

Recorded at Request of _____

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NINA B REID UTAH CO RECORDER BY MB
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at _____ M. Fee Paid \$ _____

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Mail tax notice to _____ Address _____

WARRANTY DEED

DANIEL RAY ANGUS, SUCCESSOR TRUSTEE OF THE JOHN RAY ANGUS AND
FAY D. ANGUS INTERVIVOS TRUST DATED OCTOBER 7th, 1978 grantor
of HUNTINGTON BEACH, County of _____, State of ~~Utah~~ hereby
CONVEYS and WARRANTS to BRENT R. TURNER AND CAROL TURNER, husband and wife, as joint tenants
with full rights of survivorship and not as tenants in common CALIFORNIA

of 675 South 400 West, PAYSON, UTAH 84651 grantee
TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATIONS for the sum of ~~DOLLARS~~

the following described tract of land in UTAH County,
State of Utah:

The North One-Half of Lot 3, Block 14, Plat "P", PAYSON CITY
SURVEY OF BUILDING LOTS; located in the City of Payson, County
of Utah, State of Utah.

Subject to Easements and Restrictions of record.

THIS LOT IS RESTRICTED TO A ONE STORY HOME TO BE BUILT ON
THESE PREMISES.

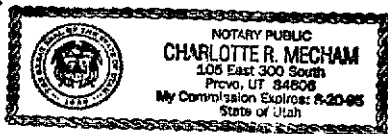
WITNESS, the hands of said grantors, this 31st day of
MAY, A. D. 19 94

Signed in the Presence of _____

Daniel Ray Angus, Successor Trustee
Daniel Ray Angus, Successor Trustee

STATE OF ~~UTAH~~ }
County of UTAH } ss.

On the 31st day of MAY, A. D. 19
personally appeared before me DANIEL RAY ANGUS, SUCCESSOR TRUSTEE OF THE
JOHN RAY ANGUS AND FAY D. ANGUS INTERVIVOS TRUST Dated 10/7/1978
the signer of the within instrument, who duly acknowledged to me that he executed the
same.



Charlotte R. Mecham
Notary Public.

My commission expires 8-20-95 Residing in Provo, Utah

DECLASSED
 THE JOHN RAY ANGUS AND FAY D. ANGUS
 INTER VIVOS TRUST AGREEMENT

THIS TRUST AGREEMENT is entered into this 7th day of October, 1978, by and between JOHN RAY ANGUS and FAY D. ANGUS, residents of Payson, Utah (herein called the "Settlor") and JOHN RAY ANGUS and FAY D. ANGUS the co-trustees with DANIEL RAY ANGUS first and TRINA ANGUS PETERSON second nominated to serve as successor trustees during any period of incapacity of a co-trustee, or in the event of the death of one or both of the co-trustees (hereinafter called the Trustee). If at the time of Settlor's death, there is any problem with the then current federal estate tax laws which would disqualify the marital deduction set up by this Trust because of any beneficiary serving as a co-trustee, then said beneficiary or beneficiaries are directed to immediately resign and this Trust is to be interpreted so as to qualify for said deduction. This Trust shall be known by the above title.

1. Initial Trust Principal. As the initial principal of this trust agreement, the Settlor has transferred to the trustee the assets described on Exhibit "A" from JOHN RAY ANGUS and Exhibit "B" from FAY D. ANGUS which are attached hereto and incorporated herein by this reference. Said initial principal and any additions thereto that may from time to time be made, shall be held by the trustee in trust for the purpose of managing, investing and reinvesting the same, subject to the terms, conditions, powers and agreements herein set forth.

2. Additional Donations of Principal. The Settlor and any other person or persons, shall have the privilege and right at any time to devise, bequeath, grant, convey, sell, give, or transfer additional real, personal or mixed property to the trust or trusts created hereunder, by inter vivos act, by will, or by any other means, and all such additional property shall be subject to the terms and conditions hereof.

3. Settlor's Intention. It is Settlor's intention by this trust to provide for the trust beneficiaries all available tax and other economic advantages together with the personal

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

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

LOCAL FILE NUMBER **25-1127**

STATE FILE NUMBER

DECEDENT	1 NAME OF DECEDENT (FIRST MIDDLE LAST) John Raymond Angus			2 SEX Male	3a DATE OF DEATH (Mo Day Yr) November 02, 1993	3b TIME OF DEATH (24 hr clock) 1000
	4 DATE OF BIRTH (Mo Day Yr) November 13, 1922		5 AGE (Last birthday) 70	6 BIRTHPLACE (City & State or Foreign Country) Payson, Utah	7 SOCIAL SECURITY NUMBER 529-18-2465	
	8a PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other			8b NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) East Lake Care Center 1001 North 500 West		
	8c CITY, TOWN OR LOCATION OF DEATH Provo			8d COUNTY OF DEATH Utah		
DISPOSITION	10 WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			11 MARITAL STATUS <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) grocer
	12b KIND OF BUSINESS OR INDUSTRY groceries			13a RESIDENCE - STREET AND NUMBER 344 West 700 South		13b CITY, TOWN, OR COMMUNITY Payson
	13c COUNTY Utah		13d STATE Utah		13e ZIP CODE 84651	
	14 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify) <input type="checkbox"/> Mexican <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other (Specify)		15 RACE (Black, White, Am Indian (Indicate race on certificate), Japanese, etc. (Specify)) White		16 EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17-)	
17 FATHER'S NAME (First, Middle, Last) John Ira Angus			18 MOTHER'S NAME (First, Middle, Last) Bertha Hawkins			
19 NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Fay D. Angus (Wife) 344 West 700 South Payson, Utah 84651						
CERTIFIER	20 METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Donation <input type="checkbox"/> Other		21a DATE OF DISPOSITION November 5, 1993	21b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Payson City Cemetery	21c LOCATION (City or Town, State) Payson - Utah	
	22 SIGNATURE OF FUNERAL HOME LICENSEE <i>Michael J. DeWitt</i>		23 LICENSEE NUMBER 47408064	24 FUNERAL HOME (Name, address and license number) Walker Mortuary (3908040)		
	25 DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 1 Nov 1993		26 If not certified by medical examiner, was death reported to M.E.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter the date and hour reported M.E. Case No		27a LICENSE NUMBER 0358610229	
27b CERTIFIER <input checked="" type="checkbox"/> 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"/> 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.		27c DATE SIGNED (Mo Day Yr) NOV 03 1993		27d SIGNATURE AND TITLE OF CERTIFIER <i>John R. Clark MD</i>		
28 NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type print) John R. Clark, MD, 1172 East Highway 6, Payson, Utah 84651						
29 REGISTRAR'S SIGNATURE <i>Joseph K. Miner MD, RD</i>			30 DATE FILED (Mo Day Year) NOV 04 1993			
CAUSE OF DEATH	31 PART I - ENTER THE DISEASE, INJURY, OR COMPLICATIONS THAT CAUSE THE DEATH. (DO NOT ENTER THE MODE OF DEATH, SUCH AS GUNWOUND OR RESPIRATORY ARREST, SICKLE, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.)					
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Intracranial Hypertension Days					
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST Left cerebral hemispheric astrocytoma Year					
	PART II - Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I Coronary artery disease					
32 IN YOUR OPINION, TOBACCO USE BY THE DECEDENT <input type="checkbox"/> Probably contributed to the cause of death <input type="checkbox"/> Was the underlying cause of death <input type="checkbox"/> Did not contribute to the cause of death <input checked="" type="checkbox"/> Is unknown in relation to the cause of death		33a WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No		
34 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Unknown if Intentional, Purposely or Accidentally <input type="checkbox"/> Pending Investigation	35a DATE OF INJURY (Month, Day, Year)	35b TIME OF INJURY (24 Hour Clock)	35c INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	35d PLACE OF INJURY (At home, farm, street, factory, office, building, etc. (Specify))		
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)						

USE PERMANENT BLACK INK 40-7-11-93

UDH BVRHS Form 12, Rev. 1-1-89

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: **NOV 11 1993**

John E. Brockert
John E. Brockert
DIRECTOR OF VITAL STATISTICS

County **UTAH**

Registrar *Joseph K. Miner MD*

By *Kanda Lee Simpson*
DEPUTY

LL 216410

