

When Recorded Mail to:
 Cindy M. Sadler, Attorney
 2110 County Club Drive
 Salt Lake City, Utah 84109

Mail Tax Notice to:
 KRISTY L. FEDRICK
 3600 Fedrick Ranch Road
 Petaluma, CA 94954

9142735
 08/10/2004 01:40 PM \$12.00
 Book - 9024 Pg - 2393-2394
 GARY W. OTT
 RECORDER, SALT LAKE COUNTY, UTAH
 CINDY M SADLER
 2110 COUNTRY CLUB DR
 SLC UT 84109
 BY: ELF, DEPUTY - MA 2 P.

Parcel No: 16-27-303-028-0000

AFFIDAVIT OF SUCCESSOR TRUSTEE

State of Utah)
 :ss.
 County of Salt Lake)

KRISTY L. FEDRICK, being duly sworn, deposes and says:

That said affiant is of legal age, is a resident of Petaluma, California and is fully competent to make this affidavit.

That paragraph 7.1 of the BEATRICE C. HANSEN REVOCABLE TRUST AGREEMENT, dated July 30, 2002, states that:

"7.1 Appointment. In the event of the resignation, death, or inability of BEATRICE C. HANSEN to act as the Trustee, the Successor Trustee shall be KRISTY L. FEDRICK. In the event of the resignation, death or inability of KRISTY L. FEDRICK to act as the Successor Trustee, her successor shall be TONYA L. JOHNSON."

That BEATRICE C. HANSEN, the Trustee, died on March 24, 2004, and is one and the same person as the decedent named in a certified copy of the Certificate of Death which is attached hereto.

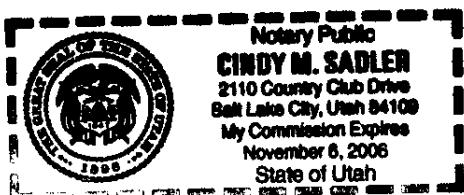
That KRISTY L. FEDRICK is acting as the Successor Trustee of the BEATRICE C. HANSEN REVOCABLE TRUST AGREEMENT, dated July 30, 2002, regarding the following described tract of land in SALT LAKE COUNTY, STATE OF UTAH:

All of Lot 4, VERDANT HEIGHTS NO. 2, according to the official plat thereof on file and of record in the office of the County Recorder of Salt Lake County, State of Utah.


 KRISTY L. FEDRICK

On the 29 day of March, 2004, personally appeared before me KRISTY L. FEDRICK, the Affiant named in the foregoing Affidavit, who being by me first duly sworn, acknowledged to me that she executed the same and that the statements contained herein are true.


 Cindy M. Sadler
 Notary Public



STATE OF UTAH - DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Answers by the individual
are subject to
the Vital Statistics Act
and Rules.

LOCAL FILE NUMBER 18-1459

STATE FILE NUMBER

1. NAME OF DECEASED		FIRST	MIDDLE	LAST	2. SEX	3a. DATE OF DEATH (Mo., Day, Yr.)	3b. TIME OF DEATH (24 hr. clock)
Beatrice Christina Hansen					Female	March 24, 2004	1415
4. DATE OF BIRTH (Mo., Day, Yr.)		5. AGE - Last Birthday	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MINUTES	6. BIRTHPLACE (City & State or Foreign Country)	7. SOCIAL SECURITY NUMBER	
January 13, 1923		81			Montpelier, Idaho	520-18-1544	
8a. PLACE OF DEATH (check code for Hospital code)		ALL OTHER LOCATIONS:			8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location)		
(check only one)		1. Inpatient	5. Nursing Home	6. Residence (any)	The Residence at Care Source		
		2. EVG/patient	3. D.O.A.	7. Other (specify) Hospice Care			
9a. CITY, TOWN, OR LOCATION OF DEATH		9b. COUNTY OF DEATH			9. SURVIVING SPOUSE (if wife, give maiden name)		
Salt Lake City		Salt Lake					
DECEDENT	10. WAS DECEASED EVER IN THE U.S. ARMED FORCES?		11. MARITAL STATUS		12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired)		12b. KIND OF BUSINESS OR INDUSTRY
	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>		1. Never Married <input type="checkbox"/> 3. Widowed <input checked="" type="checkbox"/>	2. Married <input type="checkbox"/> 4. Divorced <input type="checkbox"/>	Bookkeeping/ Clerical		Wholesale Supply Company
13a. RESIDENCE - STREET AND NUMBER		13b. CITY, TOWN OR COMMUNITY		13c. COUNTY		13d. STATE	
2091 East 3205 South		Salt Lake City		Salt Lake		Utah	
13e. INSIDE CITY LIMITS?		13f. ZIP CODE		14. WAS DECEASED OF HISPANIC ORIGIN? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No (if yes, specify)		15. RACE - Black, White, Am. Indian (tribe may be entered), Japanese, etc. (Specify)	
1. Yes <input type="checkbox"/> 2. No <input checked="" type="checkbox"/>		84109		1. Mexican <input type="checkbox"/> 2. Cuban <input type="checkbox"/> 3. Puerto Rican <input type="checkbox"/> 4. Other (Specify) _____		White	
17. FATHER'S NAME (First, Middle, Last)		18. MAIDEN NAME OF MOTHER (First, Middle, Last)					
Albert Edwin Bowcutt		Beatrice Sophia Irving					
INFORMANT		19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Kristy Fedrick (Daughter) 3600 Fedrick Ranch Rd. Petaluma, California 94954					
DISPOSITION		20. METHOD OF DISPOSITION		21a. DATE OF DISPOSITION	21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place)	21c. LOCATION - City or Town, State	
		1. Embalming <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other <input type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal <input type="checkbox"/>		March 27, 2004	Wasatch Lawn Mem. Park	Salt Lake City, Utah	
CERTIFIER		22. SIGNATURE OF FUNERAL SERVICE LICENSEE		23. LICENSEE NUMBER	24. FUNERAL HOME (Name and address)		
		Ron Nielson		112652	Wasatch Lawn Mortuary 3401 Highland Drive Salt Lake City, UT 84106		
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN		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)					
3/24/04		M.E. CASE NO. HR. MO. DAY. YEAR					
27a. CERTIFIER		27b. DATE SIGNED (Month, Day, Year)					
		3/25/04					
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print) GREGORY J. MILLER MD 1624 E 4500 S, SL C, UT 84117							
REGISTRAR		29. REGISTRAR'S SIGNATURE		30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)	30b. DATE FILED (Mo., Day, Yr.)		
		Gloria Gauvin		March 29, 2004			
CAUSE OF DEATH		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.					
		<p>IMMEDIATE CAUSE (Final disease or condition resulting in death)</p> <p>a. <i>Multisystem Organ Failure</i> 72 hrs DUE TO (OR AS A CONSEQUENCE OF):</p> <p>b. <i>Acute Cerebral Vascular Accident</i> 10d DUE TO (OR AS A CONSEQUENCE OF):</p> <p>c. <i></i> DUE TO (OR AS A CONSEQUENCE OF):</p> <p>d. <i></i> DUE TO (OR AS A CONSEQUENCE OF):</p>					
		<p>Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST</p> <p>PART II. Other Significant Conditions contributing to death but NOT listed as the underlying cause shown in Part I</p> <p>1. Probably contributed to the cause of death. <input type="checkbox"/> 5. Non User <input type="checkbox"/> 9. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> 13b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?</p> <p>2. Was the underlying cause of death. <input type="checkbox"/> 6. UNKNOWN IF USER <input type="checkbox"/> 10. 1. Yes <input checked="" type="checkbox"/> 2. No <input type="checkbox"/></p> <p>3. Did not contribute to the cause of death. <input type="checkbox"/> 7. <input type="checkbox"/> 11. 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/></p> <p>4. Is unknown in relation to the cause of death. <input type="checkbox"/> 8. <input type="checkbox"/></p>					
		34. MANNER OF DEATH	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)	
UDH-BVR Form 12, Rev. 12/98		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 <input type="checkbox"/>				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).	

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: MARCH 29, 2004

Barry E. Nangle

Barry E. Nangle
DIRECTOR OF VITAL RECORDS

By

Ellen Freeman
et

101350265

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

BK 9024 PG 2394

