

WHEN RECORDED MAIL TO:
Cottonwood Title Insurance Agency, Inc.
950 West 800 North
Orem, UT 84057

ENT 50858:2023 PG 1 of 6
Andrea Allen
Utah County Recorder
2023 Aug 04 09:54 AM FEE 40.00 BY MG
RECORDED FOR Cottonwood Title Insurance Agency, Inc.
ELECTRONICALLY RECORDED

File No.: 158221-MYM

SUCCESSOR TRUSTEE AFFIDAVIT

The undersigned, Kathleen M. Cardwell and Carl D. Smith II as Successor Trustees, 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 of the David Evans Smith Living Trust, dated April 13, 2004 as it may have been amended, is in full force and effect, and has not been revoked or terminated.
2. We were well and personally acquainted with David E. Smith and Loretta A. Smith, trustees named in that certain Warranty Deed recorded March 31, 2009 as Entry No. 33420:2009 in the records of the Utah County Recorder, State of Utah.
3. The David Evans Smith Living Trust, dated April 13, 2004 was erroneously identified as the Dave Evans Smith Living Trust, dated April 13, 2004 in said Warranty Deed and in the Order and Judgment Quieting Title dated September 7, 2021 filed in case number 210400678 in the Fourth Judicial District Court, State of Utah.
4. We know of our own knowledge that David E. Smith in said Warranty Deed and David E. Smith mentioned in the attached Certificate of Death was one and the same person.
5. We know of our own knowledge that Loretta A. Smith in said Warranty Deed and Loretta Alice Smith mentioned in the attached Certificate of Death was one and the same person.
6. Pursuant to the terms of the trust and the successor trustee provisions therein, we have been duly appointed and named as successor trustees of the Trust.
7. 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 Utah County, State of Utah, and more particularly described as:

see Exhibit A attached hereto and made a part hereof.

**TAX ID NO.: 14-037-0164, 14-037-0165, 14-037-0167, 14-037-0169, 14-037-0170, 14-037-0172
and 14-037-0174 (for reference purposes only)**

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

Signed this 31 day of July, 2023

Signed with Stavvy:

Kathleen M. Smith Cardwell

Kathleen M. Cardwell, Successor Trustee

Signed with Stavvy:

Carl David Smith II

Carl D. Smith II, Successor Trustee

STATE OF UTAH

COUNTY OF UTAH

Subscribed and sworn to before me this July 31, 2023, by Kathleen M. Cardwell and Carl D. Smith II, Successor Trustees of the David Evans Smith Living Trust, dated April 13, 2004.

Signed with Stavvy:

Kyle Williams

Notary Public



KYLE WILLIAMS
Notary Public
State of Utah
Comm. No. 715785
My Commission Expires February 22, 2025

Notarized remotely via audio/video communication using Stavvy

EXHIBIT A**PARCEL 1:**

Beginning at a point in the center of Grove Creek, said point being East 2405.10 feet from the Northwest Corner of Section 22, Township 5 South, Range 2 East, Salt Lake Base and Meridian, Utah County, Utah and running thence East 234.91 feet; Thence South 2670.96 feet; thence West 556.52 feet to the East line of the Salt Lake Aqueduct property as deeded to The United States of America and described in a Warranty Deed in Book 545, Pages 131-148, Utah County Recorder's office; Thence northwesterly along the Arc of a 250.0 foot radius curve to the left 44.68 feet (chord bears North 35°25'18" West 44.62 feet) along said East line; Thence North 40°32'30" West 876.80 feet along said East line; thence northwesterly along the Arc of a 150.0 foot radius curve to the right 19.24 feet (chord bears North 36°52'04" West 19.23 feet) along said East line; Thence North 33°11'30" West 773.13 feet along said East line to the center of said Grove Creek; Thence North 53°41'31" East 138.89 feet along said creek; thence North 55°42'47" East 159.76 feet along said creek; Thence North 51°31'43" East 199.93 feet along said creek; Thence North 25°31'46" East 71.28 feet along said creek; Thence North 41°09'18" East 87.83 feet along said creek; Thence North 76°22'39" East 73.14 feet along said creek; Thence North 35°33'12" East 82.45 feet along said creek; Thence North 25°21'36" East 94.31 feet along said creek; Thence North 60°26'54" East 56.97 feet along said creek; Thence North 29°01'10" East 77.74 feet along said creek; Thence North 58°35'32" East 57.46 feet along said creek; Thence North 35°31'17" East 70.53 feet along said creek; Thence North 20°19'16" East 67.14 feet along said creek; Thence North 67°21'44" East 78.00 feet along said creek; Thence North 65°59'47" East 194.79 feet along said creek; Thence North 39°33'35" East 149.16 feet along said creek; thence North 45°00' East 155.56 feet along said creek; Thence North 20°33'22" East 137.43 feet along said creek to the point of beginning.

SUBJECT TO AND TOGETHER WITH the effects of that certain Boundary Line Agreement recorded November 7, 2003 as Entry No. 178135:2003 in the office of the Utah County Recorder.

LESS AND EXCEPTING therefrom any portion lying within the bounds of the following described tract of land, as disclosed by that certain Quit Claim Deed recorded March 20, 1964 as Entry No. 4235 in Book 966 at Page 496 in the office of the Utah County Recorder, to-wit:

Commencing at a point 1021.1 feet South and 882.8 feet East of the Northwest corner of Section 22, Township 5 South, Range 2 East, Salt Lake Base and Meridian; thence North 55°55' East 67.3 feet; thence South 68°23' East 220.3 feet; thence South 7°33' East 198.5 feet; thence South 44°50' West 110.9 feet; thence North 33°10' West 380.9 feet to the point of beginning.

ALSO LESS AND EXCEPTING therefrom any portion lying within the bounds of the following described tract of land, as disclosed by that certain Warranty Deed recorded May 17, 2001 as Entry No. 48485:2001 in the office of the Utah County Recorder, to-wit:

Beginning at a point on the northerly section line of Section 22, Township 5 South, Range 2 East, Salt Lake Base and Meridian, basis of bearing for this description is based on the Utah County State Plane bearing of S. 00°10'12" E., between said northwest corner and the W1/4 corner of said Section 22, as shown in that survey by Knox & Associates, Inc., for Cornerstone Group Investments, Inc., dated January 25, 2000; said point being S. 89°52'07" E., 1,020.95 feet along the section line from the northwest corner of said Section 22 and running thence S. 89°52'07" E. 1,623.60 feet, along the section line to the N1/4 corner of said Section 22; thence S. 00°37'07" E., 73.56 feet, along the quarter section line to the center line of Grove Creek; thence along the center line of said Grove Creek the following 29 courses and distances: S. 48°46'00" W., 35.07 feet; S. 65°33'06" W., 206.94 feet; S. 53°27'38" W., 36.88 feet; S. 89°16'39" W., 119.55 feet; S. 56°41'44" W., 51.37 feet; S. 83°00'21" W., 63.17 feet; S. 65°29'15" W., 71.14 feet; S. 39°55'31" W., 144.34 feet; S. 45°50'18" W., 113.10 feet; S. 81°13'21" W., 37.26 feet; S.

25°51'33" W., 84.07 feet; S. 42°47'35" W., 55.82 feet; S. 53°49'23" W., 47.93 feet; S. 29°01'10" W., 77.74 feet; S. 60°26'54" W., 56.97 feet; S. 25°21'36" W., 94.31 feet; S. 54°17'54" W., 49.20 feet; S. 11°06'03" W., 31.54 feet; S. 58°09'54" W., 53.39 feet; N. 74°51'08" W., 40.28 feet; S. 56°08'32" W., 37.96 feet; S. 21°06'12" W., 99.02 feet; S. 44°32'14" W., 74.34 feet; S. 73°14'43" W., 31.72 feet; S. 50°00'11" W., 92.17 feet; S. 04°49'18" E., 25.50 feet; S. 47°02'57" W., 66.84 feet; S. 83°49'10" W., 41.24 feet; S. 55°42'47" W., 63.92 feet to the North Utah County Water Conservancy District property as deeded in Book 966, Page 496, Utah County Records; thence along the boundary of said property the following two courses and distances: N. 07°43'12" W., 162.58 feet; N. 68°33'12" W., 185.43 feet; thence 297.44 feet along the arc of a non-tangent 156.00 foot radius curve to the left, bearing to radius point being N. 39°48'34" W. (the chord of which bears N. 04°25'50" W., 254.39 feet), having a central angle of 109°14'32"; thence 69.09 feet along the arc of a 100.00 foot radius reverse curve to the right (the chord of which bears N. 39°15'35" W., 67.72 feet) having a central angle of 39°35'02"; thence N. 19°28'04" W., 29.73 feet; thence 303.41 feet along the arc of a 428.00 foot radius curve to the left (the chord of which bears N. 39°46'36" W., 297.10 feet) having a central angle of 40°37'03"; thence N. 60°05'07" W., 60.44 feet; thence 77.42 feet along the arc of a 100.00 foot radius curve to the right (the chord of which bears N. 37°54'24" W., 75.50 feet), having a central angle of 44°21'27"; thence N. 74°16'20" E., 59.05 feet; thence N. 47°21'27" E., 127.54 feet; thence S. 56°00'08" E., 241.09 feet; thence N. 61°35'08" E., 64.81 feet; thence N. 00°07'53" E., 340.42 feet to the Point of Beginning.

ALSO LESS AND EXCEPTING therefrom any portion found to be lying within the Northeast Quarter of Section 22, Township 5 South, Range 2 East, Salt Lake Base and Meridian.

PARCEL 1A:

A nonexclusive easement and right of way, appurtenant to a portion of Parcel 1 above, for purposes of ingress and egress, as set forth and defined in that certain Corrected Easement Agreement recorded April 7, 2016 as Entry No. 29878:2016 in the office of the Utah County Recorder.

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES FINANCE AND SUPPORT **335780**
CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last, Suffix) David E. Smith		2. SEX Male	3. DATE OF DEATH (Mo., Day, Yr.) July 2, 2009
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Provo, Utah		5a. AGE-Last Birthday (Yrs.) 82	5b. UNDER 1 YEAR MOS. DAYS
7. SOCIAL SECURITY NUMBER [REDACTED]		8. DATE OF BIRTH (Mo., Day, Yr.) October 11, 1926	
9b. FACILITY-NAME (If not institution, give street and number) 2515 S. 152 Circle		8a. PLACE OF DEATH HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Hospice Facility <input type="checkbox"/> ER/Outpatient <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> DCA <input type="checkbox"/> Other (Specify)	
8b. CITY OR TOWN OF DEATH (Include Zip Code) Omaha		8c. COUNTY OF DEATH Douglas	8d. COUNTY OF DEATH Douglas
9a. RESIDENCE-STATE Nebraska	9b. COUNTY Douglas	9c. CITY OR TOWN Omaha	
9d. STREET AND NUMBER 2515 S. 152 Circle		9e. APT. NO.	9f. ZIP CODE 68144-
9g. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
10a. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown		10b. NAME OF SPOUSE (First, Middle, Last, Suffix) if wife, give maiden name. Loretta Alice Juhlin	
11. FATHER'S NAME (First, Middle, Last, Suffix) Carl David Smith		12. MOTHER'S NAME (First, Middle, Maiden Surname) Urilda Evans	
13. EVER IN U.S. ARMED FORCES? Give dates of service if yes. (Yes, no, or unk.) Yes Dates Unknown		14a. INFORMANT-NAME Kathleen Cardwell	
		14b. RELATIONSHIP TO DECEDENT Daughter	
15. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal <input type="checkbox"/> Other (Specify)		16a. EMBALMER-SIGNATURE <i>Dusty Utank</i>	16b. LICENSE NO. 1343
16c. DATE (Mo., Day, Yr.) July 10, 2009		16d. CEMETERY, CREMATORY OR OTHER LOCATION Forest Lawn Memorial Park Omaha Nebraska	
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) John A. Gentleman Mortuaries, 1010 N. 72 St, Omaha, NE			17b. Zip Code 68114

18. PART I. Enter the chain of events--diseases, injuries, or complications--that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.		APPROXIMATE INTERVAL
IMMEDIATE CAUSE: (a) gastric adenocarcinoma		onset to death months
DUE TO, OR AS A CONSEQUENCE OF: (b)		onset to death
DUE TO, OR AS A CONSEQUENCE OF: (c)		onset to death
DUE TO, OR AS A CONSEQUENCE OF: (d)		onset to death

18. PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to the death but not resulting in the underlying cause given in PART I. hypertension, hyperlipidemia		19. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
20. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		21a. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	21b. IF TRANSPORTATION INJURY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)
22a. DATE OF INJURY (Mo., Day, Yr.)		22b. TIME OF INJURY	22c. PLACE OF INJURY-At home, farm, street, factory, office building, construction site, etc. (Specify)
22d. INJURY AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	22e. DESCRIBE HOW INJURY OCCURRED		
22f. LOCATION OF INJURY - STREET & NUMBER, APT. NO.		CITY/TOWN	STATE
22g. ZIP CODE			

23a. DATE OF DEATH (Mo., Day, Yr.) 07/02/09	23b. DATE SIGNED (Mo., Day, Yr.) 07/02/09	23c. TIME OF DEATH 6:40 p m	23d. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>Travis</i>
24a. DATE SIGNED (Mo., Day, Yr.)	24b. TIME OF DEATH m	24c. PRONOUNCED DEAD (Mo., Day, Yr.)	24d. TIME PRONOUNCED DEAD m
24e. 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) stated. (Signature and Title) <i>Travis</i>			

25. DID TOBACCO USE CONTRIBUTE TO THE DEATH?	26a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED?	26b. WAS CONSENT GRANTED?
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To be completed by ADVISING PHYSICIAN ONLY

To be completed by CORONER'S PHYSICIAN or COUNTY ATTORNEY ONLY

CERTIFICATE OF DEATH

356378

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Loretta Alice Smith			2. SEX Female		3. DATE OF DEATH (Mo., Day, Yr.) October 3, 2014		
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Ogden, Utah			5a. AGE-Last Birthday (Yrs.) 77	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MINS.	6. DATE OF BIRTH (Mo., Day, Yr.) November 29, 1936	
7. SOCIAL SECURITY NUMBER [REDACTED]			8a. PLACE OF DEATH HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> ODA OTHER: <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) Assisted Living				
8b. FACILITY-NAME (If not institution, give street and number) Edgewood Vista			8c. CITY OR TOWN OF DEATH (Include Zip Code) Omaha 68130				
8d. COUNTY OF DEATH Douglas			9a. RESIDENCE-STATE Nebraska		9b. COUNTY Douglas		
9c. CITY OR TOWN Omaha			9d. STREET AND NUMBER 14921 Cedar Circle		9e. APT. NO. 9f. ZIP CODE 68144		
9g. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			10a. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown				
10b. NAME OF SPOUSE (First, Middle, Last, Suffix) If wife, give maiden name. ENT 50858:2023			PG 6 of 6				
11. FATHER'S NAME (First, Middle, Last, Suffix) Howard Juhlin			12. MOTHER'S NAME (First, Middle, Maiden Surname) Alice Andrews				
13. EVER IN U.S. ARMED FORCES? Give dates of service if yes. (Yes, no, or unk.) No			14a. INFORMANT-NAME Kathleen Cardwell		14b. RELATIONSHIP TO DECEDENT Daughter		
15. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal <input type="checkbox"/> Other (Specify)		16a. EMBALMER'S SIGNATURE 		16b. LICENSE NO. 1458		16c. DATE (Mo., Day, Yr.) October 10, 2014	
16d. CEMETERY, CREMATORY OR OTHER LOCATION Forest Lawn Memorial Park			CITY/TOWN Omaha, Nebraska		STATE		
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) John A. Gentleman Mortuaries, 1010 N. 72 St, Omaha, NE					17b. Zip Code 68114		

CAUSE OF DEATH (See instructions and examples)

18. PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.		APPROXIMATE INTERVAL
IMMEDIATE CAUSE: SEVERE ALZHEIMER'S DISEASE		onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	(a) DUE TO, OR AS A CONSEQUENCE OF:	onset to death
Sequentially list conditions, if any, leading to the cause listed on line a.	(b) DUE TO, OR AS A CONSEQUENCE OF:	onset to death
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	(c) DUE TO, OR AS A CONSEQUENCE OF:	onset to death
	(d)	

18. PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to the death but not resulting in the underlying cause given in PART I.			19. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
20. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		21a. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		21b. IF TRANSPORTATION INJURY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)
22a. DATE OF INJURY (Mo., Day, Yr.)		22b. TIME OF INJURY m	21c. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
22d. INJURY AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO		22e. DESCRIBE HOW INJURY OCCURRED		
22f. LOCATION OF INJURY - STREET & NUMBER, APT. NO. CITY/TOWN STATE ZIP CODE				

23a. DATE OF DEATH (Mo., Day, Yr.) October 3, 2014		24a. DATE SIGNED (Mo., Day, Yr.)		24b. TIME OF DEATH m	
23b. DATE SIGNED (Mo., Day, Yr.) October 7, 2014		23c. TIME OF DEATH 12:05 A m		24c. PRONOUNCED DEAD (Mo., Day, Yr.)	
23d. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) 		24d. 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) stated. (Signature and Title) 			
25. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PROBABLY <input type="checkbox"/> UNKNOWN		26a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		26b. WAS CONSENT GRANTED? Not Applicable if 26a is no <input type="checkbox"/> YES <input type="checkbox"/> NO	
27. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) ABELARDO CRUZ, MD 8901 West Dodge Road, Omaha, NE 68114					

28a. REGISTRAR'S SIGNATURE 		28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) OCT 15 2014			
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To Be Completed by CERTIFIER

To Be Completed by MEDICAL CERTIFIER ONLY

To Be Completed by CORONER'S PHYSICIAN OR COUNTY ATTORNEY ONLY