

E 1928673 B 3408 P 1944
RICHARD T. MAUGHAN, DAVIS CNTY RECORDER
2003 OCT 31 3:50 PM FEE 12.00 DEP SWM
REC'D FOR FIRST AMERICAN TITLE CO OF UTA

Recording Requested by:
Associated Title Insurance Agency, LLC
1438 North Highway 89, Suite 100
Farmington, UT 84025
(801) 451-9300

AFTER RECORDING RETURN TO:
Ronald A. Carter and Elice L. Carter
1263 North Compton Road
Farmington, UT 84025

SPACE ABOVE THIS LINE (3 1/2" X 5") FOR RECORDER'S USE

WARRANTY DEED

Escrow No. **017-4198267 (jas)**
A.P.N.: **08-246-0006**

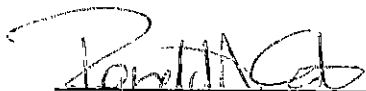
Ronald A. Carter and Elice L. Carter, husband and wife as joint tenants, Grantor, of **Farmington, Davis** County, State of **Utah**, hereby CONVEY AND WARRANT to

Ronald A. Carter and Elice L. Carter (and their successors), as Trustees of The Ronald & Elice Carter Trust, a living trust created by the Declaration of Trusts dated October 12, 1996, Grantee, of **Farmington, Davis** County, State of **UT**, for the sum of Ten Dollars and other good and valuable considerations the following described tract(s) of land in **Davis** County, State of **Utah**:

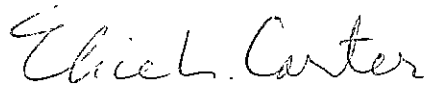
LOT 6, FOREST HEIGHTS SUBDIVISION, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE AND OF RECORD IN THE DAVIS COUNTY RECORDER'S OFFICE.

Subject to easements, restrictions and rights of way appearing of record or enforceable in law and equity and general property taxes for the year **2003** and thereafter.

Witness, the hand(s) of said Grantor(s), this **October 30, 2003**.



Ronald A. Carter



Elice L. Carter

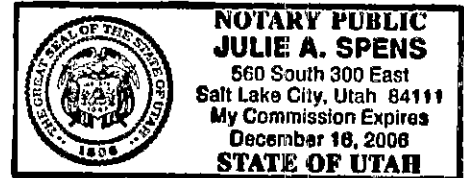
STATE OF **Utah**)
)Ss.
COUNTY OF **Davis**)

E 1928673 B 3408 P 1945

On October 30, 2003, personally appeared before me, **Ronald A. Carter and Elice L. Carter** the signor of the within instrument, who duly acknowledged to me that he/she executed the same.

Julie A. Spens
Notary Public
(Printed Name) Julie A. Spens
My Commission expires: 12/16/06

{Seal or Stamp}



JRC GRC

RECORDED

MAR 28 2014

Recording Requested By
Elice L. Carter, Trustee
After Recording, Mail to:
Elice L. Carter, Trustee
1263 Compton Road
Farmington, Utah 84025

E 2796410 B 5985 P 1051-1053
RICHARD T. MAUGHAN
DAVIS COUNTY, UTAH RECORDER
03/28/2014 02:57 PM
FEE \$14.00 Pgs: 3
DEP RTT REC'D FOR ELICE L CARTER

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Mail Tax Statements To:
Elice L. Carter, Trustee
1263 Compton Road
Farmington, Utah 84025

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF UTAH)
COUNTY OF DAVIS)

ELICE L. CARTER, of legal age, being first duly sworn, deposes and says that:

RONALD ALLEN CARTER, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as RONALD A. CARTER named as a Co-Trustee of THE RONALD & ELICE CARTER TRUST, dated October 12, 1996, in that certain Warranty Deed dated October 30, 2003 and recorded as Instrument No. E 1928673 B 3408 P 1944, on October 31, 2003, Official Records of Davis County Recorder's Office, State of Utah, which Deed conveyed title to the following described real property situated in the City of Farmington, County of Davis, State of Utah:

LOT 6, FOREST HEIGHTS SUBDIVISION, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE AND OF RECORD IN THE DAVIS COUNTY RECORDER'S OFFICE.

APN 08-246-0006

ELICE L. CARTER is now the sole Trustee of THE RONALD & ELICE CARTER TRUST.

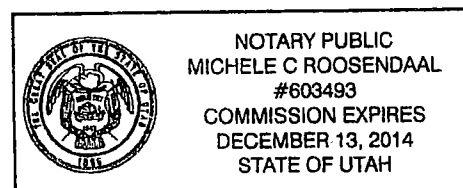
Dated: March 28, 2014

Elice L. Carter
Elice L. Carter

State of Utah)
)ss
County of Davis)

On this 28 day of March, 2014, personally appeared before me Elice L. Carter, the signer of the within instrument, who duly acknowledged to me that she executed the same.

Michele C. Roosendaal
Notary Public (Signature)
Michele Roosendaal
Name (Typed or Printed)



(Seal)

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

2796410
BK 5985 PG 1052

CERTIFICATE OF DEATH

State File Number: 2014002652

Ronald Allen Carter

DECEDENT INFORMATION

| | | | |
|----------------------|-------------------------|-------------------|---------------------|
| Date of Death: | February 23, 2014 | Time of Death: | 17:51 |
| City of Death: | Utah County | County of Death: | Utah |
| Age: | 54 | Date of Birth: | October 30, 1959 |
| Place of Birth: | LaJolla, California | Sex: | Male |
| Armed Services: | No | Marital Status: | Married |
| Spouse's Name: | Elice Lynette Boynton | Usual Occupation: | Designer |
| Industry/Business: | Products | Education: | Bachelor's Degree |
| Residence: | Farmington, Utah | Father's Name: | Marion James Carter |
| Mother's Name: | Katheryn Patricia Marsh | Facility Type: | West Desert |
| Facility or Address: | 5.3 miles South SR 73 | | |

INFORMANT INFORMATION

| | | | |
|------------------|--|---------------|--------|
| Name: | Elice Carter | Relationship: | Spouse |
| Mailing Address: | 1263 N. Compton Road, Farmington, Utah 84025 | | |

DISPOSITION INFORMATION

Method of Disposition: Cremation
Place of Disposition: Utah Funeral Directors Cremation Center, South Jordan, Utah
Date of Disposition: February 27, 2014

FUNERAL HOME INFORMATION

Funeral Home: Neptune Society
Address: 2120 South 700 East Space C, Salt Lake City, Utah 84106
Funeral Director: Brady Leder

MEDICAL CERTIFICATION

Certifying Physician: Todd C. Grey MD, Office of the Medical Examiner, 48 North Mario Capecchi Drive, Salt Lake City, Utah 84113

CAUSE OF DEATH

Blunt force injuries of head, torso and extremities.
Tobacco Use: Non-user
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Accident

INJURY INFORMATION

| | | | |
|-------------------------|---|------------------|-------|
| Date of Injury: | February 23, 2014 | Time of Injury: | 17:51 |
| Injury at Work: | No | Place of Injury: | Field |
| Location of Injury: | Allen's Ranch Road 5.3 miles South of SR73, Utah County, Utah | | |
| How Injury Occurred: | Fell while paragliding | | |
| Motor Vehicle Accident: | No | | |

Date Registered: February 27, 2014

Date Issued: March 4, 2014

This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics.
Security features of this official document include: Intaglio Border, V & R images in top cycloids, and intaglio microtext.
This document displays the date, seal and signature of the Utah State Registrar and the County/District Health Officer.


Janice L. Houston
State Registrar

Rev. 6/13



* 0 6 4 0 4 9 6 1 7 *


Gary L. Edwards
Director/Health Officer

County/District Health Department



AFFIDAVIT FOR CORRECTION

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE. A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

All vital records are registered as received. Corrections must be made by affidavit. An item on the birth certificate may be corrected by affidavit only once; a court order will be required for subsequent corrections.

PLEASE RETURN ALL COPIES WITH ONE COMPLETED AFFIDAVIT WITHIN 90 DAYS FOR REPLACEMENT TO:

VITAL RECORDS, PO BOX 141012, SALT LAKE CITY, UTAH 84114-1012.

OR BRING COPIES AND COMPLETED AFFIDAVIT TO OUR OFFICE AT 288 NORTH 1460 WEST, SALT LAKE CITY, UTAH.

BIRTH CERTIFICATES

- List the facts exactly as stated on the reverse side. Opposite each item, correct the information as it should have been stated at the time of the birth.
- If the person listed on the record is under 18 years of age, both parents of record **MUST** sign the affidavit. If the person listed on the record is 18 years or older, he/she **MUST** sign as one of the witnesses. Parents are the preferred witnesses for the second signature. If no father is listed on the record, an immediate relative of the mother may sign if he/she is of legal age. All signatures **MUST** be notarized.
- The parent(s) may add or correct the surname from that listed on the record until the child's first birthday without documentation. The first, and/or middle name can be corrected or added without documentation until the child's sixth birthday.
- This affidavit cannot be used to add a father or correct medical information on a birth certificate.
- A Delayed Birth Certificate requires a court order to make any corrections.

DEATH CERTIFICATES

- List the facts exactly as stated on the reverse side. Opposite each item, correct the information as it should have been stated at the time of the death.
- This form is to be used to correct non-medical information **ONLY**. The informant **MUST** sign as a witness along with an immediate member of the decedent's family, or a person who is knowledgeable of the facts. Corrections to marital status **MUST** be approved and processed by the State Office of Vital Records and Statistics. Contact our office for assistance.
- All medical information **MUST** be corrected with a **MEDICAL AFFIDAVIT** completed by the health care provider who signed the original death certificate.

☐ BIRTH

☐ DEATH

☐ STILLBIRTH

STATE FILE NUMBER _____

| NAME AS REPORTED ON REVERSE | 1a. FIRST NAME | 1b. MIDDLE NAME | 1c. LAST NAME |
|--|---|--------------------|---|
| STATEMENT OF CORRECTIONS | 2a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD | | 2b. CORRECT INFORMATION |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| WHY IS CHANGE NECESSARY? | 3. | | |
| DOCUMENTS USED TO AMEND RECORD | 4. | | |
| OATH OF FIRST WITNESS (MUST BE 18 OR OLDER) | I hereby certify, under penalty of perjury, that I have personal knowledge of the above facts and that the information given is true and correct. | | Subscribed & Sworn to before me this ____ day of _____ 20__ |
| | 5. SIGNATURE OF WITNESS | | Notary Public _____ |
| | 6. DATE SIGNED | 7. AGE OF WITNESS | 8. DAYTIME TELEPHONE OF WITNESS () |
| | 9. ADDRESS OF WITNESS (Street, City, State, Zip) | | My Commission Expires _____ |
| | 10. RELATIONSHIP TO PERSON IN 1a. (Circle one) Self Parent/Guardian Spouse Funeral Director Informant Other (Specify) | | S E A L |
| OATH OF SECOND WITNESS (MUST BE 18 OR OLDER) | I hereby certify, under penalty of perjury, that I have personal knowledge of the above facts and that the information given is true and correct. | | Subscribed & Sworn to before me this ____ day of _____ 20__ |
| | 11. SIGNATURE OF WITNESS | | Notary Public _____ |
| | 12. DATE SIGNED | 13. AGE OF WITNESS | 14. DAYTIME TELEPHONE OF WITNESS () |
| | 15. ADDRESS OF WITNESS (Street, City, State, Zip) | | My Commission Expires _____ |
| | 16. RELATIONSHIP TO PERSON IN 1a. (Circle one) Self Parent/Guardian Spouse Funeral Director Informant Other (Specify) | | S E A L |