WHEN RECORDED MAIL TO: Jeffrey W. Wilkinson, P.C. 6925 Union Park Center, Suite 290 Cottonwood Heights, Utah 84047 Ent: 339419 - Pg 1 of 3
Date: 3/16/2010 11:12 AM
Fee: \$14.00 CHECK
Filed By: MC
CALLEEN B PESHELL, Recorder
Tooele County Corporation
For: JEFFREY W WILKINSON P.C.

## CERTIFICATE OF INCUMBENCY

STATE OF UTAH ) :ss.
COUNTY OF SALT LAKE )

LARRY D. BACON and LEE ANN BACON SHELTON ("Affiants"), being duly sworn, state and represent that:

- 1. Affiants are the successor trustees named in that certain REVA M. BACON FAMILY TRUST dated April 27, 1999 made under the laws of the State of Utah by REVA M. BACON as grantor and REVA M. BACON as trustee.
  - 2. The REVA M. BACON FAMILY TRUST is in full force and effect.
  - 3. REVA M. BACON is now deceased.
- 4. George "J" Sweeting renounced the opportunity to act as Co-Trustee on October 1, 2009.
- 5. Affiants are now acting as trustees under the REVA M. BACON FAMILY TRUST and are the **only trustees** qualified to act.
- 5. The following described real property located in Tooele County, State of Utah is an asset of the trust and was held in the name of REVA M. BACON as trustee:

Commencing 30.50 chains West of the Southeast corner of Section 25, Township 2 South, Range 6 West, thence North 190 feet; thence East 138 feet; thence South 29 feet; thence East 260 feet; thence South 159 feet; thence West 398 feet to beginning.

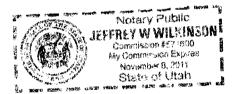
- 6. A certified copy of the Certificate of Death, File Number 23-007, of REVA M. BACON is attached hereto and is incorporated herein by this reference.
- 7. Affiants were personally acquainted with REVA M. BACON. REVA MORGAN BACON named in the attached Certificate of Death is one and the same person as the person who was named as Trustee in the REVA M. BACON FAMILY TRUST who was listed as record owner of the above-described real property.

STATE OF UTAH

:ss.

COUNTY OF SALT LAKE

On the 4 day of February, 2010, personally appeared before me LARRY D. BACON, the Affiants named in the foregoing Affidavit, who being by me first duly sworn, acknowledged to me that they executed the same and that the statements contained therein are true.



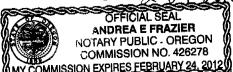
NOTARY PUBLIC Residing at:

My Commission Expires:

On the 18 day of 4chmary, 2010, personally appeared before me LEE ANN BACON SHELTON, the Affiants named in the foregoing Affidavit, who being by me first duly sworn, acknowledged to me that they executed the same and that the statements contained therein are true.

Andrey & Frazin NOTARY PUBLIC Residing at: Vale, OR 97918

My Commission Expires: 2 - 24 - 2012



STATE OF UTAH — DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH

Ent: 339419 - Pg 3 of 3

CERTIFICATE OF DEATH LOCAL FILE NUMBER 23-007 NAME OF DECEDENT FIRST 3a. DATE OF DEATH (Mo., Day, Yr.) Female January 16, 2004 REVA MORGAN BACON 4. DATE OF BIRTH (Mo., Day, Yr.) 5. AGE-Last Birthday | IF UNDER 1 YEAR | IF UNDER 24 H . | 6. BIRTHPLACE (City & State or Foreign Country) July 8, 1919 Ophir, Utah 529-12-6443 Be PLACE HOSPITAL (SE ALL OTHER LOCATIONS 8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give atreet address of location) 5. Nursing Home F DEATH 1. Inpatient 1. Inpatient 2. ER/Outpatient 3. DOA 324 No Cooley 7. Other (apecify) IC. CITY, TOWN, OR LOCATION OF DEATH MA. COUNTY OF DEATH 9. SURVIVING SPOUSE (If wife, give maiden name) Grantsville Tooele DECEDENT 10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done 12b. KIND OF BUSINESS OR INDUSTRY during most of working life. Do NOT enter retired) 1, Never Married 🔀 3. Widowed Inventory Clerk 1, Yes 🔀 2. No 🔲 2 Married 🔲 4. Divorced 13a. RESIDENCE - STREET AND NUMBER 13b. CITY, TOWN OR COMMUNITY 13c. COUNTY 13d STATE 324 No Cooley Grantsville Tocale Utah 14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify) 36. INSIDE CITY 13/. ZIP CODE 1. Yes X 2. No Secondary (0-12) College (13-16 or 17+) X 1. Yes 1. Mexican 2. Cuber 84029 3. Puerto Ricen 4. Other (Specify) 2. No 18. MAIDEN NAME OF MOTHER (First, Middle, Last) PARENTS Clarence Morgan Mildred Davis INFORMANT Larry Bacon, Son P.O. Box 436, Grantsville, UT 84029 21a, DATE OF DISPOSITION | 21b, PLACE OF DISPOSITION (name of cemetery, prematory, or other place) | 21c, LOCATION - City or Town, State 20. METHOD OF DISPOSITION USE PERMANENT BLACK INK 1. Enlombment 2. Donation 3. Other 01/21/2004 Grantsville Cemetery Grantsville UT X 4. Burtal 5. Cremetion 6. Removal 22. SIGNATURE OF FUNERAL SERVICE LICENSEE 323152-0902 Tate Mortuary 1. Yes X 2. No 110 S. Main St. 27a, CERTIFIER 2. MEDICAL EXAMINERALAW ENFORCEMENT OFFICIAL: On the basis of examination and/or investigation, in my opinion, death occur
on set of manner as stated. 9319 ON WHO CERTIFIED THE CAUSE OF DEATH (Nam 31) (Type/Print) Charles E. Holt D.O. 280 No. Main St. Tooele, UT 84074 30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) 1/20/04 REGISTRAR MMEDIATE CAUSE (Final isease or condition resulting . Respiratory Insufficiency any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ed to the cause of death. 5. NON USER Hypertension/CHF/COPD 4. Is unknown in relation to the cause of death. 1. Yes 2. No 2. Accident \_\_\_\_ 4. Homicide

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.

ssued:

1/22/04

County

TOOELE

UDH-8VR Form 12, Rev. 12/98

Registra

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