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Ent 806184 Bk 724 Pg 424  
Date: 24-JUN-2010 11:00:43AM  
Fee: \$24.00 Check  
Filed By: VB  
VIKKI BARNETT, Recorder  
CARBON COUNTY CORPORATION  
For: WILLIAM PRATER LLC

WHEN RECORDED, RETURN TO:

David Spatafore  
1122 Gilmer Drive  
Salt Lake City, Utah 84105

**AFFIDAVIT**

STATE OF UTAH )  
 )  
 :SS  
COUNTY OF SALT LAKE )

Affiant, DAVID SPATAFORE, being sworn, states that:

1. Pursuant to that certain Quit-Claim Deed dated June 16, 2003, which was recorded on July 8, 2003 in the Office of the County Recorder for Carbon County, State of Utah in Book No. 539 at Page 139, MARY EAQUINTA, CORINDA EAQUINTA (also known as "Carinda Eaquina"), GRACE M. KEELE, DAVID JOHN SPATAFORE, ROBERT J. SPATAFORE and JOHN A. SPATAFORE became the owners, as joint tenants, in and to the parcels of real property in Carbon County, State of Utah (the "Property") more particularly described on Exhibit "A" which is attached hereto and incorporated herein by this reference.

2. MARY EAQUINTA died on June 28, 2003. Attached hereto as Exhibit "B" is a Certificate of Death relating to MARY EAQUINTA.

3. CORINDA EAQUINTA died on November 17, 2008. Attached hereto as Exhibit "C" is a Certificate of Death relating to CORINDA EAQUINTA.

4. At the time of the death CORDINA EAQUINTA, the Property was owned by GRACE M. KEELE, DAVID JOHN SPATAFORE, ROBERT J. SPATAFORE and JOHN A. SPATAFORE as joint tenants.

5. On January 21, 2009, GRACE M. KEELE executed that certain Quit-Claim Deed by which she conveyed to herself, as a tenant in common, her interest in the Property. Said Quit-Claim Deed was recorded on January 21, 2009 in the Office of the County Recorder for Carbon County, State of Utah in Book 690 at Page 53. As a result of said Quit-Claim Deed, GRACE M. KEELE became the owner of an undivided twenty-five percent (25%) interest (the "Twenty-Five Percent Interest") in the Property and the remaining undivided seventy-five percent (75%) interest (the "Seventy-Five Percent Interest") in the Property was held by DAVID JOHN SPATAFORE, ROBERT J. SPATAFORE and JOHN A. SPATAFORE as joint tenants.

6. ROBERT J. SPATAFORE died on February 8, 2010. Attached hereto as Exhibit "D" is a Certificate of Death relating to ROBERT J. SPATAFORE.

7. By reason of ROBERT J. SPATAFORE's death, DAVID JOHN SPATAFORE and JOHN A. SPATAFORE became the owners of the Seventy-Five Percent Interest in the Property as joint tenants. (GRACE M KEELE did not succeed to any portion of the Seventy-Five Percent Interest by reason of the death of ROBERT J. SPATAFORE because she was no longer a joint tenant with respect to the Seventy-Five Percent Interest when ROBERT J. SPATAFORE died.)

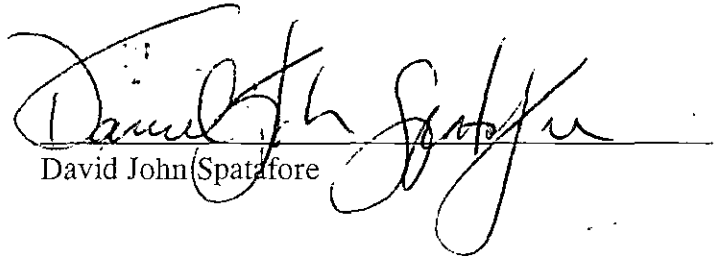
8. On April 30, 2010, JOHN A. SPATAFORE executed that certain Quit-Claim Deed by which he conveyed to GRACE M. KEELE his interest in the Property. Said Quit-Claim Deed was recorded on May 4, 2010 in the Office of the County Recorder for Carbon County, State of Utah in Book 721 at Page 444. The interest conveyed by JOHN A. SPATAFORE pursuant to that Quit-Claim Deed was one-half of the Seventy-Five Percent Interest in the Property

9. As a result of the foregoing:

(a) **GRACE M. KEELE** now owns a **sixty-two and one-half percent (62.5%) undivided interest** in the Property (consisting of the 25% undivided interest conveyed to her under the Quit-Claim Deed dated January 21, 2009 plus the 37.4% undivided interest conveyed to her under the Quit-Claim Deed dated April 30, 2010; and

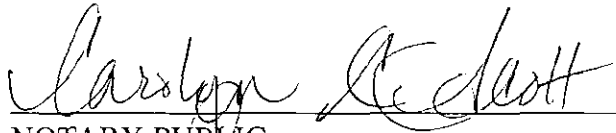
(b) **DAVID JOHN SPATAFORE** now owns a **thirty-seven and one half percent (37.5%) undivided interest** in the Property.

DATED this 22<sup>ND</sup> day of June, 2010.

  
David John Spatafore

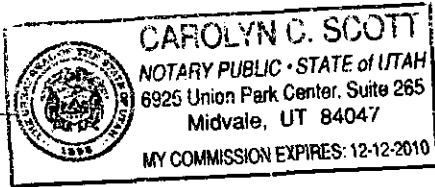
STATE OF UTAH )  
 : SS.  
COUNTY OF SALT LAKE )

On the 22<sup>nd</sup> day of June, 2010, before me, the undersigned Notary, personally appeared DAVID JOHN SPATAFORE, who is personally known to me or who proved to me his identity through documentary evidence to be the person who signed the preceding document in my presence and who swore to me that his signature is voluntary and the document truthful.

  
\_\_\_\_\_  
NOTARY PUBLIC  
Residing at: Salt Lake County, Utah

My Commission Expires:

9072\AFFIDAVIT



**EXHIBIT "A"**

**Property Description**

The following described property is located in Carbon County, State of Utah:

**Parcel No. 1 - APN: 2A-025-0100**

<sup>110</sup>  
Beginning 135 feet North and 344 feet West of the Southeast corner of the Northeast quarter of the Southeast quarter of Section 4, Township 12 South, Range 7 East, Salt Lake Meridian; thence South 17°19' East 70 feet; thence South 57°35' West 70 feet; thence North 57°35' East 40 feet to the point of beginning.

**Parcel No. 2 - APN: 02-0354-0000**

The East ½ of the Northwest quarter; the West ½ of the Northeast quarter; the Northeast quarter of the Southwest quarter; the Northwest quarter of the Southeast quarter of Section 26, Township 13 South, Range 9 East, Salt Lake Meridian; less right of way to UP&L Co. Approximately 236.57 acres.

**Parcel No. 3 - 02-0140-0000**

The East ½ of the Southwest quarter of Section 23, township 13 South, Range 9 East, Salt Lake Meridian. Approximately 80 acres.

# STATE OF UTAH — DEPARTMENT OF HEALTH

## STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Access to information on this form is limited under the Utah Statistics Act and Rules.

LOCAL FILE NUMBER 04-150

STATE FILE NUMBER

1. NAME OF DECEDENT FIRST: MARY, MIDDLE: THRESSA, LAST: EAQUINTA			2. SEX FEMALE		3a. DATE OF DEATH (Mo., Day, Yr.) JUNE 28, 2003		3b. TIME OF DEATH (24 hr. clock) 23:15	
4. DATE OF BIRTH (Mo., Day, Yr.) JUNE 26, 1910			5. AGE - Last Birthday 93		6. BIRTHPLACE (City & State or Foreign Country) SUNNYSIDE, UTAH		7. SOCIAL SECURITY NUMBER 283-16-9319	
8a. PLACE OF DEATH (check only one) <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA					8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) 321 SOUTH 100 WEST			
8c. CITY, TOWN, OR LOCATION OF DEATH HELPER					8d. COUNTY OF DEATH CARBON		9. SURVIVING SPOUSE (if wife, give maiden name)	
10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No			11. MARITAL STATUS (if yes, Specify) <input checked="" type="checkbox"/> 1. Never Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 2. Married <input type="checkbox"/> 4. Divorced		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired) HOTEL MANAGER		12b. KIND OF BUSINESS OR INDUSTRY La SALLE HOTEL	
13a. RESIDENCE - STREET AND NUMBER 321 SOUTH 100 WEST				13b. CITY, TOWN OR COMMUNITY HELPER		13c. COUNTY CARBON		13d. STATE UTAH
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		13f. ZIP CODE 84526		14. WAS DECEDENT OF HISPANIC ORIGIN? (if yes, Specify) <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No <input type="checkbox"/> 3. Mexican <input type="checkbox"/> 4. Cuban <input type="checkbox"/> 5. Puerto Rican <input type="checkbox"/> 6. Other (Specify)		15. RACE - Black, White, Am. Indian (10b may be entered), Japanese, etc. (Specify) WHITE		16. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17+) 12
17. FATHER'S NAME (First, Middle, Last) GIAVONNI EAQUINTA				18. MAIDEN NAME OF MOTHER (First, Middle, Last) SAVERIA GALLO				
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT CARINDA EAQUINTA (SISTER) 321 SOUTH 100 WEST HELPER, UTAH 84526								
20. METHOD OF DISPOSITION <input type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other <input checked="" type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal			21a. DATE OF DISPOSITION JULY 2, 2003		21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) PRICE CITY CEMETERY		21c. LOCATION - City or Town, State PRICE, UTAH	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Robert E. Esch</i>			23. LICENSEE NUMBER 93-116432		24. FUNERAL HOME (Name and address) MITCHELL FUNERAL HOME #72 P.O. BOX 490 PRICE, UTAH 84501			
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 6/12/03			25. If not certified by medical examiner, was death reported to M.E.? (if yes, enter the date and hour reported) <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No M.E. CASE NO _____ HR _____ MO _____ DAY _____ YEAR _____			26. If not certified by medical examiner, was death reported to M.E.? (if yes, enter the date and hour reported) <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No P.O. BOX 490 PRICE, UTAH 84501		
27a. CERTIFIER <input checked="" type="checkbox"/> 1. 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 type="checkbox"/> 2. MEDICAL EXAMINER/LAW ENFORCEMENT OFFICIAL: On the basis of examination and/or investigation, 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 CERTIFIER <i>Daniel M. Monahan M.D.</i>			27c. LICENSE NUMBER 342941-1205		27d. DATE SIGNED (Month, Day, Year) 6/31/03			
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print) DANIEL MONAHAN M.D. 280 NORTH HOSPITAL DRIVE SUITE 5, PRICE, UTAH 84501								
29. REGISTRAR'S SIGNATURE <i>D. D. Snyger</i>			30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)		30b. DATE FILED (Mo., Day, Yr.) JULY 1, 2003			
31. PART I. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.  IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <u>Alzheimer's Disease</u> DUE TO (OR AS A CONSEQUENCE OF):  b. _____ DUE TO (OR AS A CONSEQUENCE OF):  c. _____ DUE TO (OR AS A CONSEQUENCE OF):  d. _____  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST  PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I <u>CHF Hypertension</u> <u>CAD</u>								
32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: <input type="checkbox"/> 1. Probably contributed to the cause of death. <input type="checkbox"/> 2. Was the underlying cause of death. <input type="checkbox"/> 3. Did not contribute to the cause of death. <input type="checkbox"/> 4. Is unknown in relation to the cause of death.			32a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		32b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			
34. MANNER OF DEATH <input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Undetermined if injured Purposely or Accidently <input type="checkbox"/> 6. Pending Investigation			35a. DATE OF INJURY (Mo., Day, Yr.)		35b. TIME OF INJURY (24 Hour Clock) <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		35c. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
35d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (specify)			35e. LOCATION (Street or rural route number, city or town, county and state.)					
35f. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY should be entered in item 31)								

USE PERMANENT BLACK INK

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 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued: **JUL 01 2003**

County: **CARBON COUNTY**

Registrar: *D. D. Snyger*

*Barry E Nangle*

Barry E. Nangle  
DIRECTOR OF VITAL RECORDS

By *[Signature]*  
DEPUTY REGISTRAR



SDH-BVRHS 95 (9/96)

LL 1099809

Ent 806184 Bk 0724 Pg 0428

STATE OF UTAH  
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2008012986

Carinda Eaquinta

DECEDENT INFORMATION

Date of Death: November 17, 2008  
City of Death: Helper  
Age: 87  
Place of Birth: Helper, Utah  
Armed Services: No  
Spouse's Name:  
Industry/Business: LaSalle Cafe  
Residence: Helper, Utah  
Mother's Name: Saveria Gallo  
Facility or Address: 321 South 100 West  
Time of Death: 17:50 (Found)  
County of Death: Carbon  
Date of Birth: September 19, 1921  
Sex: Female  
Marital Status: Never Married  
Usual Occupation: Cook  
Education: High School or GED  
Father's Name: Giavonni Eaquinta  
Facility Type: Home

INFORMANT INFORMATION

Name: David Spatafore  
Mailing Address: 1122 Gilmer Drive, Salt Lake City, Utah 84105  
Relationship: Nephew

DISPOSITION INFORMATION

Method of Disposition: Burial  
Place of Disposition: Price City Cemetery, Price, Utah  
Date of Disposition: November 22, 2008

FUNERAL HOME INFORMATION

Funeral Home: Mitchell Funeral Home  
Address: 233 East Main Street, Price, Utah 84501  
Funeral Director: Robert T. Etzel

MEDICAL CERTIFICATION

Certifying Physician: Glori Allen MD, 300 North Hospital Drive, Price, Utah 84501

CAUSE OF DEATH

Extreme age  
Diabetes  
Cardiovascular disease  
Tobacco Use: Unknown if User  
Medical Examiner Contacted: No  
Autopsy Performed: No  
Manner of Death: Natural

Date Issued: November 19, 2008

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.

Barry E. Nangle

Barry E. Nangle, State Registrar  
Office of Vital Statistics

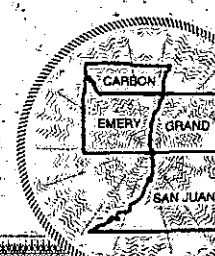
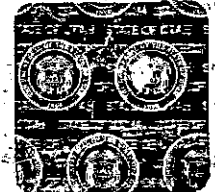


\*061650151\*

David Cunningham

Director/Health Officer  
Carbon County Health Department

Ent 806184 Bk 0724 Pg 0429



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO HEALTH SYSTEM SAN MATEO, CALIFORNIA

CERTIFICATE OF DEATH

3201041000481

Form with sections: DECEASED'S PERSONAL DATA, USUAL RESIDENCE, INFORMANT, SPOUSE/PARENT INFORMATION, FUNERAL DIRECTORY, PLACE OF DEATH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, CORONER'S USE ONLY.

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } COUNTY OF SAN MATEO

DATE ISSUED

FEB 11 2010

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH SYSTEM.

Signature of Scott Morrow, M.D., Health Officer and Registrar

Barcode and number \*000614259\*

This cert Ent 806184 Bk 0724 Pg 0430

Health Officer.

