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8671493
WHEN RECORDED, RETURN TO:

McKay Marsden, Esq.
4 Triad Center, Suite 400
Salt Lake City, Utah 84180

Parcel Identification Number: 16-05-402-015-0000

8671493
06/02/2003 09:47 AM 14.00
Book - 8809 Pg - 1687-1689
GARY W. OTT
RECORDER, SALT LAKE COUNTY, UTAH
MCKAY MARSDEN
4 TRIAD CENTER STE 400
SLC UT 84180
BY: ZJM, DEPUTY - MA 3 P.

QUITCLAIM DEED

Recitals

A. L. Paul Herrick established The L. Paul Herrick Living Trust by entering into a trust agreement dated March 11, 1991 (the "Original Trust Agreement"). L. Paul Herrick and Julie P. Herrick were the existing trustees of record of the Original Trust Agreement. L. Paul Herrick subsequently amended and restated the Original Trust Agreement on November 30, 1999 and in January of 2002.

B. Julie P. Herrick is the existing trustee of record of the Original Trust Agreement, under agreement dated March 11, 1991, as amended in January of 2002. (Previous to the January 2002 amendment and restatement of the Original Trust Agreement, L. Paul Herrick was also an existing trustee of record.)

C. On February 2, 2003, L. Paul Herrick passed away.

D. Pursuant to the terms of the Original Trust Agreement, as amended, upon the death of L. Paul Herrick, The Herrick Family Trust was formed, with Julie P. Herrick as trustee.

QUITCLAIM

THIS QUITCLAIM DEED is given by Julie P. Herrick as trustee of The L. Paul Herrick Living Trust by entering into a trust agreement dated March 11, 1991, as amended, with an address of 2636 Nottingham Way, Salt Lake City, Utah 84108 ("Grantor"), to **Julie P. Herrick as trustee of The Herrick Family Trust created pursuant to The L. Paul Herrick Living Trust**, with an address of 2636 Nottingham Way, Salt Lake City, Utah 84108 ("Grantee").

For valuable consideration, Grantor hereby quitclaims to Grantee all of its right, title and interest in the property located in Salt Lake County, Utah and more particularly described as:

BEGINNING at a point 123.75 feet North and 115 feet East from the Southwest corner of Lot 4, Block 21, Plat "F", Salt Lake City Survey, and running thence East 50 feet; thence North 2-1/2 rods; thence West 50 feet; thence South 2-1/2 rods to the place of BEGINNING.

TOGETHER WITH AND SUBJECT TO a Right of Way over and across the following:

BEGINNING at a point 118.75 feet North from said Southwest corner of Lot 4, and running thence North 10 feet; thence East 165 feet; thence South 10 feet; thence West 165 feet to the point of BEGINNING.

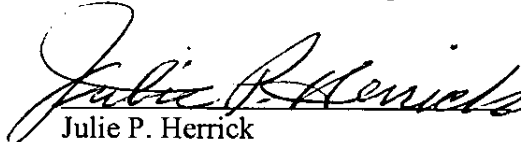
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SUBJECT TO easements, restrictions and rights of way of record.

GRANTOR MAKES NO WARRANTIES, WHATSOEVER.

DATED effective as of the second day of February, 2003.

The L. Paul Herrick Living Trust


Julie P. Herrick

STATE OF UTAH

)

: ss

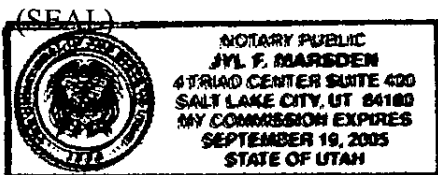
COUNTY OF SALT LAKE

)

The foregoing instrument was acknowledged before me this 28 day of

May, 2003, by Julie P. Herrick as trustee.


Notary Public



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STATE OF UTAH — DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

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

LOCAL FILE NUMBER 18-0544

STATE FILE NUMBER

1. NAME OF DECEDENT FIRST MIDDLE LAST Leland Paul HERRICK			2. SEX Male	3a. DATE OF DEATH (Mo., Day, Yr.) February 2, 2003	3b. TIME OF DEATH (24 hr. clock) 2130
4. DATE OF BIRTH (Mo., Day, Yr.) July 24, 1924		5. AGE - Last Birthday 78	6. BIRTHPLACE (City & State or Foreign Country) Salt Lake City, Utah		7. SOCIAL SECURITY NUMBER 529-16-5656
8a. PLACE OF DEATH (check only one) <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DCA <input type="checkbox"/> 4. Other (specify)			8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) 2636 East Nottingham Way		
8c. CITY, TOWN, OR LOCATION OF DEATH Salt Lake City		8d. COUNTY OF DEATH Salt Lake		9. SURVIVING SPOUSE (if wife, give maiden name) Julie Ann Pyper	
10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input checked="" type="checkbox"/> 1. Yes <input 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) General Contractor	
12b. KIND OF BUSINESS OR INDUSTRY Construction/ Self Employed					
13a. RESIDENCE - STREET AND NUMBER 2636 East Nottingham Way			13b. CITY, TOWN OR COMMUNITY Salt Lake City	13c. COUNTY Salt Lake	13d. STATE Utah
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		13f. ZIP CODE 84108		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) Caucasian		16. EDUCATION (specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17+) 16			
17. FATHER'S NAME (First, Middle, Last) Nelson Leland Herrick			18. MAIDEN NAME OF MOTHER (First, Middle, Last) Emma Rosetta Tucker		
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT WIFE: Julie P. Herrick / 2636 East Nottingham Way / Salt Lake City, Utah 84108					
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. 7, 2003		21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Larkin Sunset Lawn	
21c. LOCATION - City or Town, State Salt Lake City, Utah					
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>John J. Johnson</i>		23. LICENSEE NUMBER 22-113273		24. FUNERAL HOME (Name and address) Larkin Sunset Lawn 2350 East 1300 South SLC Utah 84108	
25. DECEDENT WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 2-2-2003		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>Elizabeth M. Pangelia MD</i>		27c. LICENSE NUMBER 177721-1205		27d. DATE SIGNED (Month, Day, Year) 2-4-2003	
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type Print) <i>Elizabeth M. Pangelia MD 524 E 105 Ave #274 Salt Lake City UT 84103</i>					
29. REGISTRAR'S SIGNATURE <i>Catti Cavey</i>		30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)		30b. DATE FILED (Mo., Day, Yr.) Feb. 06, 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. Metastatic Prostate Cancer DUE TO (OR AS A CONSEQUENCE OF): b. Primary Prostate Cancer 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. Alzheimer's disease					
32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: <input type="checkbox"/> 1. Probably contributed to the cause of death. <input checked="" type="checkbox"/> 5. NON USER <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"/> 8. UNKNOWN IF USER <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 if injured Purposefully or Accidently <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)		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)					

COPY-
CO. RECORDER

BK8809PG1689

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: **February 13, 2003**

County **SALT LAKE**

Registrar *Catti Cavey*

Barry E Nangle

Barry E. Nangle
DIRECTOR OF VITAL RECORDS

By

Ellen Freeman



LL 1232085

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