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15 OCTOBER 92 03:30 PM
KATIE L. DIXON
RECORDER, SALT LAKE COUNTY, UTAH
STEVEN D. OGDEN
7050 S 400 W MIDVALE, UT 84047
REC BY: REBECCA GRAY, DEPUTY

STATE OF UTAH)
) ss.
COUNTY OF SALT LAKE)

CERTIFICATE OF ENCUMBENCY AND ALLOCATION OF REAL PROPERTY

EDNA B. OGDEN, STEVEN DALE OGDEN and LINDA ELIZABETH CALLAWAY, hereinafter referred to as "affiants," each being first duly sworn, on oath, depose and say:

1. That affiants are over the age of 18 years and are residents of the State of Utah and California, respectively;

2. That DALE R. OGDEN, is the husband and father of affiants, respectively; that up until the date of his death, said DALE R. OGDEN was a grantor and trustee of a certain trust agreement entitled "The Dale R. Ogden Family Inter Vivos Revocable Trust Agreement" which was dated and signed October 5, 1979; that DALE R. OGDEN died on February 9, 1992, at 2051 So. Tonaquint Drive, St. George, Utah; that DALE R. OGDEN conveyed an interest in the below described real property into the above-mentioned Trust (said conveyance made with a Quit Claim Deed being dated and signed August 20, 1991, and notarized August 21, 1991, and recorded September 6, 1991, in Book 6353 of deeds, Page 2318, Entry No. 5122654, Salt Lake County Recorder's Office); that

DALE ROSS OGDEN named as the deceased in the certified copy of the death certificate hereto attached, incorporated herewith, and expressly made a part hereof, was one and the same

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person as the DALE R. OGDEN named in said conveyance above referred to, and was the husband and father of affiants, and was a grantor and trustee of the above-mentioned trust;

3. That by reason of the death of said DALE R. OGDEN, and pursuant to paragraph A., of Article VIII of said Trust Agreement, the affiant EDNA B. OGDEN has become the trustee of the "Marital Portion" of said Dale R. Ogden Family Trust, and the affiants STEVEN DALE OGDEN and LINDA ELIZABETH CALLAWAY have become the trustees of the "Family Portion" of said Trust;

4. That affiants do hereby accept to serve in said capacity as trustees of said Trust; and that by reason of the death of said DALE R. OGDEN, and the terms of said Trust Agreement, affiants as trustees, and with the power and authority vested in them by reason of said Trust, do allocate the below described property to the Marital Portion of said Trust Agreement as follows:

The below described property shall be allocated to the Marital Portion (i.e., EDNA B. OGDEN, trustee of the Marital Portion of the Dale R. Ogden Family Trust dated October 5, 1979).

5. That said above-mentioned real property being situate in the County of Salt Lake, State of Utah and being more particularly described as follows:

Beginning on center line of a proposed North-South Road at a point South 399.15 feet and West 202.20 feet from South Quarter Corner of Section 24, Township 2 South, Range 1 West, Salt Lake Base and Meridian, and running thence West 264.87 feet to the East right of way line of I-15 freeway; thence North 15°17'40" East 188.12 feet; thence East 215.25 feet to the center line of said proposed road, thence South 181.46 feet to point of beginning.

6. That title to the properties belonging to said Trust is now duly vested in affiant, EDNA B. OGDEN, as trustee, according to the allocations set forth in this affidavit, and that said Trust, incorporated herein by reference and expressly made a part hereof by this reference, is in full force and effect at this time, and that all trustee's powers enumerated therein for the administration and disposition of assets belonging to said Trust shall be exercised by said affiants, as trustees, in accordance with the terms of said Trust.

7. We declare under the penalty of perjury that the foregoing is true and correct.

Executed on the 8th day of October, 1992, at Salt Lake City, Utah.

Edna B. Ogden
EDNA B. OGDEN

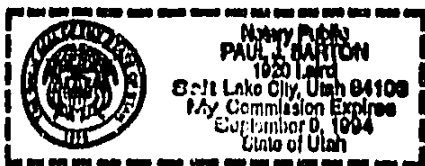
Steven Dale Ogden
STEVEN DALE OGDEN

Linda Elizabeth Callaway
LINDA ELIZABETH CALLAWAY

STATE OF UTAH)
) ss.
COUNTY OF SALT LAKE)

On this 8th day of October, 1992, personally appeared before me EDNA B. OGDEN and STEVEN DALE OGDEN, who acknowledged to me that they executed the foregoing instrument as their free act and deed and who did state that all the foregoing is a truthful statement given under oath.

Paul J. Marton
Notary Public



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STATE OF UTAH - DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

LOCAL FILE NUMBER 27-49		STATE FILE NUMBER	
1 NAME OF DECEDENT: FIRST DALE , MIDDLE ROSS , LAST OGDEN		2 SEX male	3a DATE OF DEATH (Mo Day Yr) February 9, 1992
4 DATE OF BIRTH (Mo Day Yr) Nov. 7, 1919		5 AGE (In full years) 72	6 TIME OF DEATH (24 hr) 02:00
7a PLACE OF DEATH (Check any one): <input type="checkbox"/> Hospital <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other		8 BIRTHPLACE (City & State or Foreign Country) Richfield, Utah	
9a CITY, TOWN OR LOCATION OF DEATH St. George		9b NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location) 2051 South Tonquint Drive	
10a PLACE OF DEATH Washington		10b SURVIVING SPOUSE (If wid, give maiden name) Edna Brox	
11 MARRIAGE STATUS: <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		12a DECEDENT'S USUAL OCCUPATION (One kind of work done during most of working life. Do NOT use retired) Owner/Operator	
12b KIND OF BUSINESS OR INDUSTRY Carpet Business		13a RESIDENCE - STREET AND NUMBER 2051 South Tonquint Drive	
13b CITY, TOWN OR COMMUNITY St. George		13c COUNTY Washington	
13d STATE Utah		14 WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
15 RACE: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Am Indian (Type may be mixed), Japanese, etc. (Specify) white		16 EDUCATION (Specify any highest grade completed: Elementary or Secondary (9-12); College (13-16 or 17+)) 13	
17 FATHER'S NAME (First, Middle, Last) Walter Marsh Ogden		18 MOTHER'S NAME (First, Middle, Last) Mary Olive Ross	
19 NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Edna D. Ogden (wife) 2051 South Tonquint Drive - St. George, Utah 84770			
20 METHOD OF DISPOSITION: <input type="checkbox"/> Entombment <input type="checkbox"/> Donation <input type="checkbox"/> Other		21a DATE OF INTERMENT Feb. 13, 1992	
21b PLACE OF DISPOSITION (Name of cemetery, church, or other place) Richfield City Cemetery		21c LOCATION (City or Town, State) Richfield, Utah	
22 SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>		23 LICENSE NUMBER 353	
24 DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 1/10/92		25 FURNERAL HOME (Name, address and license number) METCALF MORTUARY #70 288 West St. George Blvd. St. George, Utah 84770	
27a. CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input checked="" type="checkbox"/> MEDICAL EXAMINER/LAW ENFORCEMENT OFFICIAL On the basis of examination body and history, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner as stated.			
27b. SIGNATURE AND TITLE OF CERTIFYING PHYSICIAN <i>[Signature]</i>		27c. LICENSE NUMBER 7448	
27d. DATE SIGNED (Mo, Day, Yr) 2/10/92		28 NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 51) (If person) Phillip C. McNeill M.D. - 544 South 300 East - St. George, Utah 84770	
28 SIGNATURE <i>[Signature]</i>		29 REGISTERED (Month, Day, Year) FEB 11 1992	
31 PART I - IMMEDIATE CAUSE OF DEATH: DISEASE, INJURY, OR OCCUPATION THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CHOKING OR RESPIRATORY ARREST, SMOKE OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) METASTATIC MERKEL CELL TUMOR (TO ABDOMEN) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST MERKEL CELL TUMOR			
32 PART II - Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.			
33 MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined if Injured <input type="checkbox"/> Pending Investigation		34a. DATE OF INJURY (Month, Day, Year)	
34b. LOCATION (Street or rural route number, city or town, county and state)		34c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34d. DESCRIBE HOW INJURY OCCURRED (Brief sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 51)		34e. PLACE OF INJURY (Home, farm, street, factory, etc. building or location)	

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 20-2-22 of the Utah Code Annotated, 1953 As Amended.

Date issued: **FEB 13 1992**
 County: **Washington**
 Registrar: **William Coffman**
 LL 700199

John E. Brockert
 DIRECTOR OF VITAL STATISTICS

