

A F F I D A V I T

State of Utah )

County of Utah)

MINDY B. SAGER, being first duly sworn upon oath deposes and says:

That she is a citizen of the United States of America and is over the age of 21 years;

That she knows of her own knowledge that RONALD BLAINE SAGER, who appears in the certified copy of Death Certificate attached hereto, is one and the same person as RONALD B. SAGER, who appears as one of the Grantees and Joint Tenants in that certain Warranty Deed dated September 23, 1992, executed by KAY S. BENNETT, and recorded September 24, 1992, as Entry No. 50308, in Book 3006, at Page 795, in the office of the Recorder, Utah County, Utah; and in that certain Warranty Deed dated August 25, 1993, executed by JAMES D. BARRATT and LUETTA B. BARRATT, recorded August 27, 1993, as Entry No. 58941, in Book 3230, at Page 409, in the office of the Recorder, Utah County, Utah.

That MINDY SAGER aka MINDY B. SAGER, is one and the same person as MINDY SAGER and MINDY B. SAGER who appears as one of the Grantees and Joint Tenants in the aforementioned Warranty Deeds and that MINDY B. SAGER is the surviving Joint Tenant of the conveyance consummated by said Warranty Deed.

Description: SEE EXHIBIT "A" ATTACHED HERETO, INCORPORATED HEREIN AND MADE A PART HEREOF FOR LEGAL DESCRIPTIONS.

Further affiant saith not.

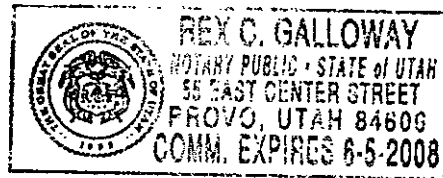
*Mindy B. Sager*  
\_\_\_\_\_  
MINDY B. SAGER

STATE OF UTAH )  
                  )ss  
COUNTY OF UTAH )

On the 14th day of May, 2008, personally appeared before me, a Notary Public in and for the State of Utah, MINDY B. SAGER, the signer of the foregoing instrument, who duly acknowledged to me that she executed the same.

*Rex C. Galloway*  
\_\_\_\_\_  
Notary Public

Residing at: *Spanish Fork, Ut*  
Commission Expires: *6-5-08*



**PARCEL #1:** Commencing 9.20 chains North of Southeast corner of Section 21, Township 5 South, Range 1 East, Salt Lake Base and Meridian; thence North 4.60 chains; thence West 4.17 chains; thence South 93.60 feet; thence East 100 feet; thence South 210 feet; thence East 175.22 feet to beginning.

**PARCEL #2:** Commencing 4.60 chains North of Southeast corner of Section 21, Township 5 South, Range 1 East, Salt Lake Base and Meridian; thence North 4.60 chains; thence West 172 feet; thence South 250 feet; thence West 100 feet; thence South 53.60 feet; thence East 4.17 chains to beginning.

**Parcel #3:** Commencing 9.20 chains North of Southwest corner of Section 22, Township 5 South, Range 1 East, Salt Lake Base and Meridian; thence North 4.60 chains; thence East 6.70 chains; thence South 4.60 chains; thence West 6.70 chains to beginning.

**PARCEL #4:** Commencing 9.20 chains North of Southwest corner of Section 22, Township 5 South, Range 1 East, Salt Lake Base and Meridian; thence East 6.7 chains; thence South 4.6 chains; thence West 6.7 chains; thence North 4.6 chains to beginning.

TOGETHER WITH ALL WATER RIGHTS, EASEMENTS AND RIGHT OF WAY APPURTENANTS AND BELONGING THERETO.

TOGETHER WITH a right of way for pipelines and ditches to convey 1/2 interest irrigation from artesian well and from Spring Creek across said property as said pipeline and ditches presently exist and on 5 feet on either side thereof, including the right to repair and replace said pipelines, ditches and wells, over the following described property which is specifically excluded from the above parcels:

LESS: Commencing at a point 831.41 feet North and 0.71 feet East from the Southeast corner of Section 21, Township 5 South, Range 1 East, Salt Lake Base and Meridian; thence South 89° 27' 55" West 171.86 feet; thence South 00° 21' 17" East 23.52 feet; thence South 89° 27' 43" West 143.20 feet; thence North 01° 10' 55" East 151.87 feet; thence South 89° 11' 47" East 388.55 feet; thence South 00° 28' 55" West 119.63 feet; thence South 89° 27' 55" West 75.74 feet to the point of beginning.

LESS: Commencing South 264.56 feet and West 333.17 feet from the Northeast corner of Section 28, Township 5 South, Range 1 East, Salt Lake Base and Meridian; thence North 01° 00' 41" East 1070.07 feet; thence North 89° 47' 57" East 142.75 feet; thence South 00° 03' 39" East 462.36 feet; thence South 88° 55' 44" East 207.38 feet; thence South 01° 22' 07" West 610.73 feet; thence North 88° 58' 08" West 354.94 feet to the point of beginning.

and Beginning at a point on the Grantor's property line, said point located 264.56 feet South and 333.17 feet West from the Northeast corner of Section 28, Township 5 South, Range 1 East, Salt Lake Base and Meridian; thence North 1°00'41" East, 1070.07 feet; thence North 89°47'57" East 142.75 feet; thence South 0°03'39" East 462.36 feet; thence South 88°55'44" East 207.38 feet; thence South 1°22'07" West 610.73 feet; thence North 88°58'08" West 354.94 feet to the point of beginning.

Subject to a right-of-way reserved to Dr. Kent G. Buckwalter described as follows: Beginning at a point of the Grantor's North property line, said point is located 805.34 feet North and 314.29 feet West from the Northeast corner of Section 28, Township 5 South, Range 1 East, Salt Lake Base and Meridian; thence North 89°47'57" East 16.00 feet; thence South 1°00'41" West 439.66 feet; thence South 88°55'44" East 134.99 feet; thence South 0°03'39" East 20.00 feet; thence North 88°55'44" West 151.37 feet; thence North 1°00'41" East 459.10 feet to the point of beginning.

Together with all water rights, easements and rights-of-way appurtenant and belonging thereto. Together with a right-of-way for a pipeline to convey culinary water from an artesian well for the home & stock watering purposes, and a right-of-way for ditches to convey irrigation water from Spring Creek across said property as said pipelines and ditches now exist, and on 5 feet on either side thereof, including the right to repair and replace said pipeline, ditches, and well, over the following described property which is specifically excluded from the above described parcels:

Commencing North 0°02'53" East 830.0 feet along the section line from the Southeast corner of Section 21, Township 5 South, Range 1 East, Salt Lake Base and Meridian; thence East 77.0 feet; thence North 123.3 feet to a fence; thence Northwesterly 77.0 feet to the Section line; thence Northwesterly 311.0 feet to the Northwest corner of the property; thence South 1°00' West 151.7 feet to the section line and place of beginning.

Access to information on the Utah e-Health Center is available at: <http://www.health.utah.gov>

STATE OF UTAH - DEPARTMENT OF HEALTH

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25-0483

CERTIFICATE OF DEATH

1. NAME OF DECEDENT FIRST MIDDLE LAST <b>Ronald Blaine Sager</b>		2. SEX <b>Male</b>	3a. DATE OF DEATH (Mo., Day, Yr.) <b>APR 9, 2003</b>	3b. TIME OF DEATH (24 hr. Clock) <b>Fd 16:07</b>	
4. DATE OF BIRTH (Mo., Day, Yr.) <b>Sept. 15, 1947</b>	5. AGE - Last Birthday <b>55</b>	6. BIRTHPLACE (City & State or Foreign Country) <b>American Fork, Utah</b>	7. SOCIAL SECURITY NUMBER <b>529-64-9756</b>		
8a. PLACE OF DEATH (Check only one) <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA	8b. HOSPITAL (status codes for Hospital only) <input type="checkbox"/> 5. Nursing Home <input type="checkbox"/> 6. Residence (any)	8c. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) <b>7500 North 7230 West</b>			
9a. CITY, TOWN, OR LOCATION OF DEATH <b>American Fork</b>	9b. COUNTY OF DEATH <b>Utah</b>	9. SURVIVING SPOUSE (if wife, give maiden name) <b>Mindy Barratt</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"/> 3. Widowed <input checked="" type="checkbox"/> 2. Married <input type="checkbox"/> 4. Divorced	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired) <b>Shovel Operator</b>	12b. KIND OF BUSINESS OR INDUSTRY <b>Copper Mine</b>		
13a. RESIDENCE - STREET AND NUMBER <b>7500 North 7230 West</b>	13b. CITY, TOWN, OR COMMUNITY <b>American Fork</b>	13c. COUNTY <b>Utah</b>	13d. STATE <b>Utah</b>		
14. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	15. ZIP CODE <b>84003</b>	16. 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)	17. RACE - Black, White, Am. Indian (Tribe may be entered), Japanese, etc. (specify) <b>White</b>	18. 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>Ronald W. Sager</b>		18. MAIDEN NAME OF MOTHER (First, Middle, Last) <b>Audrey Grove</b>			
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT <b>Mindy Sager (wife) 7500 North 7230 West, American Fork, UT 84003</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>Apr. 14, 2003</b>	21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) <b>American Fork Cemetery</b>	21c. LOCATION - City or Town, State <b>American Fork, Utah</b>	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Joseph K. Miner, MD</i>		23. LICENSEE NUMBER <b>111978</b>	24. FUNERAL HOME (Name and address) <b>Anderson &amp; Sons Mortuary 49 East 100 North American Fork, UT 84003</b>		
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN <b>200300526</b>		26. If not certified by Medical Examiner, was death reported to M.E.? (If yes, enter the date and hour reported.) <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No M.E. Case No. <b>200300526</b> HR. MO. DAY YEAR			
27a. CERTIFIER <input 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 checked="" 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 <i>Todd C. Greedy, M.D.</i>		27c. LICENSEE NUMBER <b>86-174791-1205</b>	27d. DATE SIGNED (Month, Day, Year) <b>APR 10, 2003</b>		
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (from 27) (Type Print) <b>Todd C. Greedy, M.D., Chief Medical Examiner 48 N Medical Dr., Salt Lake City, UT 84113</b>					
29. REGISTRAR'S SIGNATURE <i>Joseph K. Miner, MD</i>		30. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)	31. DATE SIGNED (Mo., Day, Year) <b>APR 17 2003</b>		
32. 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. <b>CORONARY ARTERY ATHEROSCLEROSIS</b>					
33a. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No					
33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No					
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 purposefully 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 checked="" type="checkbox"/> 2. No	35d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (specify)
36. LOCATION (Street or rural route number, city or town, county and state)		37. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian			
38. 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: **APR 17 2003**

County  
Registrar

*Utah*  
*Barry E Nangle*

*Joseph K Miner, MD* Barry E. Nangle  
DIRECTOR OF VITAL RECORDS

By *BN*



SDH-BVRHS 95 (9/96)

LL01365151



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