RETURNE.

WHEN RECORDED MAIL TO: Stearns L. Kilfoyle 2661 East 300 North Layton, Utah 84040 MAY 0 / 2007

E 2267834 B 4276 P 690-691
RICHARD T. MAUGHAN
DAVIS COUNTY, UTAH RECORDER
05/04/2007 02:25 PM
FEE \$13.00 Pas: 2
DEP RT REC'D FOR STEARNS L KILFOYL
E

QUIT-CLAIM DEED

2267834 BK 4276 PG 690

STEARNS L. KILFOYLE,

Grantor(s)

of Layton County of Davis, State of Utah, hereby QUIT-CLAIM to

STEARNS L. KILFOYLE and DONNA P. KILFOYLE, Trustees of THE KILFOYLE FAMILY REVOCABLE LIVING TRUST, dated the 28th day of November, 1995.

Grantee(s)

Of Layton, County of Davis, State of Utah
For the sum of TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION,

The following described tract of land in Davis County, State of Utah, to-wit:

Beginning 495 Feet South and 2387.44 Feet West From Northeast Corner of Section 14 Township 4 North, Range 2 West, Sail And Says and Meridian; South 744 feet, West 302.56 feet more or less to the point beginning.

(12-080-0063)

WITNESS, the hand of said grantors, this 4 day of May, 2007.

STEARNS L. KILFOYLE

STATE OF Utah

COUNTY OF Davis

On May 4, 2007, personally appeared before me, STEARNS L. KILFOYLE, the signer(s) of the foregoing instrument, who duly acknowledged to me that he/she/they executed the same.

Notary Public
LORI VEST
2346 South 900 West
Syracuse, UT 84075
My Commission Expires
Decamber 8, 2010
STATE OF UTAH

Notary Public

Date: 5/4/2007

Parcel Vesting Information 12/09/1994 to Present

BK 4276 PG 691

Serial Number: 12-080-0063
Mailing Address: 2661 EAST 300 NORTH

LAYTON, UT 84041

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|--|---|------|-----|----|----|----|
|--|---|------|-----|----|----|----|

KILFOYLE, STEARNS L.

Tax District

13 CLEARFIELD ABC

Legal Description

BEG 495 FT S & 2337.44 FT W FR NE COR SEC 14-T4N-R2W SLM; S 744 FT; W 302.56 FT M/L; N 744 FT; E 302.56 FT M/L TO BEG. CONT. 5.16 ACRES. (WENT TO 12-199-0111 & 0112 & 12-080-0064)

Page 1 of 1

3320378 BK 7646 PG 3939 E 3320378 B 7646 P 3939-3941
RICHARD T. MAUGHAN
DAVIS COUNTY, UTAH RECORDER
11/30/2020 2:09:00 PM
FEE \$40.00 Pgs: 3
DEP eCASH REC'D FOR SOUTHERN UTAH TITLE

RECORDING REQUESTED BY: Southern Utah Title Company

AND WHEN RECORDED MAIL TO: Jerry Kilfoyle 36 Bedrock Circle Santa Clara, Utah 84765

Order No. 214894 Tax I.D. No. 12-080-0063

This area reserved for County Recorder

AFFIDAVIT OF TRUSTEE(S)

COMES NOW, Jerry Kilfoyle, UPON FIRST BEING DULY SWORN, UPON HER/HIS OATH DEPOSES AND SAYS:

- That I/WE am/are a citizen(s) of the United States over the age of 21 years and residents of Santa Clara, County of Washington, State of Utah.
- That he/she is the Son of Stearns Layton Kilfoyle, who passed away on the 19th day of April, 2017, and whose death is evidenced by the attached Certified copy of Certificate of Death.
- That Stearns Layton Kilfoyle, also known as Stearns L. Kilfoyle, whose death is evidenced above, is one and
 the same person as that certain individual who acquired the real property shown below, as Trustee of the
 Kilfoyle Family Revocable Living Trust, dated the 28th day of November, 1995, by Deed recorded May 4, 2007,
 as Entry No. 2267834, in Book 4276, at Pages 690-691, Official Davis County Records:

BEGINNING 495 FEET. SOUTH AND 2337.44 FEET WEST FROM THE NORTHEAST CORNER OF SECTION 14, TOWNSHIP 4 NORTH, RANGE 2 WEST, SALT LAKE BASE AND MERIDIAN; THENCE SOUTH 744 FEET; THENCE WEST 302.56-FEET MORE OR LESS; THENCE NORTH 744 FEET; THENCE EAST 302.56 FEET MORE OR LESS TO THE POINT OF BEGINNING.

4. That The Kilfoyle Family Revoacle Living Trust, dated November 28, 1995, was restated on October 27, 2015. That according to Section TEN under the The Kilfoyle Family Revoacle Living Trust, dated November 28, 1995, restated on October 27, 2015, that upon the death of Stearns L. Kilfoyle, Donna P. Kilfoyle was to be appointed the Successor Trustee; that the above described Trust is still in full force and effect and that by operation of said Trust, Donna P Kilfoyle is the Successor Trustee of the The Kilfoyle Family Revoacle Living Trust, dated November 28, 1995, restated on October 27, 2015.

DATED this 1914 day of November, 2020.

Jerry Kilfoyle

STATE OF Utah

COUNTY OF Washing for 1919 percentally appears

On the 1915 day of November, 2020, personally appeared before me, Jerry Kilfoyle, the signer of the within instrument who duly acknowledged to me that he/she executed the same.

DAVID PRISBREY

Notary Public

State Of Utah

My Commission Expires 06-07-2024

COMMISSION NO. 711714

My Commission Expires:

NOTARY PUBLIC



3320378 BK 7646 PG 3940

CERTIFICATE OF DEATH

State File Number: 2017005739

Stearns Layton Kilfoyle

DECEDENT INFORMATION

Date of Death: April 19, 2017 City of Death: Ivins

Age: 92 Place of Birth: Layton, Utah

Armed Services: Yes
Spouse's Name: Donna Parker

Industry/Business: Food Distribution
Residence: St George, Utah

Parent or Mother: Cora Layton

Facility or Address: Southern Utah Veterans Home

Time of Death: 03:10
County of Death: Washington
Date of Birth: May 21, 1924

Sex: Male
Marital Status: Married
Usual Occupation: Manager

Education: Some College but No Degree

Parent or Father: Reuben Kilfoyle

Facility Type: Nursing Home/Assisted Living

INFORMANT INFORMATION

Name: Donna Kilfoyle Relationship: Wife

Mailing Address: 1610 West 100 North #59, St George, Utah 84770

DISPOSITION INFORMATION

Method of Disposition: Buria

Place of Disposition: Kaysville City Cemetery, Kaysville, Utah

Date of Disposition: April 29, 2017

FUNERAL HOME INFORMATION

Funeral Home: Serenity Funeral Home - St George

Address: 1316 South 400 East #A3, , St George, Utah 84790

Funeral Director: W Russell Atkin

MEDICAL CERTIFICATION

Medical Professional: William F Esplin DO, St George Clinic, 736 South 900 East Suite 203, St George (Washington),

Utah 84790

CAUSE OF DEATH

Multi Organ Failure [Onset: 48 Hours]

Due to (or as a consequence of): End Stage Renal Disease Other significant conditions: Atrial Fibrillation, Hyperlipidemia

Tobacco Use: Non-user

Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: April 21, 2017 Date Issued: June 4, 2020

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.

Linda S. Wininger LCSW State Registrar



066165757

Jan Willer

David W. Blodgett, MD



STATE OF UTAH - DEPARTMENT OF HEALTH - OFFICE OF VITAL RECORDS AND STATISTICS AFFIDAVIT TO AMEND A RECORD

BK 7646 PG 3941

Corrections to a vital record may be made by affidavit but an item on a birth record may be corrected by affidavit only once. A court order is required for gender or subsequent changes. This form is not used with a court order. A court order is necessary to make any corrections to a Delayed Birth Certificate or Death Certificate. This affidavit cannot be used to correct medical information. Many changes, including marital status, require more information; please visit our website or contact our office. Please return any copies of the certificate with this completed affidavit and all supporting documentation. 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 with the correct fees and proof of ID.

Mailing Address: Office of Vital Records and Statistics PO Box 141012 Salt Lake City, UT 84114-1012 Physical Address: Office of Vital Records and Statistics 288 North 1460 West Salt Lake City, UT 84116 Contact Info: https://VitalRecords.utah.gov 801-538-6105 vrequest@utah.gov



Affidavit Instructions: Please print or type, Items 1-6: Enter the facts as reported on the current vital record. Item 7: Enter the 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. Item 9: Enter the reason the change is necessary. Item 10: Enter the proofs used to support the change. The proofs must match the asserted fact(s) exactly. Proofs must be submitted with the affidavit. Items 11-22: Enter witness information.

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. If adding a spouse, the spouse must sign as a witness. If no immediate family, a person who is knowledgeable of the facts may sign.

| | | BIRTH | DEATH | | STILLBI | RTH | | STATE FILE NUMBER: | |
|---|---|--|-------------------|------------------------|--------------|---|---|---|---|
| N AS | 1a. FIRST NAME 1b. MIDDLE NAME | | | | | 1c. LAST NAME | | | |
| INFORMATION AS REPORTED ON RECORD | 2. SEX 3. DATE OF EVENT | | 2 | 4. PLACE OF OCCURRENCE | | ICE (City and County) | - | | |
| REPC RI | 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 ON ORIGINAL RECORD | | | | | 8b. CORREC | CT INFORMATION | _ | |
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| STAT | | | | | | | | | - |
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| WHY IS CHANGE NEEDED? | 9. | | | | | | | | _ |
| DOCU- MENTS | 10. | | | | | | | | _ |
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| % ₹ | and that the | information given is OF WITNESS (Must sign in | true and correct | ct. | | or the above i | dGtb | STATE COUNTY | |
| ITNE | | | | | | NOTARY SIGNATURE | | | |
| F FIRST SE 18 O | 12. DATE SIGNE | D 13. AGE OF WITNESS | 14. DAYTIME TELEF | PHONE | | 15. RELATIONSH | IP TO 1a | | |
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| | | | | | | | F | | |
| | I harabu aart | I hereby certify under penalty of perjury, that I have personal knowledge of the above facts | | | | | Subscribed to and Sworn to before me this day of 20 | L | |
| SECOND WITNESS BE 18 OR OLDER) | and that the | information given is OF WITNESS (Must sign in | true and correc | ct. | | or the above i | auts | STATE COUNTY | |
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| | | T. MITHER CO. | | | | | | | 5 |
| | 22. ADDRESS OF WITNESS | | | | | ** | / | | |
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| UDOLL OVDS | 004 Day 55 | 2040 | | | | | | | - |