

"This is a legally binding contract. If not understood, seek competent advice."

7651145  
06/01/2000 03:02 PM 13.00  
NANCY WORKMAN  
RECORDER, SALT LAKE COUNTY, UTAH  
RICHARD THOMAS  
854B SUGARLOAF LN  
SANDY UT 84093  
BY: ZJM, DEPUTY - WI 2 P.

Recorded at Request of: RICHARD THOMAS  
at \_\_\_\_\_ M. Fee paid \$ \_\_\_\_\_  
by \_\_\_\_\_ Dep. Book  
\_\_\_\_\_ Page \_\_\_\_\_ Ref.:

Mail tax notice to: Richard Thomas  
Address: 549 West 200 South, SLC, UT 84101

7651145

**AFFIDAVIT OF SUCCESSOR TRUSTEE**

**RICHARD M. THOMAS**, being first duly sworn upon his oath, hereby deposes and states as follows:

1. That he is currently the Successor Trustee of the **HENRY L. & MARIAN S. THOMAS FAMILY LIVING TRUST**.
2. That the original Trustee **HENRY L. THOMAS** is deceased.
3. That pursuant to the terms of the **HENRY L. & MARIAN S. THOMAS FAMILY LIVING TRUST**, Affiant **RICHARD M. THOMAS** was appointed as the Successor Trustee as of \_\_\_\_\_.
4. **RICHARD M. THOMAS**, as Successor Trustee, and pursuant to the terms of the afore-said Living Trust has the authority to sign and execute any and all documents, including Quit Claim Deeds in regard to the assets in said Trust.
5. Said affidavit refers to real property located in the State of Utah, County of Salt Lake, more commonly identified as:

*Commencing 18.5 feet West of the Northeast corner of Lot 5, Block 63, Plat "A", Salt Lake City Survey, and running thence West 60 feet; thence South 165 feet; thence East 60 feet; thence North 165 feet to the place of beginning.*

*Together with a right of way over the following described tract of land, to wit: Commencing 2 feet West of the Northeast corner of said Lot 5, and running thence West 1 rod; thence South 10 rods; thence East 1 rod; thence North 10 rods to the place of beginning.*

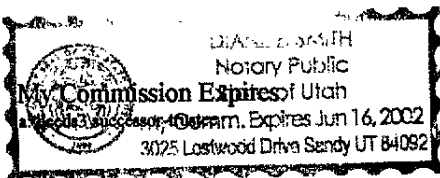
*Together with all buildings, improvements, appurtenances and water rights.*  
Street Address: 543-49 West 200 South, Salt Lake City, Utah 84101

Dated this the 1 day of June, 2000.

Richard M. Thomas  
RICHARD M. THOMAS

STATE OF UTAH        )  
                                  :SS  
County of Salt Lake    )

On this the 1 day of June, 2000, personally appeared before me **RICHARD M. THOMAS**, the signer of the within instrument, who duly acknowledged me he executed the same.



Diana G. Smith  
NOTARY PUBLIC residing at \_\_\_\_\_

BK8365PG5151

# STATE OF UTAH — DEPARTMENT OF HEALTH

## STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

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

LOCAL FILE NUMBER <b>78-2585</b>		STATE FILE NUMBER	
1. NAME OF DECEDENT FIRST: <b>Henry</b> MIDDLE: <b>Lewis</b> LAST: <b>THOMAS</b>		2. SEX: <b>Male</b>	3a. DATE OF DEATH (Mo., Day, Yr.): <b>June 20, 1996</b>
4. DATE OF BIRTH (Mo., Day, Yr.): <b>May 28, 1915</b>		5. AGE (At last birthday): <b>81</b>	7. SOCIAL SECURITY NUMBER: <b>529-18-2469</b>
6. BIRTHPLACE (City & State or Foreign Country): <b>Salt Lake City, Utah</b>		8a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA <input type="checkbox"/> 4. Armed Forces OTHER: <input checked="" type="checkbox"/> 5. Nursing Home <input type="checkbox"/> 6. Residence <input type="checkbox"/> 7. Other	
8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location): <b>1519 East Parkway Avenue</b>		9. SURVIVING SPOUSE (If wife, give maiden name):	
DECEDENT 8c. CITY, TOWN OR LOCATION OF DEATH: <b>Salt Lake City</b>		8d. COUNTY OF DEATH: <b>Salt Lake</b>	
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 type="checkbox"/> 2. Married <input checked="" 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): <b>Co-Owner</b>		12b. KIND OF BUSINESS OR INDUSTRY: <b>Thomas Electric Company</b>	
13a. RESIDENCE - STREET AND NUMBER: <b>1519 East Parkway Avenue</b>		13b. CITY, TOWN OR COMMUNITY: <b>Salt Lake City</b>	13c. COUNTY: <b>Salt Lake</b>
13d. STATE: <b>Utah</b>		13e. ZIP CODE: <b>84106</b>	
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 (Tribe may be entered), Japanese, etc. (Specify): <b>White</b>	
16. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17+): <b>12</b>		17. FATHER'S NAME (First, Middle, Last): <b>Henry Lewis Thomas</b>	
18. MAIDEN NAME OF MOTHER (First, Middle, Last): <b>Margaret Elizabeth Peterson</b>		19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT: <b>Mr. Richard M. Thomas (son) 8548 Sugarloaf Lane, Sandy, Utah 84093</b>	
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: <b>June 24, 1996</b>	21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): <b>Wasatch Lawn Mem. Park</b>
21c. LOCATION - City or Town, State: <b>Salt Lake City, Utah</b>		22. SIGNATURE OF FUNERAL SERVICE LICENSEE: <b>Tom E. Jensen</b>	
23. LICENSE NUMBER: <b>#278065</b>		24. FUNERAL HOME (Name, address and license number): <b>Wasatch Lawn Mortuary 3401 Highland Drive Salt Lake City, Utah 84106</b>	
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN: <b>6/11/96</b>		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. _____ HOUR _____ 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: <b>Chris Romney MD</b>	
27c. LICENSE NUMBER: <b>93263367120</b>		27d. DATE SIGNED (Mo., Day, Yr.): <b>6/21/96</b>	
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Type/Print): <b>K. Christian Romney, M.D. 2000 South 900 East, Salt Lake City, Utah</b>			
29. REGISTRAR'S SIGNATURE: <b>Barry E. Nangle</b>		30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.): <b>June 21, 1996</b>	30b. DATE FILED (Mo., Day, Yr.): <b>June 21, 1996</b>
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): <b>Pneumonia</b> Approximate Interval Between Onset and Death: <b>1 week</b> DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST. <b>Asthma Exacerbation</b> <b>1 week</b> <b>Coronary Artery Disease</b> <b>5 days</b> DUE TO (OR AS A CONSEQUENCE OF):			
PART II: Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I		32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT <input checked="" type="checkbox"/> 1. Probably contributed to the cause of death. <input type="checkbox"/> 5. NON-USER <input type="checkbox"/> 2. Was the underlying cause of death. <input type="checkbox"/> 6. UNKNOWN IF USER <input type="checkbox"/> 3. Did not contribute to the cause of death. <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 4. Is unknown in relation to the cause of death.	
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 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)			

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 05 2000**

County - Salt Lake

Registrar

*Kathy Wood*

*Barry E Nangle*

Barry E. Nangle  
DIRECTOR OF VITAL RECORDS

By

*Ellen Freeman*



L012141

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

K8365PG5152

SDH-BVR 95 (11/95)