

WHEN RECORDED MAIL DEED AND TAX NOTICE TO:

00074483 Bk00444 Pg02330-02330

Delano F. and Madge B. Ford  
PO Box 567  
Fredonia, Arizona 86022

REED D HATCH-SANPETE COUNTY RECORDER  
1999 NOV 16 09:39 AM FEE \$16.00 BY NSP  
REQUEST: DELANO F FORD

2-14-4E  
2-15-4E

Order No.  
Tax I.D. No.

Space Above This Line for Recorder's Use

QUIT-CLAIM DEED

Delano Ford, Madge Ford aka Madge B. Ford aka Madge Brady Ford, and Melinda K. Ford, grantor(s), of Fredonia, County of Coconino, State of Arizona, hereby

QUIT-CLAIM to

Delano F. And Madge B. Ford, trustees of; The Delano F. and Madge B. Ford Living Trust, dated October 13, 1999 grantee(s) of Fredonia, County of Coconino, State of Arizona, for the sum of

TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION

the following described tract of land in SANPETE County, State of UTAH:

15439

PARCEL #1: Beginning 1.25 chains West, 3.33 chains South from the Northeast Corner of the Northwest Quarter of Section 2, Township 14 South, Range 4 East, Salt Lake Base and Meridian; thence West 3.75 chains, thence South 2.67 chains, thence East 3.75 chains, thence North 2.67 chains to the point of beginning. (Containing 1 acre more or less).

15439

PARCEL #2: Beginning 7.50 chains West and 2.25 chains South of the Northeast Corner of the Northwest Quarter of Section 2, Township 14 South, Range 4 East, Salt Lake Base and Meridian; thence East 3.75 chains, thence South 7 chains to the County Road, thence along said County Road North 45° West 6 chains to a point South of the place of beginning, thence North 3.50 chains to the point of beginning.

15438

PARCEL #3: BEGINNING 1.25 chains West, 6.50 chains South Northeast Corner Northwest Quarter, Section 2, Township 14 South, Range 4 East, Salt Lake Meridian; Thence South 6.25 chains, thence Northwesterly 4.00 chains, thence North 2.05 chains, thence East 2.75 chains to point of beginning, containing 1.16 acres.

26593

PARCEL #4: BEGINNING at the Southeast Corner of Section 21, Township 15 South, Range 4 East of the Salt Lake Base and Meridian; thence West 20 chains; thence North 14 chains; thence East 20 chains; thence South 14 chains to the point of beginning.

TOGETHER WITH all improvements and appurtenances thereunto belonging.

SUBJECT TO easements, rights of way, restrictions, and reservations of record and those enforceable in law and equity.

WITNESS the hand(s) of said grantor(s), this \_\_\_\_\_ day of November, A. D. 1999.

*Delano Ford*  
\_\_\_\_\_

Delano Ford

*Melinda K. Ford*  
\_\_\_\_\_

Melinda K. Ford

*Madge B. Ford*  
\_\_\_\_\_

Madge B. Ford

NOTARY

STATE OF *Utah* )  
County of *Iron* ) ss

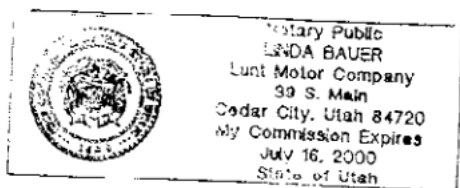
On the 11 day of November, A. D. 1999 personally appeared before me, Delano Ford, Madge B. Ford, and Melinda K Ford, the signer(s) of the within instrument, who duly acknowledge to me that they executed the same.

*Linda Bauer*  
\_\_\_\_\_

Notary Public

My Commission Expires:

Notary Public residing at:



**Recording requested by:**

Nicole A. Bonham Colby, Attorney at Law, PLLC

**Please return document and send taxes to:**

Kimberly F. Blake, Successor Trustee;  
The Delano F. and Madge B. Ford Living Trust  
UAD 10-13-1999  
c/o 578 West Tomahawk Circle  
Kanab, UT 84741

Parcel Nos. 15439, 15437, 15438, 26593

**AFFIDAVIT OF SUCCESSOR TRUSTEE**

I, Kimberly Ford Blake (f/k/a Kimberly Glazier), identified as Trustee of The Delano F. and Madge B. Ford Living Trust dated October 13, 1999, and any amendments and restatements thereto (hereafter as "Trust"), whose mailing address is c/o 578 West Tomahawk Circle, Kanab, UT 84741 ("Affiant"), being of legal age and being first duly sworn, depose and state as follows:

1. That I am a citizen of the United States over the age of 21 years; and
2. That I am a daughter of Delano Frost Ford (a/k/a Delano F. Ford) who died April 19, 2012, as evidenced by the Certificate of Death attached hereto as **Exhibit A** ("Exhibit A"); and
3. That I am a daughter of Madge Renon Ford (a/k/a Madge B. Ford) who died August 12, 2024, as evidenced by the Certificate of Death attached hereto as **Exhibit B** ("Exhibit B"); and
4. That Delano Frost Ford (a/k/a Delano F. Ford) and Madge Renon Ford (a/k/a Madge B. Ford) are the same parties who acquired certain real property ("Property") located in Sanpete County, State of Utah, as the initial Trustees of said Trust via Quit Claim Deed recorded November 16, 1999, at Entry Number 00074483, in the Official Records of the Sanpete County Recorder, Sanpete County, State of Utah, as further described on **Exhibit C** ("Exhibit C") attached hereto;
5. That, as the identified successor Trustee, I am the duly appointed Trustee of said Trust;
6. That said Trust remains in full force and effect; and
7. That assets of said Trust include, among other items, the subject Property described in Exhibit C attached hereto.

Dated this 23 day of October, 2024.

Kimberly Ford Blake

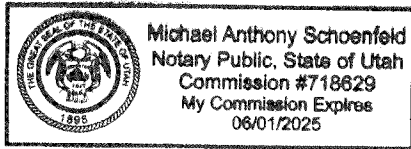
Kimberly Ford Blake, Successor Trustee; Affiant

STATE OF UTAH )

ss.

COUNTY OF KANE )

Subscribed to and sworn before me this 23<sup>rd</sup> day of October, 2024.



Michael Anthony Schoenfeld

Michael Anthony Schoenfeld, Notary Public  
Residing at: Kanab, Kane County, Utah  
Commission #718629  
Expires: June 1, 2025  
State of Utah

*[Remainder this page blank by intent]*

**CERTIFICATION OF VITAL RECORD**

**STATE OF ARIZONA "Exhibit A"**

STATE OF ARIZONA  
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS  
CERTIFICATE OF DEATH

State File NO. 102-2012-015675

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) <b>DELANO FROST FORD</b>				2. AKA'S (IF ANY)				3. DATE OF DEATH <b>APRIL 19, 2012</b>									
4. SEX <b>MALE</b>		5. SOCIAL SECURITY NUMBER <b>552-46-9824</b>		6. DATE OF BIRTH <b>11-05-1934</b>		7. AGE <b>77</b>		8. MONTHS <b>UNDER 1 YEAR</b>		9. DAYS <b>UNDER 1 DAY</b>		10. HOURS		11. MINUTES			
12. PLACE OF DEATH - HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY													13. PLACE OF DEATH - OTHER THAN HOSPITAL: <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER				
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY) <b>285 N 100 E.</b>								15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH <b>FREDONIA 86022</b>				16. COUNTY OF DEATH <b>COCONINO</b>					
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>KANAB, UTAH</b>						18. MARITAL STATUS AT TIME OF DEATH <b>MARRIED</b>			19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) <b>MADGE RENON BRADY</b>								
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS <b>285 N 100 E.</b>						21. CITY AND COUNTY <b>FREDONIA, COCONINO</b>				22. STATE <b>ARIZONA</b>		23. ZIP CODE <b>86022</b>		24. EVER IN THE ARMED FORCES <b>YES</b>			
25. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY)  <input type="checkbox"/> UNKNOWN				26. DECEDENT'S RACE(S) <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE				27. IF AMERICAN INDIAN OR ALASKA NATIVE SPECIFY UP TO 4 TRIBES PRIMARY OR ENROLLED TRIBE:  ADDITIONAL TRIBE:  ADDITIONAL TRIBE:  ADDITIONAL TRIBE:									
28. OCCUPATION <b>TEACHER</b>						29. FATHER'S NAME (FIRST, MIDDLE, LAST) <b>EDWIN JAMES FORD</b>						30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) <b>VERA FROST</b>					
31. INFORMANT'S NAME <b>MADGE RENON FORD</b>						32. RELATIONSHIP <b>SPOUSE</b>			33. INFORMANT'S MAILING ADDRESS <b>P.O. BOX 567, FREDONIA, ARIZONA 86022</b>								
34. NAME AND ADDRESS OF FUNERAL FACILITY: <b>MOSDELL MORTUARY 676 S 175 E KANAB, UT</b>						35. FUNERAL DIRECTOR: <b>DENNIS R MOSDELL, FUNERAL DIRECTOR</b>			36. LICENSE NUMBER <b>446</b>								
37. METHOD(S) OF DISPOSITION <b>REMOVAL/BURIAL</b>			38. NAME AND LOCATION OF 1st DISPOSITION FACILITY <b>MOSDELL MORTUARY, KANAB, UTAH</b>				39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY <b>NONE</b>										
<b>MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I</b>																	
40. A IMMEDIATE CAUSE OF DEATH <b>METASTATIC MELANOMA</b>		41. APPROXIMATE INTERVAL: <b>UNKNOWN</b>															
42. B DUE TO OR AS A CONSEQUENCE OF:		43. APPROXIMATE INTERVAL:															
44. C DUE TO OR AS A CONSEQUENCE OF:		45. APPROXIMATE INTERVAL:															
46. D DUE TO OR AS A CONSEQUENCE OF:		47. APPROXIMATE INTERVAL:															
<b>CAUSE OF DEATH PART II</b>																	
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE:					49. INJURY? <b>NO</b>		50. INJURY AT WORK? <b>NO</b>		51. MANNER OF DEATH <b>NATURAL DEATH</b>		52. TIME OF DEATH <b>0825</b>						
					53. WAS AN AUTOPSY PERFORMED? <b>NO</b>		54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?										
<b>CAUSE AND MANNER OF DEATH CERTIFICATION</b>																	
<input checked="" type="checkbox"/> Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated.						55. NAME OF PERSON COMPLETING CAUSE OF DEATH: <b>JONATHAN BOWMAN, MD</b>						56. DATE CERTIFIED: <b>04-23-2012</b>					
<input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.						57. CERTIFIER'S ADDRESS: <b>355 N MAIN ST, KANAB, UT 84741</b>						58. NAME OF REGISTRAR: <b>YASMINE SEALY</b>	59. DATE REGISTERED: <b>04-24-2012</b>				

Date Issued: 04-26-2012

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA. Revised 04/2010

*Patricia Adams*

**PATRICIA ADAMS  
ASSISTANT STATE REGISTRAR**



78E08E7A

This copy not valid unless prepared on a form displaying the State Seal and impressee with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT

**STATE OF ARIZONA**  
**CERTIFICATION OF VITAL RECORD**

"Exhibit B"

ORIGINAL  
STATE COPY

STATE OF ARIZONA  
DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS  
**CERTIFICATE OF DEATH**

State File Number  
102-2024-042785

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) MADGE, RENON, FORD		2. AKA'S (IF ANY)		3. DATE OF DEATH 08/12/2024	
4. SEX FEMALE	5. SOCIAL SECURITY NUMBER 528-46-3355	6. DATE OF BIRTH 03/14/1937	7. AGE 87 YEARS		
8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH FREDONIA, COCONINO, 86022					
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS) RESIDENCE - 285 N 1ST E					
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) FAIRVIEW, UTAH		11. MARITAL STATUS WIDOWED		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) NOT LISTED	
13. DECEDENT'S LEGAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP) 285 N 1ST E, FREDONIA, COCONINO, AZ, 86022					
14. DECEDENT'S HISPANIC ORIGIN(S) NO, NOT SPANISH/HISPANIC/LATINO		15. DECEDENT'S RACE(S) WHITE		16. EVER IN ARMED FORCES NO	
17. OCCUPATION HOMEMAKER		18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX) WARREN, L, BRADY			
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) MARY, CATHERINE, CAMBRON		20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX) KIMBERLY, FORD, BLAKE			
21. RELATIONSHIP DAUGHTER		22. INFORMANT'S MAILING ADDRESS 573 W TOMAHAWK CIRCLE, KANAB, UT, 84741			
23. NAME AND ADDRESS OF FUNERAL FIRM, CITY OR RESPONSIBLE PERSON MOSDELL MORTUARY 676 S HWY 89A, KANAB, UT, 84741		24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON SPENCER, C., MOSDELL		25. LICENSE NUMBER FDL-001685	
26. METHOD(S) OF DISPOSITION BURIAL		27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY KANAB CITY CEMETERY, KANAB, UT, US		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
<b>MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I</b>					
29. A. IMMEDIATE CAUSE OF DEATH METASTATIC B CELL LYMPHOMA				30. APPROXIMATE INTERVAL 1 MONTH	
31. B. DUE TO OR AS A CONSEQUENCE OF				32. APPROXIMATE INTERVAL	
33. C. DUE TO OR AS A CONSEQUENCE OF				34. APPROXIMATE INTERVAL	
35. D. DUE TO OR AS A CONSEQUENCE OF				36. APPROXIMATE INTERVAL	
<b>CAUSE OF DEATH PART II</b>					
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (GIVEN IN PART I)		38. INJURY? NO		39. INJURY AT WORK? NO	
40. MANNER OF DEATH NATURAL DEATH		41. TIME OF DEATH 23:19		42. WAS AN AUTOPSY PERFORMED? NO	
43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?		44. NAME OF PERSON COMPLETING CAUSE OF DEATH JONATHAN, . BOWMAN			
45. DATE CERTIFIED 08/13/2024		46. CERTIFIER'S ADDRESS 355 N MAIN STREET, KANAB, UT, 84741			

Date Registered: 08/13/2024

Date Issued: 08/26/2024

VS-49 Rev. 12/2017



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA. Revised 07/2016

*Krystal Colpuff*  
**KRYSTAL COLPUFF**  
ASSISTANT STATE REGISTRAR



This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Exhibit "C" – Property

Sanpete County, State of Utah, Parcel No. 0000015439

**PARCEL #1:** Beginning 1.25 chains West, 3.33 chains South from the Northeast Corner of the Northwest Quarter of Section 2, Township 14 South, Range 4 East, Salt Lake Base and Meridian; thence West 3.75 chains, thence South 2.67 chains, thence East 3.75 chains, thence North 2.67 chains to the point of beginning. (Containing 1 acre more or less).

TOGETHER WITH all improvements and appurtenances thereunto belonging; and SUBJECT TO restrictions, easements, rights-of-way, and reservations of record and those enforceable in law and equity.

Sanpete County, State of Utah, Parcel No. 0000015437

**PARCEL #2:** Beginning 7.50 chains West and 2.25 chains South of the Northeast Corner of the Northwest Quarter of Section 2, Township 14 South, Range 4 East, Salt Lake Base and Meridian; thence East 3.75 chains, thence South 7 chains to the County Road, thence along said County Road North 45° West 6 chains to a point South of the place of beginning, thence North 3.50 chains to the point of beginning.

Containing 2.0 acres, more or less.

TOGETHER WITH all improvements and appurtenances thereunto belonging; and SUBJECT TO restrictions, easements, rights-of-way, and reservations of record and those enforceable in law and equity.

Sanpete County, State of Utah, Parcel No. 0000015438

**PARCEL #3:** BEGINNING 1.25 chains West, 6.50 chains South Northeast Corner Northwest Quarter, Section 2, Township 14 South, Range 4 East, Salt Lake Meridian; Thence South 6.25 chains, thence Northwesterly 4.00 chains, thence North 2.05 chains, thence East 2.75 chains to point of beginning, containing 1.16 acres.

TOGETHER WITH all improvements and appurtenances thereunto belonging; and SUBJECT TO restrictions, easements, rights-of-way, and reservations of record and those enforceable in law and equity.

Sanpete County, State of Utah, Parcel No. 0000026593

**PARCEL #4:** BEGINNING at the Southeast Corner of Section 21, Township 15 South, Range 4 East of the Salt Lake Base and Meridian; thence West 20 chains; thence North 14 chains; thence East 20 chains; thence South 14 chains to the point of beginning.

Containing 28.00 acres, more or less;

TOGETHER WITH all improvements and appurtenances thereunto belonging; and SUBJECT TO restrictions, easements, rights-of-way, and reservations of record and those enforceable in law and equity.