

WHEN RECORDED MAIL TO:
Cottonwood Title Insurance Agency, Inc.
1544 N Woodland Park Dr, Ste 300
Layton, UT 84041

File No.: 120203-JCP

SUCCESSOR TRUSTEE'S AFFIDAVIT

I, the undersigned Tina Marie Matthews Forsgren as Trustee, do hereby affirm the following:

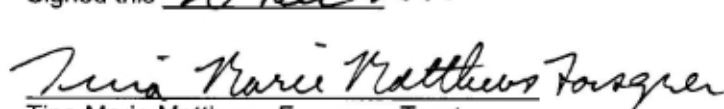
1. Verification of Trust: This is to certify by all present trustees that the copy of the Trust Agreement provided herewith is a true and correct copy of the David Harold Matthews and Jean Marie Tibbitts Matthews Irrevocable Trust dated December 14, 2017 (The "Trust"), as it may have been amended, and that it is in full force and effect and that it has not been revoked or terminated.
2. That I was well and personally acquainted with Jean Marie Tibbitts Matthews, a trustee named in that certain Quit Claim Deed recorded March 6, 2018 as Entry no 3079793, records of the Davis County Recorder, Utah.
3. That I was well and personally acquainted with Jean Marie Tibbitts Matthews, a trustee named in that certain Quit Claim Deed recorded March 6, 2018 as Entry no 3079794, records of the Davis County Recorder, Utah.
4. That I know of my own knowledge that Jean Marie Tibbitts Matthews in the said deed and Jean Marie Tibbitts Matthews mentioned in the attached Certificate of Death was one and the same person.
5. Pursuant to the terms of the trust, and the successor trustee provisions therein, I have been duly appointed and named as successor trustee(s) of the Trust.
6. I have full power to convey title, sell, or enter into any contract pertaining to real property currently held in the Trust. Said Property is located in Davis County, State of Utah, and more particularly described as:

See Exhibit A attached hereto and made a part hereof

TAX ID NO.: 12-037-0066, 12-037-0072, 12-037-0075 and 12-037-0030 (for reference purposes only)

6. The trust has not been terminated or amended in any way to restrict my ability to convey title to the above-mentioned property.
7. I am still a current trustee of the Trust.
8. In light of the foregoing facts, the undersigned, in consideration of the issuance by First American Title Insurance Company of a policy of Title Insurance covering the said Property in the manner described, the undersigned, hereby promises, covenants and agrees to hold harmless, protect and indemnify Cottonwood Title Insurance Agency, Inc. and First American Title Insurance Company against those liabilities, losses, damages, expenses and charges that may arise as a result of this transaction and conveyance of property.

Signed this 20 Dec 2019


Tina Marie Matthews Forsgren, Trustee

State of Utah

County of Davis

On this DEC. 20, 2019, personally appeared before me Tina Marie Matthews Forsgren, the trustee named above who acknowledged the foregoing instrument.

J C Morris

Notary Public

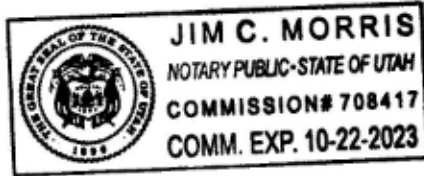


EXHIBIT A

PARCEL 1:

Beginning at a point 565.67 feet West along the section line and South 33.0 feet from the North quarter corner of Section 5, Township 4 North, Range 2 West, Salt Lake Base and Meridian; and running thence South 175.00 feet; thence East 5.79 feet; thence South 452.0 feet; thence West 170.46 feet; thence North 627.00 feet to the South line of 300 North Street; thence East 164.67 feet along said street to the point of beginning.

PARCEL 2:

Beginning at a point 660 feet South and 246.0 feet East of the Northwest corner of the Northeast quarter of the Northwest quarter of Section 5, Township 4 North, Range 2 West, Salt Lake Base and Meridian; and running thence North 330.0 feet; thence East 82.0 feet; thence South 330.0 feet; thence West 82.0 feet to the point of beginning.

PARCEL 3:

Beginning at a point West 44 rods along section line from the North quarter corner of Section 5, Township 4 North, Range 2 West, Salt Lake Base and Meridian; thence South 660 feet more or less; thence West 268.34 feet; thence North 00°00'14" East 660 feet to section line; thence East 146.29 feet; thence South 00°00'50" West 161.50 feet; thence East 115 feet; thence North 00°00'50" East 161.50 feet to a point on section line 44 rods and 8.62 feet West from North quarter corner of Section 5; thence East 8.62 feet to the point of beginning.

LESS Street.

PARCEL 4:

Beginning at a point West 734.62 feet and South 33.00 feet from the North quarter corner of Section 5, Township 4 North, Range 2 West, Salt Lake Meridian; thence South 128.5 feet; thence West 115.00 feet; thence North 128.5 feet; thence East 115.00 feet, to the point of beginning.

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2019001112

3215467
BK 7419 PG 1885

Jean Marie Tibbitts Matthews

DECEDENT INFORMATION

Date of Death:	January 20, 2019	Time of Death:	08:10
City of Death:	Ogden	County of Death:	Weber
Age:	81	Date of Birth:	January 30, 1937
Place of Birth:	Salt Lake City, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Married
Spouse's Name:	David Harold Matthews	Usual Occupation:	Secretary
Industry/Business:	Department of Defense	Education:	High School or GED
Residence:	West Point, Utah	Parent or Father:	Orrin Gessel Tibbitts
Parent or Mother:	Ethel Marie Call	Facility Type:	Hospital Inpatient
Facility or Address:	McKay-Dee Hospital Center		

INFORMANT INFORMATION

Name:	David Harold Matthews	Relationship:	Husband
Mailing Address:	3635 West 300 North, West Point, Utah 84015		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	West Point City Cemetery, West Point, Utah
Date of Disposition:	January 26, 2019

FUNERAL HOME INFORMATION

Funeral Home:	Russon Brothers Mortuary - Farmington
Address:	1941 North Main, Farmington, Utah 84025
Funeral Director:	Chad B Russon

MEDICAL CERTIFICATION

Medical Professional: Shulun Zang MD, 4401 Harrison Blvd, Ogden (Weber), Utah 84403

CAUSE OF DEATH

Hemorrhagic Stroke
Tobacco Use: Unknown
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: January 24, 2019

Date Issued: January 24, 2019

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: High Resolution Border, V & R Images in top cycloids, and microtext. This document displays the date, seal, and signature of the Utah State Registrar of Vital Records and Statistics.

Richard J. Oborn

Richard J. Oborn, MPA
State Registrar

Rev. 1/16



066083200

Brian W. Bennion

Brian W. Bennion, MPH
Director/Health Officer
County Health
Department



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

3215467
BK 7419 PG 1886

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)		
STATEMENT OF AMENDMENTS	5. NAME OF PARENT 1 (Maiden name if Applicable)			6. NAME OF PARENT 2 (Maiden name if Applicable)		
	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 _____
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 _____