



W3318524

Send tax notices to:

Cheryl Quackenbush, Trustee
14615 Wye Street
San Diego, CA 92129

E# 3318524 PG 1 OF 11
Leann H. Kilts, WEBER COUNTY RECORDER
19-Mar-24 0110 PM FEE \$40.00 DEP SD
REC FOR: SMITH KNOWLES PC
ELECTRONICALLY RECORDED

Certification of Trust for the Wayne R. Barker Trust dated November 15, 1996

Pursuant to Utah Code § 75-7-1013, this Certification of Trust is signed by the currently acting trustees of the Wayne R. Barker Trust dated November 15, 1996 ("Trust"), who declare:

1. The Grantor of the Trust is Wayne R. Barker. Wayne R. Barker was the initial trustee of the Trust. Wayne R. Barker died on January 19, 1998 (see *Certificate of Death* attached as **Exhibit A**). The Trust is irrevocable.
2. Alan Dayley was serving as successor trustee. Alan Dayley resigned as trustee and then thereafter passed away August 2, 2022 (see *Certificate of Death* attached hereto as **Exhibit B**).
3. Richard R. Hadley and Cheryl D. Quackenbush now serve as successor trustees. The signature of both trustees is required to exercise the powers of the trustee.
4. The addresses of the successor trustees are:

Richard R. Hadley
791 E. 1250 S.
Kaysville, UT 84037

Cheryl D. Quackenbush
14615 Wye St.
San Diego, CA 92129

5. Trust property may be taken in the name of:

Richard R. Hadley and Cheryl D. Quackenbush, Trustees, or their successors in trust, of the Wayne R. Barker Trust dated November 15, 1996, and any amendments thereto.

6. Any alternative description will be effective to title assets in the name of the Trust or to designate the Trust as a beneficiary if the description includes the name of at least one initial or successor trustee, any reference indicating that property is being held in a fiduciary capacity, and the date of the Trust.
7. Excerpts from the Trust document that establish the trust, designate the trustee, and set forth the powers of the trustee will be provided upon request. The powers of the trustee include the power to acquire, sell, assign, convey, pledge, encumber, lease, borrow, manage, and deal with real and personal property interests of all Trust property.

8. The terms of the trust provide that a third party may rely upon this Certification of Trust as evidence of the existence of the trust and is specifically relieved of any obligation to inquire into the terms of this trust or the authority of my Trustee, or to see to the application that the Trustee makes of funds or other property received by the Trustee.
9. The Trust has not been revoked, modified, or amended in any way that would cause the representations in this Certification of Trust to be incorrect.
10. Pursuant to Utah Code § 75-7-1013(2), which allows that a Certification of Trust may be signed by any trustee, the undersigned Trustees hereby execute this Certification.
11. This Certification of Trust identifies a successor trusteeship to the prior trusteeship as identified in that certain Quit Claim Deed recorded with the Weber County Recorder on August 1, 2013, as Entry No. 2648430 ("Deed").
12. This Certification of Trust affects title in the following-described parcels of real property situated in Weber County, State of Utah:

Parcel No. 18-084-0011

ALL OF LOT 6, ACRE'S SUBDIVISION, NORTH OGDEN CITY, WEBER COUNTY, UTAH TOGETHER WITH A 44.00 FOOT WIDE EASEMENT DESCRIBED AS FOLLOWS: A PART OF LOT 47, PLAT "B", NORTH OGDEN SURVEY WEBER COUNTY UTAH: BEGINNING AT A POINT ON THE WEST LINE OF WASHINGTON BOULEVARD BEING 353.55 FEET NORTH 0D15'00" EAST ALONG THE WEST LINE OF SAID WASHINGTON BOULEVARD FROM THE SOUTHEAST CORNER OF SAID LOT 47; AND RUNNING THENCE NORTH 89D43'42" WEST 200.00 FEET TO THE PROPERTY LINE COMMON TO THE BARKER PROPERTIES; THENCE SOUTH 0D15'00" WEST 44.00 FEET ALONG SAID PROPERTY LINE; THENCE SOUTH 89D43'42" EAST 200.00 FEET TO THE WEST LINE OF SAID WASHINGTON BOULEVARD; THENCE NORTH 0D15'00" EAST 44.00 FEET ALONG SAID WEST LINE TO THE POINT OF BEGINNING. (CROSS EASEMENT AGREEMENT E#1515579 BOOK 1902 PAGE 46).

LESS AND EXCEPTING: PARCEL OF LAND IN FEE FOR THE WIDENING OF THE EXISTING HIGHWAY STATE ROUTE 134 (2600 NORTH STREET) KNOWN AS PROJECT NO. F-0235(20)3, BEING PART OF AN ENTIRE TRACT OF PROPERTY SITUATE IN THE LOT 6 ACRES, SUBDIVISION A SUBDIVISION RECORDED AS E# 1515571, BOOK 46, PAGE 9 OF PLATS IN THE NORTHEAST QUARTER NORTHEAST QUARTER OF SECTION 32 7N, RANGE 1 WEST, SALT LAKE BASE & MERIDIAN, THE BOUNDARIES OF SAID PARCEL OF LAND ARE DESCRIBED AS FOLLOWS: BEGINNING AT THE SOUTHWEST CORNER OF SAID LOT 6 AND RUNNING THENCE NORTH 89D43'42" WEST 15.50 FEET ALONG THE NORTHERLY RIGHT OF WAY LINE OF THE EXISTING HIGHWAY STATE ROUTE 134 (2600 NORTH STREET) TO A POINT 55.00 FEET PERPENDICULARLY DISTANT

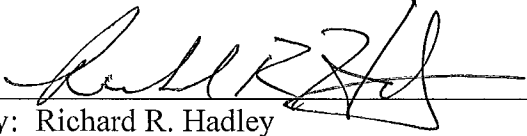
NORTHERLY FROM SAID CONTROL LINE OPPOSITE ENGINEER STATION 108+95.94, THENCE NORTH 54D54'07" EAST 19.00 FEET TO A POINT IN THE WESTERLY RIGHT OF WAY LINE OF 400 EAST STREET WHICH POINT IS 66.00 FEET PERPENDICULARLY DISTANT NORTHERLY FROM SAID CONTROL LINE OPPOSITE ENGINEER STATION 109+11.44 THENCE SOUTH 00D15'00" WEST 11.00 FEET ALONG SAID WESTERLY RIGHT OF WAY LINE TO THE POINT OF BEGINNING. AS SHOWN ON THE OFFICIAL MAP OF SAID PROJECT ON FILE IN THE OFFICE OF THE UTAH DEPARTMENT OF TRANSPORTATION. THE ABOVE DESCRIBED PARCEL OF LAND CONTAINS 85 SQUARE FEET OR 0.002 ACRE IN AREA, MORE OR LESS.

ALSO:
EASEMENT RIGHTS GRANTED AND SET FORTH IN THAT CERTAIN RECIPROCAL EASEMENT AGREEMENT RECORDED AUGUST 20, 1998 AS ENTRY NO. 1567898 IN BOOK 1949 AT PAGE 2424.

This certification is being executed in conformity with the provisions of Utah Code § 75-7-1013.

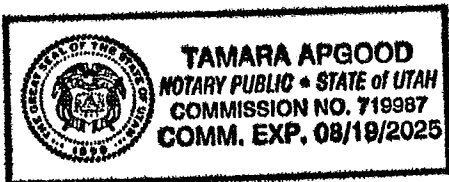
DATED this 12th day of March, 2024.

Wayne R. Barker Trust dated November 15, 1996


By: Richard R. Hadley
Its: Trustee

STATE OF UTAH)
) ss.
COUNTY OF WEBER)

The foregoing instrument was acknowledged before me on this 12th day of March, 2024, by Richard R. Hadley, proved on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged he executed the same in his capacity as Trustee of the Wayne R. Barker Trust dated November 15, 1996.




Notary Public

DATED this 11th day of March, 2024.

Wayne R. Barker Trust dated November 15, 1996.

Cheryl D. Quackenbush

By: Cheryl D. Quackenbush
Its: Trustee

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of San Diego)

On this 11th day of March, 2024, before me, River O Resendiz-Hernandez
(insert name and title of the officer)

personally appeared Cheryl D. Quackenbush, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity as Trustee of the Wayne R. Barker Trust dated November 15, 1996, and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature [Handwritten Signature] (Seal)



EXHIBIT A

Certificate of Death for Wayne R. Barker

STATE OF UTAH — DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

E# 3318524 PG 6 OF 11

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

LOCAL FILE NUMBER 29-61-98

USE PERMANENT BLACK INK	1. NAME OF DECEDENT		2. SEX		3a. DATE OF DEATH (Mo., Day, Yr.)		3b. TIME OF DEATH (24hr. clock)	
	Wayne Ririe BARKER		Male		Jan 19, 1998		0007	
	4. DATE OF BIRTH (Mo., Day, Yr.)		5. AGE - (Last birthday)		6. BIRTHPLACE (City & State or Foreign Country)		7. SOCIAL SECURITY NUMBER	
	Dec 12, 1909		88		North Ogden, Utah		[REDACTED]	
	8a. PLACE OF DEATH (Check only one)				8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location)			
	HOSPITAL: <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA OTHER: <input checked="" type="checkbox"/> 5. Nursing Home <input type="checkbox"/> 6. Residence <input type="checkbox"/> 7. Other				Manor Care Nursing Center			
	8c. CITY, TOWN OR LOCATION OF DEATH				8d. COUNTY OF DEATH			
	Ogden				Weber			
	9. SURVIVING SPOUSE (If wife, give maiden name)				Zelpha Hatch			
	10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES		11. MARITAL STATUS		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired)		12b. KIND OF BUSINESS OR INDUSTRY	
<input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		<input type="checkbox"/> 1. Never Married <input checked="" type="checkbox"/> 2. Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced		Owner/Business Manager		Barker Service Station		
13a. RESIDENCE - STREET AND NUMBER			13b. CITY, TOWN OR COMMUNITY		13c. COUNTY		13d. STATE	
3005 North 425 East			North Ogden		Weber		Utah	
13a. INSIDE CITY LIMITS?		13i. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify)		15. RACE - Black, White, Am. Indian (Tribes may be entered), Japanese, etc. (Specify)		16. EDUCATION (Specify only highest grade completed) Elementary or Secondary (9-12) College (13-16 or 17 +)	
<input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		84414	<input type="checkbox"/> 1. Mexican <input type="checkbox"/> 2. Cuban <input type="checkbox"/> 3. Puerto Rican <input type="checkbox"/> 4. Other (Specify)		White		12	
17. FATHER'S NAME (First, Middle, Last)				18. MAIDEN NAME OF MOTHER (First, Middle, Last)				
Clarence M. Barker				Myrtle Ririe				
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT								
Joanne Dayley (daughter), 5379 South 1400 East, So. Ogden, Utah 84403								
20. METHOD OF DISPOSITION		21a. DATE OF DISPOSITION		21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		21c. LOCATION - City or Town, State		
<input checked="" type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal		Jan 22, 1998		North Ogden Cemetery		North Ogden, Utah		
22. SIGNATURE OF FUNERAL SERVICE LICENSEE				23. LICENSEE NUMBER		24. FUNERAL HOME (Name, address and license number)		
<i>Devin Myers</i>				110752		101660 Myers Mortuary 845 Washington Blvd. Ogden, Utah 84404		
25. DATE DECEDENT WAS LAST ATTENDED BY CERTIFYING PHYSICIAN		26. If not certified by medical examiner, was death reported to M.E.?		27. DATE FILED (Mo., Day, Yr.)				
12-29-97		<input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		JAN 20 1998				
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				27c. LICENSE NUMBER		27d. DATE SIGNED (Mo., Day, Yr.)		
<i>Seth Lewis</i>				93-264301-1205		01-20-98		
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Type/Print)								
Seth Lewis, M.D., 4650 Harrison Blvd., Ogden, Utah 84403								
29. REGISTRAR'S SIGNATURE				30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)		30b. DATE FILED (Mo., Day, Yr.)		
<i>J. Mazany MD</i>						JAN 20 1998		
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. Ren Uremia				Approximate Interval Between Onset and Death.		
		DUE TO (OR AS A CONSEQUENCE OF):				days		
		b. Ureteral Obstruction				2 mo		
		DUE TO (OR AS A CONSEQUENCE OF):						
		c. Prostate Cancer				5 yr		
		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				32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT		33a. WAS AN AUTOPSY PERFORMED?		
				<input type="checkbox"/> 1. Probably contributed to the cause of death. <input checked="" type="checkbox"/> 5. NON-USER		<input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		
				<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"/> 4. Is unknown in relation to the cause of death.				
34. MANNER OF DEATH		35a. DATE OF INJURY (Mo., Day, Yr.)		35b. TIME OF INJURY (24 Hour Clock)		35c. INJURY AT WORK?		
<input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident						<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		
<input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide		35d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)						
<input type="checkbox"/> 5. Undetermined If Injured Purposely or Accidentally <input type="checkbox"/> 6. Pending Investigation		35e. LOCATION (Street or rural route number, city or town, county and state.)						
		35f. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)						

UDH-BVRHS-Form 12, Rev. 1/96

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: JAN 20 1998

County WEBER

Registrar

J. Mazany MD

Barry E Nangle

Barry E. Nangle
DIRECTOR OF VITAL RECORDS

By

JS

LL497028



* 0 0 4 9 7 0 2 8 *



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

EXHIBIT B

**Resignation of Trustee and Acceptance of Successor Trustee
and
Certificate of Death for Alan J. Dayley**

RESIGNATION OF TRUSTEE AND ACCEPTANCE OF SUCCESSOR TRUSTEESHIP

WAYNE R. BARKER TRUST DATED NOVEMBER 15, 1996

This Resignation of Trustee and Acceptance of Successor Trustee is made in relation to the Wayne R. Barker Trust dated November 15, 1996 ("Trust"). Wayne R. Barker was the initial Trustee of the Trust. Wayne R. Barker died January 19, 1996.

Alan Dayley became and is currently serving as the successor trustee of the Trust. Alan Dayley desires and here exercises his right to resign as trustee. The 2013 Amendment to the Trust nominates Richard R. Hadley and Cheryl D. Quackenbush as successor co-trustees.

SUCCESSOR TRUSTEE RESIGNATION

Effective immediately, I, Alan Dayley hereby resign as successor trustee of the Wayne R. Barker Trust dated November 15, 1996, and any amendments thereto, recognizing that the trusteeship will immediately be assumed by the next named successor trustees pursuant to paragraph a. of the said 2013 Amendment to the Trust. This is effective immediately.

Dated this 21 day of July, 2021.²²

RESIGNING TRUSTEE:

Alan J. Dayley

Alan Dayley

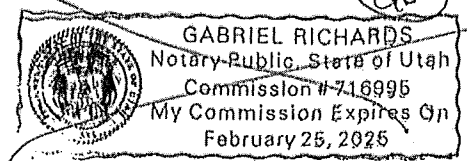
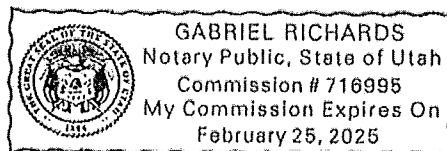
STATE OF UTAH)

: ss

COUNTY OF WEBER _____)

On the 21 day of July, 2021.²² before me personally appeared Alan Dayley, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same.

Gabriel Richards
Notary Public

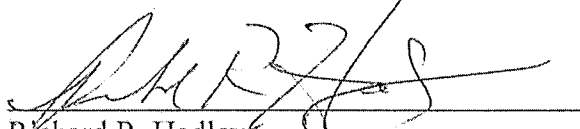


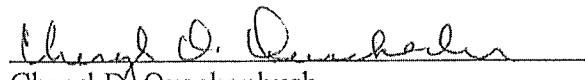
ACCEPTANCE OF SUCCESSOR TRUSTEESHIP

Pursuant to paragraph a. of the 2013 Amendment to the Trust, Richard R. Hadley and Cheryl D. Quackenbush, hereby accept the successor co-trusteeship of the Wayne R. Barker Trust dated November 15, 1996.

Dated this 21 day of July, 2021. ²² CR

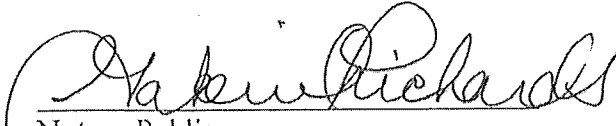
ACCEPTING SUCCESSOR TRUSTEES:

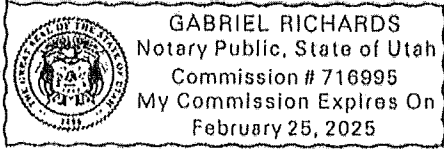

Richard R. Hadley


Cheryl D. Quackenbush

STATE OF UTAH)
 : ss
COUNTY OF WEBER)

On the 21 day of July, 2021,²² before me personally appeared Richard R. Hadley and Cheryl D. Quackenbush, personally known to me or proved to me on the basis of satisfactory evidence to be the persons whose names are subscribed to the within instrument, and acknowledged that they executed the same. CR


Notary Public



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

E# 3318524 PG 10 OF 11

CERTIFICATE OF DEATH

State File Number: 2022013586

Alan J Dayley

DECEDENT INFORMATION

Date of Death:	August 2, 2022	Time of Death:	15:10
City of Death:	South Ogden	County of Death:	Weber
Age:	88	Date of Birth:	November 9, 1933
Place of Birth:	Ogden, Utah	Sex:	Male
Armed Services:	Yes	Marital Status:	Married
Spouse's Name:	Joanne Barker	Usual Occupation:	Administrator
Industry/Business:	Higher Education	Education:	Doctorate Degree
Residence:	South Ogden, Utah	Father's Name:	Chauncey Lee Dayley
Mother's Name:	Gladys May Nate	Facility Type:	Home
Facility or Address:	5379 South 1400 East		

INFORMANT INFORMATION

Name:	Joanne Barker Dayley	Relationship:	Wife
Mailing Address:	5379 South 1400 East, South Ogden, Utah 84403		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Lindquist's Washington Heights Memorial Park, Ogden, Utah
Date of Disposition:	August 13, 2022

FUNERAL HOME INFORMATION

Funeral Home:	Lindquist Mortuary - Ogden
Address:	3408 Washington Boulevard, Ogden, Utah 84401
Funeral Director:	Daniel R Jackson

MEDICAL CERTIFICATION

Certifying Physician:	Rachael Stubbs MD, 2981 East Juliet Way, Salt Lake City, Utah 84121
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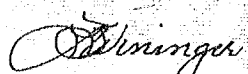
CAUSE OF DEATH

Liver Cancer
Tobacco Use: Unknown if User
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

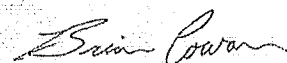
Date Registered: August 5, 2022

Date Issued: August 5, 2022

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: Intaglio Border, V & R images in top cycloids, and intaglio microtext. This document displays the date, seal and signature of the Utah State Registrar of Vital Record and Statistics.


Linda S. Winger, MSW, LCSW
State Registrar
Rev 07/21




Brian Cowan, MPH, LEHS
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 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, proof of ID and application for a new certificate.

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 [] STILLBIRTH STATE FILE NUMBER: _____

INFORMATION AS REPORTED ON RECORD	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 ON ORIGINAL RECORD			8b. CORRECT INFORMATION	
WHY IS CHANGE NEEDED?	9. _____					
DOCUMENTS USED	10. _____					
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 to and Sworn to before me this ____ day of ____ 20__.	
	11a. SIGNATURE OF WITNESS (Must sign in front of Notary)			11b. PRINTED NAME OF WITNESS		
	STATE _____		COUNTY _____			
	NOTARY SIGNATURE _____					
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 to and Sworn to before me this ____ day of ____ 20__.	
	17a. SIGNATURE OF WITNESS (Must sign in front of Notary)			17b. PRINTED NAME OF WITNESS		
	STATE _____		COUNTY _____			
	NOTARY SIGNATURE _____					
OATH OF FIRST WITNESS (MUST BE 18 OR OLDER)	12. DATE SIGNED	13. AGE OF WITNESS	14. DAYTIME TELEPHONE		15. RELATIONSHIP TO 1a.	
	18. ADDRESS OF WITNESS					
OATH OF SECOND WITNESS (MUST BE 18 OR OLDER)	18. DATE SIGNED	19. AGE OF WITNESS	20. DAYTIME TELEPHONE		21. RELATIONSHIP TO 1a.	
	22. ADDRESS OF WITNESS					

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