
Affidavit to amend a record

Corrections to a vital record may be made by affidavit but an item on a birth record may be corrected by affidavit only once. A court order is required for gender or name changes after the age of one year. This form is not used with a court order. A court order is necessary to make any corrections to a Delayed Birth Certificate. This affidavit cannot be used to correct medical information. Many changes, including marital status, require more information; visit our website or contact our office. Please return any copies of the certificate with this completed affidavit and all supporting documentation. 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 with the correct fees, proof of ID, and application for a new certificate.

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

Contact Info: <https://VitalRecords.utah.gov> 801-538-6105 vrequest@utah.gov



online instructions

**Affidavit Instructions:** Please print or type. **Items 1-6:** Enter the facts as reported on the current vital record. **Item 7:** Enter the 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. **Item 9:** Enter the reason the change is necessary. **Item 10:** Enter the proofs used to support the change. The proofs must match the asserted fact(s) exactly. Proofs must be submitted with the affidavit. **Items 11-22:** Enter witness information.

**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 and an immediate family member, or two immediate family members, must sign as a witness. If adding a spouse, the spouse must sign as a witness. If no immediate family, a person who is knowledgeable of the facts may sign.

Birth

Death

Stillbirth

State file number: \_\_\_\_\_

Information as reported on the record	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 on original record			8b. Correct information	
Why the change is needed	9					
Documents used	10					
Oath of first witness	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 to and Sworn to before me this ____ day of ____ 20____	
	11a. Signature of witness (Must sign in front of notary)		11b. Printed name of witness		State _____ County _____	
	Notary signature _____					
	12. Date signed	13. Age of witness	14. Telephone number	15. Relationship to 1a.		
	16. Address of witness					
Oath of second witness	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 to and sworn to before me this ____ day of ____ 20____	
	17a. Signature of witness (Must sign in front of notary)		17b. Printed name of witness		State _____ County _____	
	Notary signature _____					
	18. Date signed	19. Age of witness	20. Telephone number	21. Relationship to 1a.		
	22. Address of witness					