

AFFIDAVIT ESTABLISHING ALLOCATION PROPERTY TO FAMILY TRUST

STATE OF UTAH)
 : ss.
County of Cache)

Ent **817010** Bk **1210** Pg **208**

Date 17-Mar-2003 3:49PM Fee \$25.00

Michael Gleed, Rec. - Filed By SA

Cache County, UT

For OLSON & HOGGAN

L. BRENT HOGGAN, being first duly sworn on oath, deposes and says:

1. That he is a resident of North Logan, Cache County, Utah, over the age of twenty-one (21) years and makes the statements hereinafter set forth based upon his personal knowledge.

2. He is an attorney licensed to practice law in the State of Utah.

3. He was the attorney for Vernon D. Bankhead during his lifetime.

4. Vernon D. Bankhead died on February 17, 2003. A certified copy of the Death Certificate for James Vernon Danielson Bankhead is attached to this Affidavit and made a part hereof. James Vernon Danielson Bankhead named in said Certificate of Death, Local File No. 08-032, and Vernon D. Bankhead who is one of the subjects of this Affidavit are one in the same person.

5. On March 19, 1981, Vernon D. Bankhead created the Vernon D. Bankhead Revocable Trust (the Trust) and declared himself the Trustee thereof.

6. By the terms of the Trust as amended, upon the death of Vernon D. Bankhead, the property subject of the Trust is to be allocated to separate trusts designated as The Bankhead Family Trust and The Bankhead Marital Trust.

7. The property subject of the Trust is located in Cache County, Utah and described on Exhibit "A" attached hereto and by reference made apart hereof.

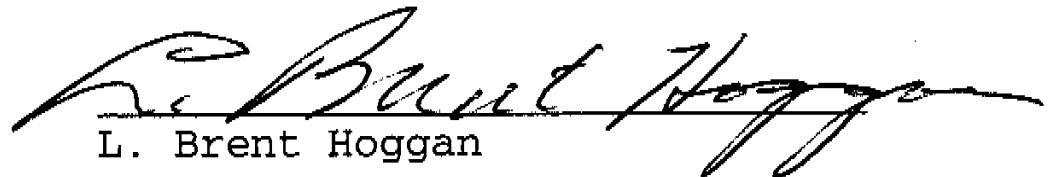
8. Pursuant to amend Affidavit by Affiant recorded January 30, 2003 in Book 1191, at Page 946 of the records of the Cache County Utah Recorder, David G. Bankhead and Evelyn B. Wright are the duly appointed, qualified and acting Trustees of the Trust.

9. David G. Bankhead and Evelyn B. Wright, as Trustees of the Trust have allocated the property described on Exhibit "A" hereto to the Bankhead Family Trust.

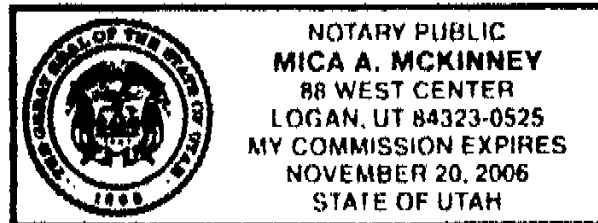
10. By reason of the foregoing, title to the real property described on Exhibit "A" hereto is now vested in David G. Bankhead and Evelyn B. Wright, as Trustees of The Bankhead Family Trust.

12. The address of the said Trustee is 191 West 900 South, Wellsville, Utah 84339.

DATED this 17th day of March, 2003.


L. Brent Hoggan

SUBSCRIBED AND SWORN to before me this 17th day of March, 2003.




Notary Public

LBH/estate
bankhead.vernon aff all prop
N-423

EXHIBIT "A"

An undivided one-half (1/2) interest in and to the following described real property in Cache County, Utah:

Parcel 1:

Beginning at a point 14.65 chains North of a point 19.47 chains East of the Southwest corner of the Northwest Quarter of Section 11, Township 10 North, Range 1 West of the Salt Lake Meridian, and running thence South 85°50' East 220 feet; thence North 3°10' East 10.50 chains; thence North 85°50' West 220 feet; thence South 3°10' West 10.50 chains to beginning, containing 3.50 acres more or less. (10-041-0021)

Parcel 2:

Lots 1, 2, 7 and 8 and fractional Lots 9 and 10, Block 37, Plat "B" of Wellsville City Survey. ALSO, beginning 334.5 feet South of the Northwest corner of said Block 37, and running thence East 20 rods; thence South 150.5 feet; thence West 20 rods; thence North 150.5 feet to beginning, and situate in the Northeast Quarter of Section 10, Township 10 North, Range 1 West of the Salt Lake Meridian, containing approximately 6.44 acres. (10-038-0043)

Parcel 3:

All of Lot 6, Block 37, Plat "B" of Wellsville City Survey. ALSO, beginning at the Northwest corner of Lot 5, and running thence South 98 feet; thence East 213 feet; thence North 94 feet; thence West 213 feet to beginning, and situate in the Northeast Quarter of Section 10, Township 10 North, Range 1 West of the Salt Lake Meridian. (10-038-0046)

Parcel 4:

Lots 4 and 5, Block 35, Plat "B" of Wellsville City Survey. LESS: Beginning at the Northwest corner of Lot 5, and running thence East 150 feet; thence South 150 feet; thence West 150 feet; thence North 150 feet to beginning. Net 1.98 acres more or less. (10-038-0037).

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Parcel 5:

Beginning at the Northeast corner of the Southwest Quarter of Section 10, Township 10 North, Range 1 West of the Salt Lake Meridian, and running thence West 15 rods; thence Southerly along county road 80 rods; thence East 16 rods; thence North 80 rods to beginning, containing 7.75 acres, less 0.28 acres to U.S., net 7.47 acres. ALSO, beginning at a point on the Quarter Section line 23 rods 13 feet South of the Northeast corner of the Southeast Quarter of the Southwest Quarter of said Section 10, and running thence North 23 rods 13 feet; thence West 14 rods; thence Southeasterly along the county road 27 rods 10 feet to beginning, containing 1.05 acres, less 0.10 acres to S.C. Water Association, net 0.95 acres. Containing a total of 8.42 acres. (10-039-0004)

Parcel 6:

Beginning at the Northwest corner of the Southeast Quarter of Section 10, Township 10 North, Range 1 West of the Salt Lake Meridian, and running thence East 130 rods; thence South 80 rods; thence West 130 rods; thence North 80 rods to beginning, containing 65 acres, LESS right-of-way for USA Canal and to State Road, net 54.51 acres, LESS parcel to Utah Power & Light 0014 0.546 acre, net 53.96 acres, LESS additional lands to UDOT containing 2.91 acres, LESS parcel 10-040-0017 described as follows: Beginning 22.88 feet West of a point by record 212 feet West and 952.69 feet South $32^{\circ}30'$ West by record from the East Quarter corner of said Section 10, and running thence South $32^{\circ}49'42''$ West 371.86 feet; thence North $82^{\circ}51'57''$ West 63.08 feet; thence North $18^{\circ}33'37''$ West 347.37 feet; thence South $86^{\circ}48'10''$ East 377.56 feet to beginning, containing 1.63 acres. Also, beginning 2168 feet North and 30 rods West of the Southeast corner of said Section, and running thence North 260 feet to center line of canal; thence Northeasterly along canal to the West line of highway; thence Southwesterly along highway to beginning, containing 0.48 acres. Containing 50.50 acres more or less. (10-040-0001)

Parcel 7:

Lots 1, 3, 6, 7, 8, and Fractional Lot 9, Block 35, Plat "B" Wellsville City Survey. LESS: Beginning at the Northeast corner of Lot 6, said Block; thence South 200 feet; thence West 100 feet; thence North 200 feet; thence East 100 feet to beginning. LESS: Beginning at the Southeast corner of Block 35; thence North 200 feet; thence West 330 feet; thence South 200 feet; thence East 330 feet to beginning. Net 5.26 acres more or less. (10-038-0036)

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Parcel 8:

Beginning 3.14 chains South $85^{\circ}50'$ East of a point 4.16 chains South of the Northeast corner of the West Half of the Northwest Quarter of Section 11, Township 10 North, Range 1 West of the Salt Lake Meridian, and running thence South $85^{\circ}50'$ East 5 chains; thence South $3^{\circ}10'$ West 10.51 chains; thence North $85^{\circ}50'$ West 5 chains; thence North $3^{\circ}10'$ East 10.5 chains to beginning, containing 5.25 acres. (10-041-0010)

Water Rights:

170 acre-feet in the Wellsville Mendon Water District.
8.25 shares of water in the Wellsville Irrigation Company.

STATE OF UTAH DEPARTMENT OF HEALTH

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. NAME OF DECEDENT JAMES VERNON DANIELSON BANKHEAD		2. SEX MALE	3a. DATE OF DEATH (Mo., Day, Yr.) FEBRUARY 17, 2003
4. DATE OF BIRTH (Mo., Day, Yr.) DEC. 25, 1914		5. AGE - Last Birthday 88	6. BIRTHPLACE (City & State or Foreign Country) WELLSVILLE, UTAH
7. SOCIAL SECURITY NUMBER 529-14-5135		8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location) 550 NORTH 20 WEST	
8a. PLACE OF DEATH (check only one) <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA <input type="checkbox"/> 4. Nursing Home <input type="checkbox"/> 5. Residence (any) <input checked="" type="checkbox"/> 6. Other (specify) 550 NORTH 20 WEST		8c. CITY, TOWN, OR LOCATION OF DEATH FERRON	
8d. COUNTY OF DEATH EMERY		8e. SURVIVING SPOUSE (If wife, give maiden name) RUTH VIOLA GIFFEN	
10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		11. MARITAL STATUS <input type="checkbox"/> 1. Never Married <input type="checkbox"/> 3. Widowed <input checked="" 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) FARMER		12b. KIND OF BUSINESS OR INDUSTRY DAIRY	
13a. RESIDENCE - STREET AND NUMBER 830 SOUTH CENTER		13b. CITY, TOWN OR COMMUNITY WELLSVILLE	13c. COUNTY CACHE
13d. STATE UTAH		13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
13f. ZIP CODE 84339		14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify) <input type="checkbox"/> 1. Mexican <input type="checkbox"/> 2. Cuban <input type="checkbox"/> 3. Puerto Rican <input type="checkbox"/> 4. Other (Specify)	
15. RACE - Black, White, Am. Indian (tribe may be entered), Japanese, etc. (Specify) WHITE		16. EDUCATION (specify only highest grade completed) Elementary or Secondary (10-12) College (13-16 or 17+) 14	
17. FATHER'S NAME (First, Middle, Last) JAMES HASLAM BANKHEAD		18. MAIDEN NAME OF MOTHER (First, Middle, Last) ROSE CLARA DANIELSON	
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT RUTH BANKHEAD (WIFE) 830 SOUTH CENTER, WELLSVILLE, UTAH 84339			
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 FEB. 22, 2003	21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) WELLSVILLE CEMETERY
21c. LOCATION - City or Town, State WELLSVILLE, UTAH		22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Jason R. Allen</i>	
23. LICENSEE NUMBER 104792		24. FUNERAL HOME (Name and address) ALLEN-HALL MORTUARY	
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 1/22/03		26. If not certified by medical examiner, was death reported to M.E.? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No If yes, enter the date and hour reported. M.E. CASE NO. _____ HR. _____ MO. _____ DAY _____ YEAR _____	
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>Scott Hardy</i>	
27c. LICENSE NUMBER 98-136202-1204		27d. DATE SIGNED (Month, Day, Year) FEBRUARY 19, 2003	
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print) SCOTT HARDY D.O. P.O. BOX 607, CASTLE DALE, UTAH 84513			
29. REGISTRAR'S SIGNATURE <i>D. D. Simpson</i>		30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)	30b. DATE FILED (Mo., Day, Yr.) FEB 19 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. Congestive Heart Failure b. Diabetes Mellitus c. _____ 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 Alzheimer's Dementia Prostate Cancer			
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.		33a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	33b. 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 <input type="checkbox"/> 6. Pending Investigation		35a. DATE OF INJURY (Mo., Day, Yr.)	35b. TIME OF INJURY (24 Hour Clock)
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. If motor vehicle accident specify if decedent was driver, passenger or pedestrian.			
35g. 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

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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 of Issue **FEB 19 2003**

County *D. D. Simpson*

Registrar Health Director

LL 1098852

Barry E Nangle

Barry E. Nangle

DIRECTOR OF VITAL RECORDS

By *[Signature]*
DEPUTY REGISTRAR



* 0 1 0 9 8 8 5 2 *

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES. ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.

