

When Recorded Mail To:
Fred Potts
1035 East Arlington Way
Bountiful, Utah 84010

Affidavit of Trustee

State of Utah)
 ss.
County of Davis)

Frederick Hogan Potts, being first duly sworn, deposes and states:

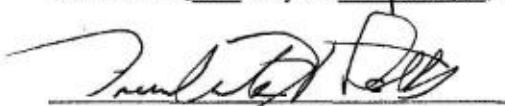
1. This Affidavit concerns certain real property located in Davis County, state of Utah, more particularly described as follows:

Lot 14, OAKRIDGE MANOR SUBDIVISION PLAT "A", according to the Official Plat thereof as recorded in the Office of the Davis County Recorder, State of Utah.

Tax ID No. 05-052-0014 (shown for informational purposes only)
the ("Property").

2. This affidavit is given to evidence the death of James R. Card, Trustee of The James R. Card and Norma R. Card Trust, UTAD April 26, 2006 ("Card Trust") and to further evidence that Frederick Hogan Potts is Trustee of the Card Trust.
3. Frederick Hogan Potts hereby certifies that James R. Card listed as Trustee of the Card Trust is one and the same person as James Russell Sr listed as decedent on the Certificate of Death attached hereto Exhibit A, and James R. Card named as a Trustee of the Card Trust, Grantee in the Quit Claim Deed recorded on the title of the Property on May 1, 2006 as Entry No. 2164564 in Book 4024 beginning at Page 73 in the Official Records in the office of the County Recorder of Davis County, State of Utah
4. By virtue of that death certificate attached hereto and recorded as part hereof and pursuant to the Trust Agreement of the Card Trust, Norma R. Card, became the Successor Trustee of the Card Trust.
5. Frederick Hogan Potts further certifies that by that certain instrument dated March 23, 2015 and titled Resignation and Consent to Appoint Frederick Hogan Potts As Trustee of The James R. Card and Norma R. Card Trust, attached hereto as Exhibit B, he was appointed as the sole Trustee of the Card Trust and has full authority to act for and convey any assets of the Card Trust.

Dated this 13 day of September, 2024.

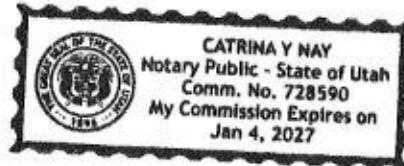

Frederick Hogan Potts, Trustee

On this 13 day of SEPTEMBER, 2024, before me, the undersigned Notary Public, personally appeared Frederick Hogan Potts, who is the Trustee of The James R. Card and Norma R. Card Trust, UTAD April 26, 2006, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged before me that he executed the same in his authorized capacity and that by his signature on the instrument he is the person who executed the instrument.

Notary Public

My commission expires:

1.4.27



3586953
BK 8584 PG 1087

EXHIBIT A

Certificate of Death of James R. Card

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2012001424

3586953
BK 8584 PG 1088

James Russel Card Sr

DECEDENT INFORMATION

Date of Death:	February 1, 2012	Time of Death:	07:20
City of Death:	Bountiful	County of Death:	Davis
Age:	77	Date of Birth:	April 15, 1934
Place of Birth:	Salt Lake City, Utah	Sex:	Male
Armed Services:	Yes	Marital Status:	Married
Spouse's Name:	Norma Benson	Usual Occupation:	Master Electrician
Industry/Business:	Electrical Industry	Education:	High School or GED
Residence:	Bountiful, Utah	Father's Name:	Alma Percy Card
Mother's Name:	Florence Klenk	Facility Type:	Home
Facility or Address:	1035 Arlington Way		

INFORMANT INFORMATION

Name:	Norma Card	Relationship:	Spouse
Mailing Address:	1035 Arlington Way, Bountiful, Utah 84010		

DISPOSITION INFORMATION

Method of Disposition:	Cremation
Place of Disposition:	Lindquist Crematory, Ogden, Utah
Date of Disposition:	February 4, 2012

FUNERAL HOME INFORMATION

Funeral Home:	Lindquist Mortuary - Bountiful
Address:	727 North 400 East, Bountiful, Utah 84010
Funeral Director:	Barry L Kelly

MEDICAL CERTIFICATION

Medical Professional:	Robert R Mohr MD, Mountainstar Primary Care, 5405 South 500 East Suite 100, Ogden, Utah 84405
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CAUSE OF DEATH

conditions incident to age
Other significant conditions: dementia
Tobacco Use: Unknown if User
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Issued: February 2, 2012



This is an exact reproduction of the document 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 and the County/District Health Officer.

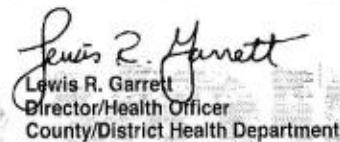


Janice L. Houston

Janice L. Houston, State Registrar
Office of Vital Statistics



* 0 6 3 3 3 7 4 8 7 *



Lewis R. Garrett
Director/Health Officer
County/District Health Department



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 DEPARTMENT OF HEALTH, OFFICE OF VITAL RECORDS AND STATISTICS, PO BOX 141012,
SALT LAKE CITY, UTAH 84114-1012. FOR SAME DAY SERVICE, PLEASE BRING COPIES AND COMPLETED
AFFIDAVIT TO OUR OFFICE AT 288 NORTH 1460 WEST, SALT LAKE CITY, UTAH.

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 are the preferred witnesses for the second signature. If no father is listed on the record, a relative of the mother may sign if s/he is of legal age. 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. Corrections to non-medical information may be made by the Funeral Home, or the informant **MUST** sign as a witness along with an immediate member of the decedent's family, or a person who is knowledgeable of the facts. Corrections to marital status must be approved and processed by the State Office of Vital Records and Statistics. Contact our office for assistance. Replacements within 90 days may be charged a replacement fee.
2. The medical information (Cause of Death) may only be corrected **WITH A MEDICAL AFFIDAVIT COMPLETED** by the certifying health care provider or the Utah Office of the Medical Examiner.

			<input type="checkbox"/> BIRTH	<input type="checkbox"/> DEATH	<input type="checkbox"/> STILLBIRTH	STATE FILE NUMBER	
LOCAL FILE NUMBER							
STATEMENT OF CORRECTIONS	NAME AS REPORTED ON REVERSE	1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME			
	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	My Commission expires _____	
				()	S		
	9. ADDRESS OF WITNESS (Street, City, State, Zip)						E
							A
							L
OATH OF SECOND WITNESS (MUST BE 18 OR OLDER)	10. RELATIONSHIP TO PERSON IN 1a: Self Parent/Guardian Spouse Funeral Director Informant Other(Specify)						
	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	My Commission expires _____	
				()	S		
	15. ADDRESS OF WITNESS (Street, City, State, Zip)						E
							A
						L	
UDOH-OVRS REV. 03/11	16. RELATIONSHIP TO PERSON IN 1a: Self Parent/Guardian Spouse Funeral Director Informant Other(Specify)						

EXHIBIT B

Resignation and Consent to Appoint Frederick Hogan Potts As Trustee of The James R. Card
and Norma R. Card Trust

RESIGNATION AND CONSENT TO APPOINT FREDERICK HOGAN POTTS AS
TRUSTEE OF THE JAMES R. AND NORMA R. CARD TRSUT

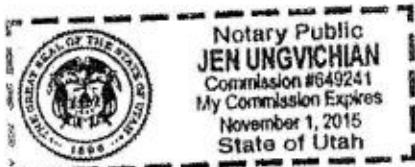
I, Norma R. Card, aka Norma Ruth Card, being of sound mind, state that I am the surviving Trustee of the JAMES R. AND NORMA R. CARD TRUST, U/A/D April 26, 2006 (the "Trust"). Pursuant to Article X of the Trust I hereby resign as Trustee of the Trust and consent to the appointment of Frederick Hogan Potts to act as Trustee of the Trust. I acknowledge that Frederick Hogan Potts is the named successor trustee to the Trust.

In the event that Frederick Hogan Potts is unable or unwilling to serve as Trustee at any time prior to my death, I will resume as Trustee of the Trust..

DATED this 23 day of March, 2015.


NORMA R. CARD

SUBSCRIBED AND SWORN to before me this 23rd day of March, 2015.




NOTARY PUBLIC

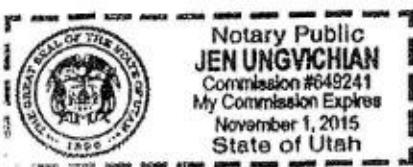
ACCEPTANCE OF APPOINTMENT AS TRUSTEE OF THE
JAMES R. AND NORMA R. CARD TRSUT

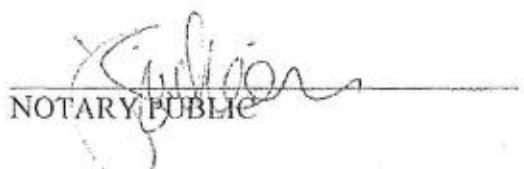
I, Frederick Hogan Potts hereby accept appointment as Trustee of the JAMES R. AND NORMA R. CARD TRUST, U/A/D April 26, 2006 (the "Trust"), and agree to faithfully carry out all duties of that office and manage the assets of the Trust as directed by the Trust.

DATED this 23rd day of March, 2015.


FREDERICK HOGAN POTTS

SUBSCRIBED AND SWORN to before me this 23rd day of March, 2015.




NOTARY PUBLIC