

**AFTER RECORDING PLEASE RETURN TO:**  
**OLSON & HOGGAN, LLC**  
**130 S MAIN STE 200**  
**P.O. BOX 525**  
**LOGAN, UTAH 84323-0525**

**ACCEPTANCE OF TRUSTEESHIP**

KNOW ALL MEN BY THESE PRESENTS:

WHEREAS, BLAINE R. WORTHEN established the BLAINE R. WORTHEN REVOCABLE TRUST on March 5, 1993, as totally amended and restated on September 14, 2022 (the Trust), and was Trustee of the same; and

WHEREAS, BLAINE R. WORTHEN passed away on November 8, 2023, and a copy of his Death Certificate is attached and incorporated by reference; and

WHEREAS, the undersigned know of their own knowledge that the said BLAINE R. WORTHEN in the Trust and BLAINE RICHARD WORTHEN, named in said Certificate of Death, are one and the same person; and

WHEREAS, Article Eighteenth of the Trust appoints NOLAN GUNNELL as successor Trustee upon the death of BLAINE R. WORTHEN; and

WHEREAS, NOLAN GUNNELL is willing to accept Trusteeship of the Trust;

IT IS AGREED that:

1. NOLAN GUNNELL hereby accepts the appointment as Trustee of the BLAINE R. WORTHEN REVOCABLE TRUST, dated March 5, 1993, on all the terms, provisions and conditions specified in the Trust, and by signing this Appointment and Acceptance commences acting as Trustee.


2. This Acceptance of Trusteeship is recorded so that BLAINE R. WORTHEN is removed as Trustee of the Trust and NOLAN GUNNELL is acknowledged as Trustee and authorized to convey title to the following described real property located in Davis County Utah:

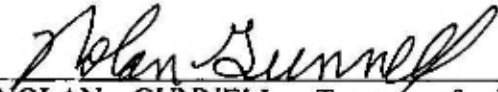
Tax Identification No. 11-387-0010 -

All of Unit 10, WHISPERING PINES CONDO NO. 2, A Utah Condominium Project, as the same is identified in the Record of Survey Map recorded in Davis County, Utah. Together with: (a) The undivided ownership interest in said Condominium Project's Common Areas and Facilities which is appurtenant to said Unit, (the referenced Declaration of Condominium providing for periodic alteration both in the magnitude of said undivided ownership interest and in the composition of the Common Areas and Facilities to which said interest relates); (b) The exclusive right to use and enjoy each of the Limited Common Areas which is appurtenant to said Unit, and (c) The non-exclusive right to use and enjoy the Common Areas and Facilities included in said Condominium Project (as said Project may hereafter be

expanded) in accordance with the aforesaid Declaration of Survey Map (as said Declaration and Map may hereafter be amended or supplemented) and the Utah Condominium Ownership Act. Containing 0.045 acres.

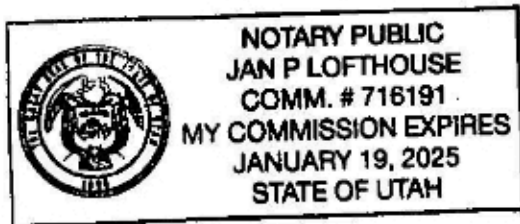
DATED this   11   day of January, 2024.

  
\_\_\_\_\_  
NOLAN GUNNELL, an individual

  
\_\_\_\_\_  
NOLAN GUNNELL, Trustee of the  
BLAINE R. WORTHEN REVOCABLE  
TRUST, dated March 5, 1993

STATE OF UTAH     )  
                              : ss.  
County of Cache    )

On the   11   day of January, 2024, personally appeared before me NOLAN GUNNELL, the signer of the foregoing instrument, who duly acknowledged to me that he executed the same individually and as Trustee of the BLAINE R. WORTHEN REVOCABLE TRUST, dated March 5, 1993.



  
\_\_\_\_\_  
NOTARY PUBLIC

STATE OF UTAH  
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2023018624

Blaine Richard Worthen

3558076  
BK 8422 PG 532

DECEDENT INFORMATION

Date of Death:	November 8, 2023	Time of Death:	20:00
City of Death:	Logan	County of Death:	Cache
Age:	87	Date of Birth:	October 10, 1936
Place of Birth:	Murray, Utah	Sex:	Male
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:		Usual Occupation:	Professor
Industry/Business:	Higher Education	Education:	Doctorate Degree
Residence:	Logan, Utah	Father's Name:	Donovan Hayden Worthen
Mother's Name:	Grace Viola Middleton	Facility Type:	Nursing Home/Assisted Living
Facility or Address:	Maple Springs Assisted Living		

INFORMANT INFORMATION

Name:	Angela Worthen	Relationship:	Daughter-in-law
Mailing Address:	104 East 600 South, Kaysville, Utah 84037		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Kaysville City Cemetery, Kaysville, Utah
Date of Disposition:	November 15, 2023

FUNERAL HOME INFORMATION

Funeral Home:	Allen-Hall Mortuary
Address:	34 East Center Street, Logan, Utah 84321
Funeral Director:	Jason R. Allen

MEDICAL CERTIFICATION

Certifying Physician:	Matthew J. Weller MD, 2380 North 400 East, Suite A, North Logan, Utah 84341
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CAUSE OF DEATH

Chronic Kidney Disease [Onset: 5 Years]  
 Due to (or as a consequence of): Hypertension [Onset: 10 Years]  
 Tobacco Use: Non-user  
 Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: November 13, 2023  
 Date Issued: November 14, 2023

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. Whinger*  
 Linda S. Whinger, MSW, LCSW  
 State Registrar



*Jordan Mathis*  
 Jordan Mathis  
 Director/Health Officer  
 County/District Health Department



## STATE OF UTAH - DEPARTMENT OF HEALTH - 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 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, 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  
**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: \_\_\_\_\_

<b>INFORMATION AS REPORTED ON RECORD</b>	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)		
<b>STATEMENT OF AMENDMENTS</b>	7. ITEM NO.	8a. FACTS EXACTLY AS ON ORIGINAL RECORD			8b. CORRECT INFORMATION	
<b>WHY IS CHANGE NEEDED?</b>	9. _____					
<b>DOCUMENTS USED</b>	10. _____					
<b>OATH OF FIRST WITNESS (MUST BE 18 OR OLDER)</b>	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 _____
	12. DATE SIGNED	13. AGE OF WITNESS	14. DAYTIME TELEPHONE		15. RELATIONSHIP TO 1a.	
	16. ADDRESS OF WITNESS					NOTARY SIGNATURE _____
<b>OATH OF SECOND WITNESS (MUST BE 18 OR OLDER)</b>	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 _____
	18. DATE SIGNED	19. AGE OF WITNESS	20. DAYTIME TELEPHONE		21. RELATIONSHIP TO 1a.	
	22. ADDRESS OF WITNESS					NOTARY SIGNATURE _____