Upon Recording Return to:

Reva M. Bacon 324 N. Cooley Lane Grantsville, Utah 84029 Ent: 342414 - Pg 1 of 1
Date: 6/1/2010 12:09 PM
Fee: \$10.00 CHECK
Filed By: RGL
CALLEEN B PESHELL, Recorder
Tooele County Corporation
For: JEFFREY WILKINSON

1

## QUIT CLAIM DEED

THIS QUIT CLAIM DEED, Executed this 27th day of APRIL 1999 by first party, Reva M. Bacon, a widow, whose post office address is, 324 N. Cooley Lane, Grantsville, Utah 84029, to second party, Reva M. Bacon, Trustee of the REVA M. BACON FAMILY TRUST, whose post office address is, 324 N. Cooley Lane, Grantsville, Utah 84029, The Reva M. Bacon Family Trust is dated 4/27/1999.

WITNESSETH, That the said first party, for good consideration and for the sum of \$10 Dollars paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim her interest unto the said second party forever, all the right, title, interest and claim which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of Tooele, State of Utah, to wit:

Commencing 30.50 chains West of the Southeast corner of Section 25, Township 2 South, Range 6 West, thence North 190 feet; thence East 138 feet; thence South 29 feet; thence East 260 feet; thence South 159 feet; thence West 398 feet to beginning.

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written.

		<u>(Jevo m Boran</u> Reva M. Bacon
State of Utah	)	
County of Tooele	ss: )	
On the 27th d Bacon known to be the acknowledged before m	person described in an	, 1999 personally appeared by me, Reva M. d who executed the foregoing instrument and same.
	Notary Public  JAMES R. BAKER  40 North State. #7-C  Sali Lake City. Utah 84103  My Commission Expires  May 14, 2001  State of Utah	Notary Public Residing in My commission expires:  My commission

WHEN RECORDED MAIL TO: Jeffrey W. Wilkinson, P.C. 6925 Union Park Center, Suite 290 Cottonwood Heights, Utah 84047 Ent: 339419 - Pg 1 of 3 Date: 3/16/2010 11:12 AM Fee: \$14.00 CHECK Filed By: MC CALLEEN B PESHELL, Recorder Tooele County Corporation For: JEFFREY W WILKINSON P.C.

## CERTIFICATE OF INCUMBENCY

STATE OF UTAH ) :ss.
COUNTY OF SALT LAKE )

LARRY D. BACON and LEE ANN BACON SHELTON ("Affiants"), being duly sworn, state and represent that:

- 1. Affiants are the successor trustees named in that certain REVA M. BACON FAMILY TRUST dated April 27, 1999 made under the laws of the State of Utah by REVA M. BACON as grantor and REVA M. BACON as trustee.
  - 2. The REVA M. BACON FAMILY TRUST is in full force and effect.
  - 3. REVA M. BACON is now deceased.
- 4. George "J" Sweeting renounced the opportunity to act as Co-Trustee on October 1, 2009.
- 5. Affiants are now acting as trustees under the REVA M. BACON FAMILY TRUST and are the **only trustees** qualified to act.
- 5. The following described real property located in Tooele County, State of Utah is an asset of the trust and was held in the name of REVA M. BACON as trustee:

Commencing 30.50 chains West of the Southeast corner of Section 25, Township 2 South, Range 6 West, thence North 190 feet; thence East 138 feet; thence South 29 feet; thence East 260 feet; thence South 159 feet; thence West 398 feet to beginning.

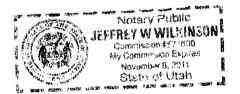
- 6. A certified copy of the Certificate of Death, File Number 23-007, of REVA M. BACON is attached hereto and is incorporated herein by this reference.
- 7. Affiants were personally acquainted with REVA M. BACON. REVA MORGAN BACON named in the attached Certificate of Death is one and the same person as the person who was named as Trustee in the REVA M. BACON FAMILY TRUST who was listed as record owner of the above-described real property.

STATE OF UTAH

:ss.

COUNTY OF SALT LAKE

On the 4 day of February, 2010, personally appeared before me LARRY D. BACON, the Affiants named in the foregoing Affidavit, who being by me first duly sworn, acknowledged to me that they executed the same and that the statements contained therein are true.



NOTARY PUBLIC Residing at:

My Commission Expires:

On the 18 day of 4chmary, 2010, personally appeared before me LEE ANN BACON SHELTON, the Affiants named in the foregoing Affidavit, who being by me first duly sworn, acknowledged to me that they executed the same and that the statements contained therein are true.

Andrey & Frazin NOTARY PUBLIC Residing at: Vale, OR 97918

My Commission Expires: 2 - 24 - 2012

ANDREA E FRAZIER NOTARY PUBLIC - OREGON COMMISSION NO. 426278

STATE OF UTAH — DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH

Ent: 339419 - Pg 3 of 3

CERTIFICATE OF DEATH LOCAL FILE NUMBER 23-007 STATE FILE NUMBER 2 SEX | 3a DATE OF DEATH (Mo., Day, Yr.) Female January 16, 2004 NAME OF DECEDENT FIRST 3b. TIME OF DEATH (24 hr. clock REVA MORGAN BACON 5. AGE-Last Birthday | IF UNDER 1 YEAR | IF UNDER 24 H B. 6. BIRTHPLACE (City & State or Foreign Country) 4. DATE OF BIRTH (Ads., Day, Yr.) SOCIAL SECURITY NUMBER July 8, 1919 Ophir, Utah 529-12-6443 ALL OTHER LOCATIONS: Se. PLACE | HOSPITAL (status 8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give atreet address of location) 8. Residence (any) 5. Nursing Home F DEATH 1. inpetient now 1. inpetient 2. ER/Outpetient 3. DOA 324 No Cooley 7. Other (apecity) M. COUNTY OF DEATH 9. SURVIVING SPOUSE (If wife, give maiden name) IC. CITY, TOWN, OR LOCATION OF DEATH Grantsville Tooele DECEDENT 10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? 11. MARITAL STATUS 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done | 12b. KIND OF BUSINESS OR INDUSTRY during most of working life. Do NOT enter retired) 1, Never Married 🔀 3. Widowed 1. Yes 🛣 2. No 🔲 2 Married 🔲 4. Divorced Inventory Clark Tooele Army Depot 13a. RESIDENCE - STREET AND NUMBER 13d STATE 13b, CITY, TOWN OR COMMUNITY 13c. COUNTY 324 No Cooley Grantsville Tocale Utah 1. Yes 🗶 2. No . RACE - Black, While, Am. Indian (tribe may be entered), Japanese, etc. (Specify) 16. EDUCATION (specify only his 14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify) 136. INSIDE CITY 13f. ZIP CODE grade completed) Elementary or Secondary (0-12) College (13-16 or 17+) \_\_\_\_\_ 2. Cuben X 1. Yes 1. Mexican 84029 3. Puerto Ricen 4. Other (Specify) 2. No White IN MAIDEN NAME OF MOTHER (First Middle I ast PARENTS Clarence Morgan Mildred Davis 19, NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT INFORMANT Larry Bacon, Son P.O. Box 436, Grantsville, UT 84029 20. METHOD OF DISPOSITION 21a, DATE OF DISPOSITION 21b. PLACE OF DISPOSITION (name of cometery, 21c. LOCATION - City or Town, State USE PERMANENT BLACK INK 1. Enlombment 2. Donation 3. Other 01/21/2004 Grantsville Cemetery Grantsville UT 3. Cremation 6. Removal DISPOSITION 22. SIGNATURE OF FUNERAL SERVICE LICENSEE 24. FUNERAL HOME (Name 323152-0902 Tate Mortuary examiner, was death reported to M.E.? 1. Yes X 2. No 110 S. Main St. 5. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN Tooele,UT 84074 M.E. CASE NO. 27a, CERTIFIER 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 2. MEDICAL EXAMINERALAW 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. CERTIFIER 27¢ LICENSE NUMBE 9319 NAME AND ANDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Nam 31) (Type-Print)
Charles E. Holt D.O. 280 No. Main St. Tooele, UT 84074 30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Dey, Yr.) 1/20/04 (Mo., Day, Yr.) 1/20/04 1/22/04
DISPASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC REGISTRAR IMMEDIATE CAUSE (Final disease or condition resulting in death) . Respiratory Insufficiency
DUE TO (OR AS ACONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST insuff./ aortic stenosis 33a. WAS AN AUTOPSY PERFORMED? 335. WERE AUTOPSY PINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ART II. Other Significant Conditions contributing to death 32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: A not resulting in the underlying cause given in Part I 1. Probably contributed to the cause of death. 5. NON USER 2. Was the underlying cause of death. Atrial fibrillation Hypertension/CHF/COPD 4. Is unknown in relation to the cause of death. B. UNKNOWN 350. MJURY AT WORK? 35a. DATE OF INJURY (Mo., Day, Yr.) 35b. TIME OF INJURY (24 Hour Clock) 1. Yes 2. No X 1, Natural 2. Accident \_\_\_\_ 4. Homicide 3. Suicide

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is iss	uec
under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.	

Date	Issued:

1/22/04

County TOOELE

LIDH-BVR

Registrar

LL 867847



Han Men!



Ent: 347528 - Pg 1 of 3
Date: 9/28/2010 11:40 AM
Fee: \$14.00 CHECK
Filed By: KL
CALLEEN B PESHELL, Recorder
Tooele County Corporation
For: JEFFREY W WILKINSON

WHEN RECORDED MAIL TO: Jeffrey W. Wilkinson, P.C. 6925 Union Park Center, Suite 290 Cottonwood Heights, Utah 84047

## CERTIFICATE OF INCUMBENCY

STATE OF UTAH ) :ss.
COUNTY OF SALT LAKE )

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- 6. A certified copy of the Certificate of Death, File Number 23-007, of REVA M. BACON is attached hereto and is incorporated herein by this reference.
- 7. Affiants were personally acquainted with REVA M. BACON. REVA MORGAN BACON named in the attached Certificate of Death is one and the same person as the person who was named as Trustee in the REVA M. BACON FAMILY TRUST who was listed as record owner of the above-described real property.

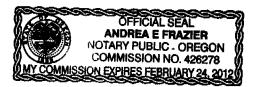
3/1

DATED this 19 day of July, 2010. STATE OF UTAH On the 19 day of 14 day of 2010, personally appeared before me LARRY D. BACON, the Affiants named in the foregoing Affidavit, who being by me first duly sworn, acknowledged to me that they executed the same and that the statements contained therein are true. **Notary Public** My Commission Expires: KIMBERLY ANN MCBRIDE STATE OF <u>Origon</u> ) :ss.
COUNTY OF <u>Malheur</u> ) On the 14 day of September, 2010, personally appeared before me LEE ANN BACON SHELTON, the Affiants named in the foregoing Affidavit, who being by me first duly sworn, acknowledged to me that they executed the same and that the statements contained therein are true. Anglia E. Frazier

NOTARY PUBLIC

Residing at: Vake, O sugar

My Commission Expires: 2-24-20/2



Access to informati this form is limited to the Vital Statistics /	on on	CERTIF					His in the	24.62			
and reals,	LOCAL FILE NUMBER 23-007  1. NAME OF DECEDENT FIRST				,,,,	- 61	ATE FILE NUMBE				
	REVA	MORGAN	ST BACON	2. S		January 1		3b. TIME OF DEATH (24 Mr. clock 11:45			
	4. DATE OF BIRTH (Mo., Day, Yr.)					_	· · ·	7. SOCIAL SECURITY NUMBER			
	July 8, 1919	84	CORCIE LINEYS	HOURS MINUS		c, Utah	roragii Country,	529-12-6443			
1	Se. PLACE   HOSPITAL (status codes for	1 1	CATIONS:				SING HOME OR				
	OF DEATH 1 Innertant 5 Number 197 & Residence (and )										
	one) 2 ER/Outpatient 3. DOA 1 7. Other (specify)										
	8c. CITY, TOWN, OR LOCATION OF DEATH &c. COUNTY OF DEATH 9. SURVIVING SPOUSE (If wife, give maiden name)										
DECEDENT	Grantsville	Toos									
	10. WAS DECEDENT PVER IN THE U.S. ARMED FORCES? 1. Never	r Married X 3. Widowed	12a, DECEDEN	t's usual occur tofworking life. Do	NOT enter	e kind of work done refired)	126. KIND OF	BUSINESS OR INDUSTRY			
	1. Yes X 2. No 2. Married 4. Divorced Inventory Clerk						Tooel	e Army Depot			
	134 RESIDENCE - STREET AND NUME 324 No Cooley	ÆR	ľ	13b. City, town Grantsv			c COUNTY	134 STATE Utah			
	13a. INSIDE CITY 13f. ZIP CODE	14 WAS RECEIVED OF UM	PANIC ORICHI			1-					
	136. INSIDE CITY 128. ZIP CODE 14. WAS DECEDENT OF HISPANIC ORIGIN (If yes, Specify)			77 1. Yee 2 2. No 15. RACE - Ble Indian (trib			ck, White, Am. 16. EDUCATION (apacity or grade completed) Elem- ic. (Specify) Secondary (0-12) College				
	X 1.Yes 84029	1. Mexican	2. Cuben	Jápánese, etc			my be entered), grade completed) Elementary or Secondary (0-12) College (13-16 or 17+)				
	2. No	3. Puerto Rigain	4. Other (\$pecif	y)		White	l	12			
	17. FATHER'S NAME (First, Middle, Last	,		18. MAIC	EN NAME O	F MOTHER (First	Middle, Lest)				
PARENTS	Clarence Morgan				dred	Davis					
INFORMANT	19. NAME, RELATIONSHIP AND MAILIN										
IN CHEAN	Larry Bacon, Se	on P.O. Bo	x 436,	Grantsv:	ille,	UT 8402	9				
	20. METHOD OF DISPOSITION	21s. DATE OF	DISPOSITION	21b. PLACE OF D	SPOSITION	(name of cemeter)	; 21a LOCATIO	DN - City or Town, State			
	1. Entombreent 2. Donation	3. Other 01/21/	2004	Grantsvi				13 - YYM			
DISPOSITION	X 4. Burial 5. Cremation	6. Removal	2004	Grancavi	TTM C	ame cery	Grane	sville UT			
	22. SIGNATURE OF FUNERAL BERVIC	EINCHREE	22 (1/20)	SEE NUMBER		24. FUNERAL HO	ME (Manus and a	A			
	(3)	E LOCITURE,	1	52-0902		Tate Moz		RATHES!			
	25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSI	26. If not certified by m			to M.E.?	1. Yes X 2.		. Main St.			
	i							UT 84074			
	1-5-04	M.E. CASE NO.	н	IR MO	DAY	YEAR	-	<u>'</u>			
	27a. CERTIFIER				4	. 4. 44					
CERTIFIER	1. CERTIFYING PHYSICIAN: TO     2. MEDICAL EXAMINER/LAW ENF										
WENTIFIER	cause(s) and manner as state	id,	UNI DESIGN OF WARRING	REMOUTH BEXTOL SIVE	sugamon, as n	ry opinion, oeetin oc					
	276. BIGHATURE AND TITLE OF CERT	FER.		1	ICENSE NU	MBER	27d. D	ATE SIGNED (Month, Day, Year)			
	/ Nonth	Stroll De		1	319			-21-04			
	28 NAME AND ADDRESS OF PERSON Charles E. Holt D.				84074						
	29. REGISTRAR'S SIGNATURE					NOTIFIED OF DE	AYH SON DATE	E FILED (Mo., Day, Yr.)			
REGISTRAR	1 Comment	<i>O&amp;I</i> 10	2/	(Mo., I		1/20/04		22/04			
······································	31. PART I. ENTER THE DISEASES, IN	JURIES, OR COMPLICATION	IS THAT CAUSE!	THE DEATH, DO	NOT ENTE	R THE MODE OF D	YING, SUCH AS	CARDIAG Approximete Interval			
	OR RESPIRATORY ARRES	BT, SHOCK, OR HEART FAILI	URE. LIST ONLY	ONE CAUSE ON	EACH LINE.			Between Onset and Death.			
	IMMEDIATE CAUSE (Final	. Pagnirata:	*** T****	efficie-				١			
	disease or condition resulting in death)	Respirator	A CONSEQUEN	CE OF):	У			J mos			
		<u>Pulmonary</u>	hypert	ension				6 years			
	Sequentially list conditions, if any, leading to immediate		A CONSEQUEN					-			
	CAUSE (disease or injury that	s Severe mit	ral in	SUTT./	aort	<u>ic sten</u>	osis	5 years			
	initiated events resulting in death) LAST	d		•							
	· '		IIO ODINION TO	BACCO USE BY T	RE DEVENE	MT: loo	. WAS AN AUTO	PSY 336, WERE AUTOPSY			
CAUSE OF	PART II. Other Significant Conditions on but not resulting in the underlying cause	1 11. Pro		to the cause of de		NON USER	PERFORMED?				
DEATH	Atrial fibrill	ation 7	is the underlying o		. تصر			OF CAUSE OF DEATH?			
		3.0 o	f not contribute to	the cause of death		UNKNOWN	1. Yes 🟋	2. No 1. Yes 2. No			
	Hypertension/C			on to the cause of d		IF USER	_ ==				
	34. MANNER OF DEATH	35a. DATE OF INJURY (Mo	, Деу, Үг.) 35b.	TIME OF INJURY (24 Hour Clock)	_	Y AT WORK? 35d	PLACE OF INJL	IRY - At home, ferm, street, fectory, sto. (specify)			
	1. Netural 2. Accident				1. Yes						
	3. Suicide 4. Homicide	35e, LOCATION (Street or r	ural route number	r, city or town, acun	ty end state.	351.	if motor vehicle a peasenger or per	ccident specify if decedent was driver, sestrian.			
	5. Undetermined 8. Pending				<del></del>						
UDH-BVR	Kinjured investigation	36g. DESCRIBE HOW INJU	RY OCCURRED	(anter sequence of	events whic	h resulted in injury,	NATURE OF INJ	URY should be entered in item 31)			
Form 12,	Purposely or	1									
Rev. 12/98	Accidently										
Rev. 12/98	Accidently					<u>.</u>					

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.

USE PERMANENT BLACK INK

1/22/04

County

SDH-BVRHS 96 (9/96)

Registrar

LL 867847

Barry E Mangle
MBarry E. Nangle

