

WHEN RECORDED MAIL TO:
Cottonwood Title Insurance Agency, Inc.
7020 South Union Park Avenue
Midvale, UT 84047

File No.: 190682-DMF

SUCCESSOR TRUSTEE AFFIDAVIT

I, the undersigned David D. Jenkins as Successor Trustee, do hereby affirm the following:

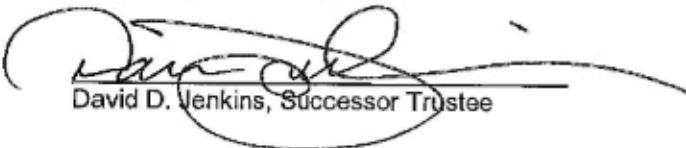
1. The copy of the trust document provided to Cottonwood Title Insurance Agency, Inc. is a true and correct copy of the trust agreement or certification of trust of The Don E. Jenkins Trust, dated the 6th day of January 2003 (the "Trust"). The Trust is in full force and effect, and it has not been revoked or terminated.
2. I was (we were) well and personally acquainted with Don E. Jenkins, a trustee named in that certain Quitclaim Deed recorded January 16, 2003 as Entry No. 1823365 in Book 3208 at Page 487 in the records of the Davis County Recorder.
3. I (we) know of my (our) own knowledge that Don E. Jenkins in the said deed and Don Earl Jenkins mentioned in the attached Certificate of Death was one and the same person.
4. Pursuant to the terms of the Trust and the successor trustee provisions therein, I (we) have been duly appointed and named as successor trustee(s) of the Trust.
5. I (we) have full power to convey title, sell, or enter into any contract pertaining to real property currently held in the Trust. Said property is located in Davis County, State of Utah (the "Property"), and is more particularly described as:

See Exhibit A attached hereto and made a part hereof

TAX ID NO.: 12-110-0152 and 12-110-0153 (for reference purposes only)

6. The Trust has not been terminated or amended in any way to restrict my (our) ability to convey title to the Property.
7. I am (we are) still the current successor trustee(s) of the Trust, and there are no new successor trustees.
8. In light of the foregoing facts, the undersigned, in consideration of the issuance by Stewart Title Guaranty Company of a policy of Title Insurance covering the said Property in the manner described, hereby promises, covenants and agrees to hold harmless, protect and indemnify Cottonwood Title Insurance Agency, Inc. and Stewart Title Guaranty Company against any liabilities, losses, damages, expenses and charges that may arise as a result of reliance on this Affidavit.

Signed this July 10, 2025


David D. Jenkins, Successor Trustee

STATE OF UTAH

COUNTY OF SALT LAKE

Subscribed and sworn to before me this July 10, 2025, by David D. Jenkins.



Notary Public

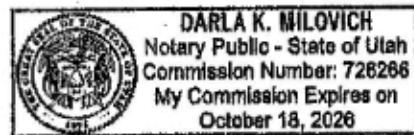


EXHIBIT A

PARCEL 1:

Beginning at a point 18 rods East and South 233 feet and East 18 feet from the Northwest corner of Section 25, Township 4 North, Range 2 West, Salt Lake Base and Meridian; thence East 442 feet; thence South 37.8 feet; thence East 99.58 feet; thence South 179.58 feet; thence East 100.42 feet; thence South 869.52 feet; thence West 642 feet; thence North 1087 feet to the point of beginning.

PARCEL 2:

Beginning at a point 18 rods East and 33 feet South from the Northwest corner of Section 25, Township 4 North, Range 2 West, Salt Lake Base and Meridian; thence East 460 feet; thence South 200 feet; thence West 442 feet, more or less, to a point 315 feet East of the North-South section line; thence South 1087 feet; thence West 18.0 feet; thence North 1287 feet to the point of beginning.

Tax Id No.: 12-110-0152 and 12-110-0153

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

3624860
BK 8787 PG 273

CERTIFICATE OF DEATH

State File Number: 2016018273

Don Earl Jenkins

DECEDENT INFORMATION

Date of Death:	December 28, 2016	Time of Death:	00:40
City of Death:	Layton	County of Death:	Davis
Age:	92	Date of Birth:	November 7, 1924
Place of Birth:	Freedom, Wyoming	Sex:	Male
Armed Services:	Yes	Marital Status:	Married
Spouse's Name:	Joyce Allred	Usual Occupation:	Electrical Engineer
Industry/Business:	Civil Service	Education:	Bachelor's Degree
Residence:	Layton, Utah	Parent or Father:	Denzil Earl Jenkins
Parent or Mother:	Laverne Hazel Haderlie	Facility Type:	Home
Facility or Address:	3071 W. Gentile		

INFORMANT INFORMATION

Name:	David D. Jenkins	Relationship:	Son
Mailing Address:	4338 W. Elk Rim Road, South Jordan, Utah 84009		

DISPOSITION INFORMATION

Method of Disposition:	Burial/Removal
Place of Disposition:	Freedom Cemetery, Freedom, Wyoming
Date of Disposition:	December 31, 2016

FUNERAL HOME INFORMATION

Funeral Home:	Lindquist Mortuary - Layton
Address:	1867 North Fairfield Road, Layton, Utah 84041
Funeral Director:	R Layton Cottrell

MEDICAL CERTIFICATION

Medical Professional:	Richard E Allen MD, St Marks Hospital, 1250 East 3900 South Suite 260, Salt Lake City, Utah 84124
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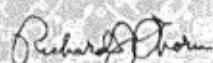
CAUSE OF DEATH

Congestive Heart Failure
Due to (or as a consequence of): Hypertension
Due to (or as a consequence of): Atherosclerotic Coronary Artery Disease
Tobacco Use: Non-user
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: December 30, 2016

Date Issued: December 30, 2016

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.



Richard J. Oborn, MPA
State Registrar



065133381


Brian Hatch
Interim Health Director



STATE OF UTAH - DEPARTMENT OF HEALTH - OFFICE OF VITAL RECORDS AND STATISTICS
3624860
AFFIDAVIT TO AMEND A RECORD

BK 8787 PG 274

Corrections to a vital record must be made by affidavit but an item on a birth record may be corrected by affidavit only once. A court order is required for subsequent changes. A court order is necessary to make any corrections to a Delayed Birth Certificate. This affidavit cannot be used to correct medical information. Please return any copies of the certificate with this affidavit completed. 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 or hand delivered.

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

Affidavit Instructions

Please print or type in black ink.

Items 1-6: Enter the facts as reported on the current vital record.
 Item 7: Enter Item number from items 1-6 that will be changed, if applicable.
 Item 8: Enter the information as stated on the original record.
 Item 8b: Enter the correct information as it should be stated on the record.
 Item 9: Enter the reason the change is necessary.
 Item 10: Enter the proofs used to support the change, if applicable. The proofs must match the asserted fact(s) exactly.
 Items 11-22: Enter witness information.

Witness Instructions

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, or a person who is knowledgeable of the facts.

BIRTH

DEATH

STILLBIRTH

STATE FILE NUMBER

NAME AS REPORTED ON REVERSE	1a. FIRST NAME			1b. MIDDLE NAME			1c. LAST NAME		
	2. SEX	3. DATE OF EVENT		4. PLACE OF OCCURRENCE (City and County)					
STATEMENT OF AMENDMENTS	5. NAME OF PARENT 1 (Maiden name if Applicable)			6. NAME OF PARENT 2 (Maiden name if Applicable)					
	7. ITEM NO.	8a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD					8b. CORRECT INFORMATION		
WHY IS CHANGE NECESSARY?	9a.								
	9b.								
DOCUMENTS USED TO AMEND RECORD	10a.								
	10b.								
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____			
	11a. SIGNATURE OF WITNESS (Must be signed in front of a Notary)			11b. PRINTED NAME OF WITNESS					
	12. DATE SIGNED		13. AGE OF WITNESS	14. DAYTIME TELEPHONE OF WITNESS	15. RELATIONSHIP OF WITNESS			State _____	
	16. ADDRESS OF WITNESS (Street, City, State, Zip)								
	County _____ S E A L								
	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____			
	17a. SIGNATURE OF WITNESS (Must be signed in front of a Notary)			17b. PRINTED NAME OF WITNESS					
	18. DATE SIGNED		19. AGE OF WITNESS	20. DAYTIME TELEPHONE OF WITNESS	21. RELATIONSHIP OF WITNESS			State _____	
	22. ADDRESS OF WITNESS (Street, City, State, Zip)								
	County _____ S E A L								