

AFFIDAVIT OF SUCCESSOR TRUSTEE

STATE OF UTAH)
)ss.
COUNTY OF UTAH)

Bryce K. Taylor, Successor Trustee of The Paul H. Taylor Trust aka The Paul H. Taylor Marital and Family Trust dated April 6, 1987, being of legal age and being duly sworn, declares as follows:

The decedents mentioned in the attached copies of Certificates of Death are the same persons named as the Grantees in that certain Quit Claim Deed dated February 9, 2000, recorded February 18, 2000 as Entry #13238;2000 of the official records of the Recorder, Utah County, Utah, covering the following described property situated in Utah County, State of Utah:

See attached Exhibit A

Affiant is the Successor Trustee named in the above referenced Trust, and as such has full authority to act as Trustee in all respects and to deal with the real property identified above.

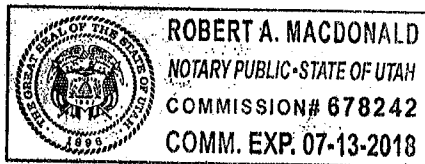
Dated July 31, 2015

[Handwritten signature of Bryce K. Taylor]
Bryce K. Taylor, Successor Trustee

Subscribed and Sworn to before me this 31st day of July, 2015 by Bryce K. Taylor, Successor Trustee of The Paul H. Taylor Trust aka The Paul H. Taylor Marital and Family Trust dated April 6, 1987.

Witness my hand and official seal

[Handwritten signature of Notary Public]
Notary Public
Commission Expiration: 7-13-18
Resides in: Springville, Utah



After recording, return to: Bryce K. Taylor, 932 N. 520 W., Orem, UT, 84057

PLT: R/o

STATE OF UTAH - DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Access to information on this form is limited by the Vital Statistics Act and Rules.

LOCAL FILE NUMBER **25-0600** STATE FILE NUMBER

1. NAME OF DECEDENT FIRST MIDDLE LAST Paul H. Taylor			2. SEX Male		3a. DATE OF DEATH (Mo., Day, Yr.) Apr. 10, 2002		3b. TIME OF DEATH (24 hr. clock) 1130	
4. DATE OF BIRTH (Mo., Day, Yr.) June 27, 1915			5. AGE- Last Birthday 86		6. BIRTHPLACE (City & State or Foreign Country) Provo, Utah		7. SOCIAL SECURITY NUMBER 529-48-0601	
8a. PLACE OF DEATH (check only) <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA <input checked="" type="checkbox"/> 4. Hospital (retains codes for Hospital only) <input checked="" type="checkbox"/> 5. Nursing Home <input type="checkbox"/> 6. Residence (any) <input type="checkbox"/> 7. Other (specify)								
8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) East Lake Care Center								
8c. CITY, TOWN, OR LOCATION OF DEATH Provo			8d. COUNTY OF DEATH Utah			9. SURVIVING SPOUSE (if wife, give maiden name) N/A		
10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No			11. MARITAL STATUS <input type="checkbox"/> 1. Never Married <input checked="" type="checkbox"/> 3. Widowed <input type="checkbox"/> 2. Married <input type="checkbox"/> 4. Divorced			12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired) Farmer		
12b. KIND OF BUSINESS OR INDUSTRY Agriculture								
13a. RESIDENCE - STREET AND NUMBER 1815 South Geneva Road						13b. CITY, TOWN OR COMMUNITY Orem		13c. COUNTY Utah
13d. STATE UT	13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		14. WAS DECEDENT OF HISPANIC ORIGIN? (if yes, Specify) <input type="checkbox"/> 1. Mexican <input type="checkbox"/> 2. Cuban <input checked="" type="checkbox"/> 3. Puerto Rican <input type="checkbox"/> 4. Other (Specify)		15. RACE - Black, White, Am. Indian (tribe may be entered), Japanese, etc. (Specify) White		16. EDUCATION (specify only highest grade completed) Elementary or Secondary (9-12) College (13-16 or 17+) 12	
17. FATHER'S NAME (First, Middle, Last) William Weldon Taylor			18. MAIDEN NAME OF MOTHER (First, Middle, Last) Nora Johnson					
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Bryce Kofford Taylor (Son) 923 North 520 West, Orem, Utah 84057								
20. METHOD OF DISPOSITION <input type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other <input checked="" type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal			21a. DATE OF DISPOSITION Apr 15, 2002		21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Orem City Cemetery		21c. LOCATION - City or Town, State Orem, Utah	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Thomas J. Sanderson</i>			23. LICENSEE NUMBER 221136700902		24. FUNERAL HOME (Name and address) Walker Sanderson Funeral Home 646 East 800 North Orem, Utah 84097 93-103640-0901			
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 4/10/02								
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. M.E. CASE NO. _____ HR. _____ MO _____ DAY _____ YEAR _____								
27a. CERTIFIER <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 2. MEDICAL EXAMINER/LAW 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.								
27b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>						27c. LICENSE NUMBER 162157-1205		27d. DATE SIGNED (Month, Day, Year) 4/20/02
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print) Kirk R. Anderson, M.D. 1055 North 500 West, Provo, Utah 84604								
29. REGISTRAR'S SIGNATURE <i>Joseph K. Minner, MD</i>			30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) MAY 01 2002			30b. DATE FILED (Mo., Day, Yr.) MAY 01 2002		
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cardiac arrest instant DUE TO (OR AS A CONSEQUENCE OF): b. CHF 3-4 yrs. DUE TO (OR AS A CONSEQUENCE OF): c. Aortic stenosis lifetime DUE TO (OR AS A CONSEQUENCE OF): d. _____ PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I atrial fibrillation								
32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: <input type="checkbox"/> 1. Probably contributed to the cause of death. <input checked="" type="checkbox"/> 6. NON USER <input type="checkbox"/> 2. Was the underlying cause of death. <input type="checkbox"/> 3. Did not contribute to the cause of death. <input type="checkbox"/> 6. UNKNOWN IF USER <input type="checkbox"/> 4. Is unknown in relation to the cause of death.			33a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			
34. MANNER OF DEATH <input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Undetermined if Injured <input type="checkbox"/> 6. Pending Investigation If Injured Purposefully or Accidentally			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. LOCATION (Street or rural route number, city or town, county and state.)			35e. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (specify)					
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) ENT70939:2015 PG 2 of 5								

USE PERMANENT BLACK INK

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: **MAY 01 2002**

County **Utah**

Registrar **Joseph K. Minner, MD**

Barry E Nangle

Barry E. Nangle
DIRECTOR OF VITAL RECORDS

By

LL 1095830



Ruth Nelson



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

STATE OF UTAH
CERTIFICATE OF VITAL RECORD

ENT70939:2015 PG 3 of 5

Access to information on this form is limited under the Vital Statistics Act and Rules

STATE OF UTAH - DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

LOCAL FILE NUMBER 25-0248

STATE FILE NUMBER

1. NAME OF DECEDENT FIRST MIDDLE LAST Veda Alene Kofford Taylor		2. SEX Female	3a. DATE OF DEATH (Mo., Day, Yr.) Mar 21, 1999	3b. TIME OF DEATH (24hr. clock) 0730
4. DATE OF BIRTH (Mo., Day, Yr.) Jul 6, 1916		5. AGE (Last birthday) 82	6. BIRTHPLACE (City & State or Foreign Country) Orem, Utah	
7. SOCIAL SECURITY NUMBER 528-10-8542		8a. PLACE OF DEATH (Check only one) <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DCA <input type="checkbox"/> 4. Nursing Home <input checked="" type="checkbox"/> 5. Residence <input type="checkbox"/> 6. Other		
8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location) 1815 South Geneva Road		9. CITY, TOWN OR LOCATION OF DEATH Orem		
10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		11. MARITAL STATUS <input type="checkbox"/> 1. Never Married <input checked="" type="checkbox"/> 2. Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) Homemaker
12b. KIND OF BUSINESS OR INDUSTRY Own Home		13. RESIDENCE - STREET AND NUMBER 1815 South Geneva Road		
13b. CITY, TOWN OR COMMUNITY Orem		13c. COUNTY Utah		13d. STATE UT
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		13f. ZIP CODE 84058		14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify) <input type="checkbox"/> 1. Mexican <input type="checkbox"/> 2. Cuban <input type="checkbox"/> 3. Puerto Rican <input type="checkbox"/> 4. Other (Specify)
15. RACE - Black, White, Am. Indian (Type may be entered), Japanese, etc. (Specify) White		16. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17+) 12		
17. FATHER'S NAME (First, Middle, Last) Willard Hogan Kofford		18. MAIDEN NAME OF MOTHER (First, Middle, Last) Veda Mellin		
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Paul Hector Taylor (Husband) 1815 South Geneva Road, Orem, Utah 84058				
20. METHOD OF DISPOSITION <input type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other <input checked="" type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal		21a. DATE OF DISPOSITION Mar 29, 1999	21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Orem City Cemetery	21c. LOCATION - City or Town, State Orem, Utah
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Walker Sanderson</i>		23. LICENSE NUMBER 221136700902	24. FUNERAL HOME (Name, address and license number) Walker Sanderson Funeral Home 646 East 800 North Orem, Utah 84097 93-103640-0901	
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 3/15/99		26. If not certified by medical examination, was death reported to M.E.? (If yes, enter the date and hour reported; M.E. Case No.) <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		
27a. CERTIFIER <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 2. MEDICAL EXAMINER / LAW 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.		27b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		
27c. LICENSE NUMBER 178-162157-1205		27d. DATE SIGNED (Mo., Day, Yr.) 3/26/99		
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/print) Kirk Anderson, M.D. 1055 North 500 West, Provo, Utah 84604				
29. REGISTRAR'S SIGNATURE <i>Joseph K Miner, MD</i>		30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)		30b. DATE FILED (Mo., Day, Yr.) MAR 26 1999
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Respiratory arrest DUE TO (OR AS A CONSEQUENCE OF) b. Chronic debilitation DUE TO (OR AS A CONSEQUENCE OF) c. Chronic Parkinson's disease DUE TO (OR AS A CONSEQUENCE OF) d. Approximate Interval Between Onset and Death: a. instant b. years c. years				
PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I. severe or respiratory with ventricle compression fracture				
32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT <input type="checkbox"/> 1. Probably contributed to this cause of death <input type="checkbox"/> 2. Was the underlying cause of death <input type="checkbox"/> 3. Did not contribute to this cause of death <input checked="" type="checkbox"/> 4. Is unknown in relation to the cause of death		33a. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> 5. NON-USER <input type="checkbox"/> 6. UNKNOWN IF USER		33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No
34. MANNER OF DEATH <input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Undetermined if Injured Purposely or Accidentally <input type="checkbox"/> 6. Pending Investigation		35a. DATE OF INJURY (Mo., Day, Yr.)	35b. TIME OF INJURY (24 Hour Clock)	35c. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No
35d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		35e. If motor vehicle accident specify if decedent was driver, passenger or pedestrian.		
35f. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)				

JUN 18 2007

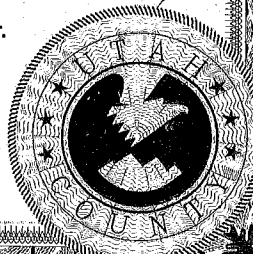
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Barry E Nangle
Barry E. Nangle, State Registrar
Office of Vital Statistics



Joseph K Miner, MD
Joseph K. Miner, MD, MSPH
Director/Health Officer
County/District Health Department

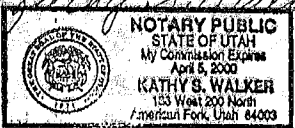
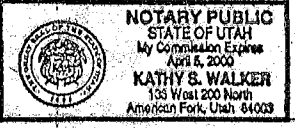


ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**STATE OF UTAH
CERTIFICATION OF VITAL RECORD**

ENT70939:2015 PG 4 of 5

UTAH DEPARTMENT OF HEALTH
AFFIDAVIT TO AMEND A RECORD

LOCAL CERTIFICATE NUMBER 25-0348		<input type="checkbox"/> BIRTH <input checked="" type="checkbox"/> DEATH <input type="checkbox"/> FETAL DEATH		STATE CERTIFICATE NUMBER 143 99 03250	
1a. FIRST NAME Veda		1b. MIDDLE NAME Alene Kofford		1c. LAST NAME Taylor	
2. SEX Female	3. DATE OF EVENT March 21, 1999	4. PLACE OF OCCURRENCE - city and county Orem, Utah		Hospital (if applicable) N/A	
5. NAME OF FATHER Willard Hogan Kofford			6. MAIDEN NAME OF MOTHER Veda Meiling		
MAKE NO CORRECTIONS ABOVE THIS LINE					
ITEM NUMBER	7a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD	7b. FACTS AS THEY SHOULD HAVE BEEN STATED ON THE ORIGINAL AT THE TIME OF OCCURRENCE			
	7c. Mar 21, 1999	Mar 24, 1999			
	7d. Yes	No			
8. CHANGE NECESSARY? Death Date of deceased was entered incorrectly					
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 28 day of April , 19 99		
10. SIGNATURE OF FIRST WITNESS <i>Paula Taylor Rowe</i>		11. DATE SIGNED 4-28-99		Notary Public <i>Kathy S. Walker</i>	
12. AGE OF WITNESS 54		13. RELATIONSHIP OF WITNESS TO THE PERSON WHOSE RECORD IS BEING AMENDED Daughter			
14. ADDRESS OF WITNESS (street, city, state, zip) 305 W 1900 S Orem, Ut 84058					
I hereby certify, under penalty of perjury, that I have personal knowledge of the above facts and that the information given above is true and correct.			Subscribed & sworn to before me this 28 day of April , 19 99		
16. SIGNATURE OF SECOND WITNESS <i>Kathy Walker</i>		17. DATE SIGNED 4-28-1999		Notary Public <i>Kathy S. Walker</i>	
18. AGE OF WITNESS 52		19. RELATIONSHIP OF WITNESS TO THE PERSON WHOSE RECORD IS BEING AMENDED Funeral Home Secretary			
20. ADDRESS OF WITNESS (street, city, state, zip) 646 East 800 North, Orem, Utah 84097					
21. DATE ACCEPTED MAY 06 1999		22. OFFICE OF THE STATE OR LOCAL REGISTRAR Barry E Nangle Sr			

JUN 18 2007

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Barry E Nangle
Barry E. Nangle, State Registrar
Office of Vital Statistics



Joseph K Miner, MD
Joseph K. Miner, MD, MSPH
Director/Health Officer
County/District Health Department

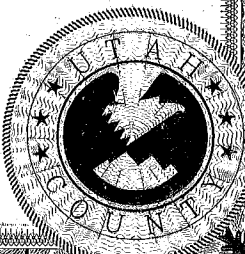


Exhibit "A"

An easement of right of way 1 rod wide for access and farming purposes, leading from Geneva Road Westerly and Southerly to the Paul H. Taylor farm located in the Southwest 1/4 of Section 28, Township 6 South, Range 2 East and in the Northwest 1/4 of Section 33, Township 6 South, Range 2 East, Salt Lake Base & Meridian, described orginially in a Warranty Deed recorded January 24, 1935 in Book 303, Page 600, Entry No. 808, and more particularly described as follows:

Commencing 19 chains North of the South 1/4 corner of Section 28, Township 6 South, Range 2 East, Salt Lake Base & Meridian; thence North 6.24 chains; thence East 17.50 chains to State Highway; thence Southerly approximately 1 rod along said highway; thence West 17.25 chains; thence South 6 chains; thence West 1 rod to the point of beginning.