

EXHIBIT "A"

BEG AT A PT ON W LINE OF STATE HWY; N $89^{\circ}52'$ W 2542.7 FT & N $78^{\circ}17'$ W 82.7 FT & N $22^{\circ}01'$ E 321 FT FR S 1/4 COR SEC 1-T1N-R1W, SLM; TH N $67^{\circ}59'$ W 71.45 FT; TH N $22^{\circ}01'$ E 7.13 FT; TH N $67^{\circ}39'50''$ W 309.19 FT, M/L, TO E'LY LINE OF BERR R/W; TH N $31^{\circ}26'$ E 181.82 FT, M/L, ALG SD R/W; TH S $67^{\circ}59'$ E 347.9 FT, M/L, TO W LINE HWY; TH S $22^{\circ}01'$ W 188.4 FT, M/L, TO POB. CONT. 1.55 ACRES.

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

3187768
BK 7348 PG 1611

CERTIFICATE OF DEATH

State File Number: 2017001978

Collins V Maxfield

DECEDENT INFORMATION

Date of Death:	February 6, 2017	Time of Death:	05:10
City of Death:	St George	County of Death:	Washington
Age:	75	Date of Birth:	April 14, 1941
Place of Birth:	Provo, Utah	Sex:	Male
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Karen Joy Eddington	Usual Occupation:	Chaparral Fire Protection
Industry/Business:	Owner/self employed	Education:	High School or GED
Residence:	St George, Utah	Parent or Father:	Vaughn Elijah Maxfield
Parent or Mother:	Avis Albert Jacobsen	Facility Type:	Home
Facility or Address:	1140 East Fort Pierce Drive #3		

INFORMANT INFORMATION

Name:	Karen Maxfield	Relationship:	Wife
Mailing Address:	1140 East Fort Pierce Dr. #3, St George, Utah 84790		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Bountiful City Cemetery, Bountiful, Utah
Date of Disposition:	February 10, 2017

FUNERAL HOME INFORMATION

Funeral Home:	Russon Brothers Mortuary - Bountiful
Address:	295 North Main Street, Bountiful, Utah 84010
Funeral Director:	Chad B Russon

MEDICAL CERTIFICATION

Medical Professional:	Sarah W Wu MD, Dixie Regional Medical Center, 1380 East Medical Center Drive, St George, Utah 84790
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CAUSE OF DEATH

Esophageal Cancer
Tobacco Use: Unknown
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: February 8, 2017
Date Issued: February 8, 2017

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Richard J. Oborn
Richard J. Oborn, MPA
State Registrar
Rev. 1/16

065322611

David W. Blodgett
David W. Blodgett, MD
Director/Health Officer



STATE OF UTAH - DEPARTMENT OF HEALTH - OFFICE OF VITAL RECORDS AND STATISTICS

AFFIDAVIT TO AMEND A RECORD

Corrections to a vital record must be made by affidavit but an item on a birth record may be corrected by affidavit only once. A court order is required for subsequent changes. A court order is necessary to make any corrections to a Delayed Birth Certificate. This affidavit cannot be used to correct medical information. Please return any copies of the certificate with this affidavit completed. If corrected certificates are reissued within 90 days of issuance, the new certificate fee will be waived but affidavit fees may still apply. This affidavit may be mailed or hand delivered.

Mailing Address
Office of Vital Records and Statistics
PO Box 141012
Salt Lake City, UT 84114-1012

3187768
BK 7348 PG 1612

Physical Address
Office of Vital Records and Statistics
288 North 1460 West
Salt Lake City, UT 84116

Affidavit Instructions

- Please print or type in black ink.
Items 1-6: Enter the facts as reported on the current vital record.
Item 7: Enter Item number from items 1-6 that will be changed, if applicable.
Item 8a: Enter the information as stated on the original record.
Item 8b: Enter the correct information as it should be stated on the record.
Item 9: Enter the reason the change is necessary.
Item 10: Enter the proofs used to support the change, if applicable. The proofs must match the asserted fact(s) exactly.
Items 11-22: Enter witness information.

Witness Instructions

- Witnesses for Birth Certificate:** If the person listed on the record is under 18 years of age, both parents of record **MUST** sign the affidavit. If only one parent is listed, the second witness **MUST** be an immediate family member of the listed parent. If the person listed on the record is 18 years of age or older, he/she **MUST** sign as one of the witnesses. The second witness **MUST** be their immediate family member.
Witnesses for Death Certificate: 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.

 BIRTH

 DEATH

 STILLBIRTH

STATE FILE NUMBER _____

NAME AS REPORTED ON REVERSE	1a. FIRST NAME		1b. MIDDLE NAME		1c. LAST NAME		
	2. SEX	3. DATE OF EVENT		4. PLACE OF OCCURRENCE (City and County)			
	5. NAME OF PARENT 1 (Maiden name if Applicable)			6. NAME OF PARENT 2 (Maiden name if Applicable)			
STATEMENT OF AMENDMENTS	7. ITEM NO.	8a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD		8b. CORRECT INFORMATION			
WHY IS CHANGE NECESSARY?	9a.						
	9b.						
DOCUMENTS USED TO AMEND RECORD	10a.						
	10b.						
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__	
	11a. SIGNATURE OF WITNESS (Must be signed in front of a Notary)			11b. PRINTED NAME OF WITNESS			Notary Signature _____
	12. DATE SIGNED		13. AGE OF WITNESS	14. DAYTIME TELEPHONE OF WITNESS ()		15. RELATIONSHIP OF WITNESS	State _____
	16. ADDRESS OF WITNESS (Street, City, State, Zip)						County _____
							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__	
	17a. SIGNATURE OF WITNESS (Must be signed in front of a Notary)			17b. PRINTED NAME OF WITNESS			Notary Signature _____
	18. DATE SIGNED		19. AGE OF WITNESS	20. DAYTIME TELEPHONE OF WITNESS ()		21. RELATIONSHIP OF WITNESS	State _____
	22. ADDRESS OF WITNESS (Street, City, State, Zip)						County _____
							S E A L