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8671493

WHEN RECORDED, RETURN TO:

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

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.

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

## 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

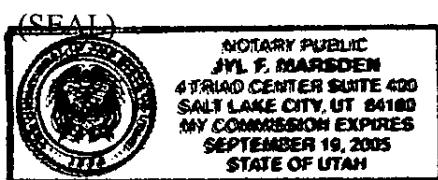
*Julie P. Herrick*  
Julie P. Herrick

STATE OF UTAH )  
COUNTY OF SALT LAKE )  
: ss

The foregoing instrument was acknowledged before me this 28 day of

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

*Jyl F. Marsden*  
Notary Public



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# STATE OF UTAH — DEPARTMENT OF HEALTH

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

LOCAL FILE NUMBER 18-0544

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

STATE FILE NUMBER

1. NAME OF DECEDENT FIRST MIDDLE LAST <b>Leland Paul HERRICK</b>				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.) <b>July 24, 1924</b>		5. AGE: Last Birthday <b>78</b>	6. IF UNDER 1 YEAR: IF UNDER 24 HRS. MONTHS DAYS HOURS MINUTES		7. BIRTHPLACE (City & State or Foreign Country) <b>Salt Lake City, Utah</b>					
8a. PLACE OF DEATH (Check only one) <input type="checkbox"/> 1. Hospital <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA		8b. ALL OTHER LOCATIONS: <input type="checkbox"/> 5. Nursing Home <input type="checkbox"/> 6. Residence (any) <input type="checkbox"/> 7. Other (specify)				8c. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address or location) <b>2636 East Nottingham Way</b>				
9c. CITY, TOWN, OR LOCATION OF DEATH <b>Salt Lake City</b>		9d. COUNTY OF DEATH <b>Salt Lake</b>		9. SURVIVING SPOUSE (If male, give maiden name) <b>Julie Ann Pyper</b>						
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 checked="" type="checkbox"/> 2. Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired) <b>General Contractor</b>		12b. KIND OF BUSINESS OR INDUSTRY <b>Construction/Self Employed</b>				
13a. RESIDENCE - STREET AND NUMBER <b>2636 East Nottingham Way</b>		13c. CITY, TOWN OR COMMUNITY <b>Salt Lake City</b>		13d. COUNTY <b>Salt Lake</b>	13e. STATE <b>Utah</b>					
13a. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		13i. ZIP CODE <b>84108</b>	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) <b>Caucasian</b>	16. EDUCATION (specify only highest grade completed) Elementary or Secondary (D-12) College (13-18 or 17+) <b>16</b>				
17. FATHER'S NAME (First, Middle, Last) <b>Nelson Leland Herrick</b>		18. MOTHER'S NAME (First, Middle, Last) <b>Emma Rosetta Tucker</b>								
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT <b>WIFE: Julie P. Herrick / 2636 East Nottingham Way / Salt Lake City, Utah 84108</b>										
20. METHOD OF DISPOSITION <input type="checkbox"/> 1. Embalming <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 <b>Feb. 7, 2003</b>	21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) <b>Larkin Sunset Lawn</b>		21c. LOCATION - City or Town, State <b>Salt Lake City, Utah</b>					
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Sale J. Johnson</i>		23. LICENSE NUMBER <b>22-113273</b>	24. FUNERAL HOME (Name and address) <b>Larkin Sunset Lawn 2350 East 1300 South SLC Utah 84108</b>							
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN <b>2-2-2003</b>		26. If not certified by medical examiner, was death reported to M.E.? If yes, enter the date and hour reported. M.E. CASE NO. _____ HR. _____ MO. _____ DAY. _____ YEAR. _____		27. 1. Yes <input checked="" type="checkbox"/> 2. No	28. 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.					
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. Prystul MD</i>						27c. LICENSE NUMBER <b>17721-1201</b>	27d. DATE SIGNED (Month, Day, Year) <b>2-4-2003</b>	
29. REGISTRAR'S SIGNATURE <i>Gatta Cavy</i>		30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo. Day, Yr.) <b>Feb. 06, 2003</b>		30b. DATE FILED (Mo. Day, Yr.) <b>Feb. 06, 2003</b>						
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.		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 checked="" type="checkbox"/> 5. NON USER <input type="checkbox"/> 6. UNKNOWN IF USER	33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	34. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 yrs</b>
34. CAUSE OF DEATH <i>Alzheimer's disease</i>		35a. 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.		35b. DATE OF INJURY (Mo. Day, Yr.) <b>35c. TIME OF INJURY (24 Hour Clock) 35d. INJURY AT WORK? 1. Yes 2. No</b>	35e. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) <b>35f. If motor vehicle accident specify if decedent was driver, passenger or pedestrian.</b>					
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 <i>If injured, Purpose or Accidentally</i>		35e. LOCATION (Street or rural route number, city or town, county and state) <b>35f. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY should be entered in item 31)</b>								

CO. RECORDER  
JULY 2003

BK 8809PC 1699

SDH-EVRH 95 (9/96)

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

*Gatta Cavy*

UDH-BVR  
Form 12,  
Rev. 12/98

*Barry E. Nangle*

Barry E. Nangle  
DIRECTOR OF VITAL RECORDS

By



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

LL 1232085 \* 0 1 2 3 2 0 8 5 \*

*Ellen Freeman*