

Recording Requested By and
When Recorded Mail To:

Workman Living Trust
7875 El Dorado Plaza
Long Beach CA 90808

Mail Tax Statements To:

Crossland Mortgage Corp.
P.O. Box 45065
Salt Lake City, Utah 84145

ENT 19669 BK 2700 PG 193
NINA B REID UTAH CO RECORDER BY MB
1990 JUN 21 9:55 AM FEE 14.00
RECORDED FOR FRANCIS P WORKMAN

Quitclaim Deed

Assessor Identification Number(s): 421337--55:109:0029 (003)

Property Address:

See description on
Exhibit A

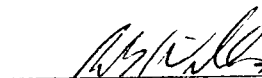
There is no documentary transfer tax since this conveyance transfers the grantor's interest into a revocable living trust in which the grantor is the beneficiary.


Francis P. Workman


Martha L. Workman

There is no documentary transfer tax as this is a bonafide gift and the grantor(s) received nothing in return.


Geraldine Workman Willes


Richard B. Willes

ENT19669 BK 2700 PG 195

Property location:
City of Provo
County of Utah County

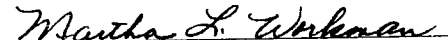
We, the undersigned, grantors, transfer and
quitclaim to the following grantee(s):

Francis P. Workman
Martha L. Workman
trustee(s) of the
Workman Living Trust
dated October 24, 1989

the real property described on Exhibit A.

Dated: May 7, 1990


Francis P. Workman


Martha L. Workman

ENT 19669 BK 2700 PG 196

Geraldine Workman Willes
Geraldine Workman Willes

Richard B. Willes
Richard B. Willes

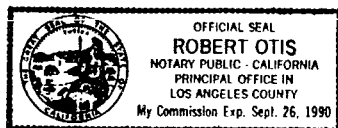
Acknowledgment

State of California)
) ss.
County of Los Angeles)

On May 7, 1990, before me, the undersigned officer,
personally appeared Francis P. Workman.

The subscriber has proved to me on the basis of
satisfactory evidence to be the person whose name is subscribed
to this instrument, and acknowledged that the subscriber
executed it.

Robert Otis



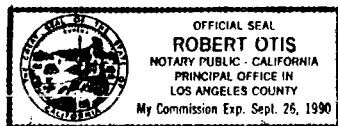
Acknowledgment

State of California)
) ss.
County of Los Angeles)

On May 7, 1990, before me, the undersigned officer,
personally appeared Martha L. Workman.

The subscriber has proved to me on the basis of
satisfactory evidence to be the person whose name is subscribed
to this instrument, and acknowledged that the subscriber
executed it.

Robert Otis



Acknowledgment

State of New Jersey }
County of Union } ss.

On 6/8/90, before me, the undersigned officer,
personally appeared Geraldine Workman Willes.

The subscriber has proved to me on the basis of
satisfactory evidence to be the person whose name is subscribed
to this instrument, and acknowledged that the subscriber
executed it.

Robert J. Doesi Jr.
Robert J. Doesi Sr.

Geraldine Workman Willes

NOTARY PUBLIC OF NEW JERSEY
My Commission Expires Dec. 18, 1990



Acknowledgment

State of New Jersey)
County of Union) ss.

On 6/8/90, before me, the undersigned officer,
personally appeared Richard B. Willes.

The subscriber has proved to me on the basis of
satisfactory evidence to be the person whose name is subscribed
to this instrument, and acknowledged that the subscriber
executed it.

Robert S. Doesi Jr.

Robert S. Doesi Jr.

NOTARY PUBLIC OF NEW JERSEY
My Commission Expires Dec. 18, 1990

Richard B. Willes



EXHIBIT A - PROPERTY DESCRIPTION

Unit No. B-2 in Building 3 contained within the Willowbrook Hill Condominiums of Provo, Condominium Project as the same is identified in the Record of Survey Map recorded in Utah County, Utah, as Map No. 2471 and in the Declaration of Condominium of the Willowbrook condominium Project recorded in Utah County, Utah, as Entry No. 38573, in Book 1781, at Pages 571-619 (as said Declaration may have hereafter been amended or supplemented).

TOGETHER WITH Parking Space No. 35 and Storage Space No. 35 as Limited Common Area appurtenant to said Unit, and also together with the undivided ownership interest in said Project's Common Areas and Facilities which is appurtenant to said Unit (the referenced Declaration of Condominium providing for periodic alteration both in the magnitude of said undivided ownership interest and in the composition of the Common Areas to which said interest is related).

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

ENT 34664:2013 PG 2 of 3

3052012193515

CERTIFICATE OF DEATH

3201219043571

STATE FILE NUMBER 3052012193515		STATE OF CALIFORNIA USE BLACK INK ONLY (IN PENCILS, WHITE OUTS OR ALTERATIONS YES PLEASE NOTE)		LOCAL REGISTRATION NUMBER 3201219043571	
1. NAME OF DECEDENT - FIRST (2-40)		2. MIDDLE		3. LAST (Family)	
FRANCIS		PORTER		WORKMAN	
4. AKA ALEO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs	
		11/07/1921		90	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
UT		558-20-9224		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (See Part 1 of Cert)		7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24-Hour)	
MARRIED		10/20/2012		1740	
13. EDUCATION - Highest Level Degree (see work sheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see work sheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see work sheet on back)	
MASTER'S <input type="checkbox"/> YES		<input type="checkbox"/> YES		<input checked="" type="checkbox"/> H <input type="checkbox"/> O <input type="checkbox"/> O	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
EDUCATIONAL ADMINISTRATOR		EDUCATION		30	
20. DECEDENT'S RESIDENCE (Street and number, or location)					
7875 EL DORADO PLAZA					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
LONG BEACH		LOS ANGELES		90808	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
50		CA			
26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)		
MARTHA LOUISE WORKMAN, SPOUSE			7875 EL DORADO PLAZA, LONG BEACH, CA 90808		
28. NAME OF SURVIVING SPOUSE/GRUP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
MARTHA		LOUISE		PARRY	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST	
ABRAM		SMITH		WORKMAN JR.	
34. BIRTH STATE		35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE	
UT		NELLIE		ELIZABETH	
37. LAST (BIRTH NAME)		38. BIRTH STATE			
PORTER		UT			
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION (SALT LAKE CITY CEMETERY 200 N STREET, SALT LAKE CITY, UT 84103)			
10/28/2012					
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
TR/BU		LISA BRAMLETT		EMB8671	
44. NAME OF FUNERAL ESTABLISHMENT FOREST LAWN MEMORIAL-PARKS & MORTUARIES		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
		FD1051		JONATHAN FIELDING, MD	
47. DATE mm/dd/yyyy		48. SIGNATURE OF LOCAL REGISTRAR			
10/26/2012					
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
KAISER FOUNDATION HOSPITAL		<input checked="" type="checkbox"/> IP <input type="checkbox"/> FRACP <input type="checkbox"/> DOR		<input type="checkbox"/> Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION (Where found (Street and number, or location)		106. CITY	
LOS ANGELES		9333 IMPERIAL HIGHWAY		DOWNEY	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?			
IMMEDIATE CAUSE First disease or condition resulting in death		Time interval between death and report		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A) CARDIAC ARREST		MINS			
B) RESPIRATORY FAILURE		DAYS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
C) CORONARY ARTERY DISEASE		MOS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109. UNDERLYING CAUSE (Disease or injury first identified in death) LAST		110. AUTOPSY PERFORMED?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		111. LECED IN DETERMINING CAUSE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (Event in 107)					
NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)					
NO					
113A. IF FEMALE, PREGNANT IN LAST YEAR?					
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE(S) STATED		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
08/08/2011		MAHYAR DERAKHSHANI M.D.		A84704	
117. DATE mm/dd/yyyy		118. TYPE AND ADDRESS OF CERTIFIER'S HOME, MAILING ADDRESS, ZIP CODE		119. DATE mm/dd/yyyy	
10/20/2012		9333 IMPERIAL HIGHWAY, DOWNEY, CA 90242		10/24/2012	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE(S) STATED		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
MAN-NEER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Fentanyl <input type="checkbox"/> Other (specify) <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
123. DESCRIBE HOW INJURY OCCURRED (Event(s) which resulted in injury)					
124. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
125. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.# CENSUS TRACT	

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Dean C Logan
DEAN C. LOGAN
Registrar-Recorder/County Clerk

MAR 28 2013

* 002172687 *

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk. PINCO BEVI 07/11



REAL PROPERTY TRANSFER SURVEY
Utah State Tax Commission TC-221

----- Please return By: -----

Parcel I.D.: 55:109:0029 Acres: County: Utah
Book & Page: 2700 193

Seller/Grantor:

Buyer/Grantee:

Martha L. workman, Successor Trustee
7875 El Dorado Plaza
Long Beach, CA 90808

Legal Description:

Please return to:
Utah State Tax Commission
Property Tax Division
210 N 1950 W
Salt Lake City, UT 84134

Acct. No.: Seq. No.: Series:

1. Address/location of property (approximate if necessary)

(Street) (City or area) (County)

2. In this sale, what was the:

A. Date of Sale _____

SALE PRICE OF:

B. Land/Buildings \$ _____

C. Personal Property (if any) \$ _____

(i.e., machinery, inventory, water rights, etc.)

Specify any personal property: _____

D. Total Sale Price (B+C) \$ _____

DOWN PAYMENT:

E. Down payment cash \$ _____

F. Down payment other (if any) \$ _____

(i.e., jewelry, coins, sweat equity, etc.)

Specify any down payment other: _____

3. Specify any trade of real estate: (e.g., 1031 Exchange)

A. Type of property _____

B. Agreed upon value (if any) \$ _____

4. Circle the letter of the category below that best describes property included in the sale price:

A. Vacant land, residential lot, or recreational lot

B. Vacant commercial land

C. Residence

D. Mobile home and lot

E. Apartment building

F. Commercial land and building(s)

G. Agricultural land only

H. Agricultural land and building(s)

I. Cabin or summer home (seasonal use only)

J. Other: _____

5. If use of the property has changed since time of sale, enter new use (letter from list in #4): _____

6. Explain any reason this sale may not have been a "fair market value" transaction:

7. Circle the letter(s) of the following that apply to this sale:

A. This was a forced transaction because of foreclosure, divorce, court order, condemnation, probate, etc.

B. Sale was between relatives, affiliated companies or officers.

C. Property was sold to or purchased from any church, fraternal, educational, or governmental organization.

D. Real estate in more than one county was involved in this sale.

E. Partial interest only was purchased or sold.

F. Possession by buyer was delayed for more than one year from date of deed.

G. A transfer of convenience, e.g., refinance, correct defective title, create family trust, add/delete names on deed, etc.

H. None of the above.

8. Circle the letter(s) indicating the types of financing used in this sale (circle all that apply):

A. Conventional

B. Graduated payment

C. Adjustable rate mortgage

D. FHA

E. VA

F. Farmers home loan

G. Utah Housing Finance Agency

H. Assumption of mortgage

I. Seller financing

J. Cash

9. Please give financing details, if known:

Amount financed \$ _____ Interest rate: _____ %

Length of loan (yrs) _____ Explain (if necessary) _____

10. Was sale handled through a real estate agent or broker?

If "Yes", name of agent or broker:

11. In the event we need to contact you about this survey, please list your name, phone number, and best time to be reached:

Print name Phone Best time

Thank you for taking a moment and answering these questions, your help in obtaining thorough and accurate sales information is appreciated.

These answers are true and correct, to the best of my knowledge.

Martha L. Workman Successor Trustee 3/21/2013

Signature Date
Martha L. Workman, Successor Trustee