

ACCOMMODATION
RECORDING ONLY

ENT 74516:2023 PG 1 of 11
ANDREA ALLEN
UTAH COUNTY RECORDER
2023 Nov 15 08:33 AM FEE 40.00 BY AC
RECORDED FOR Masters Title Insurance Age
ELECTRONICALLY RECORDED

AFFIDAVIT OF DEATH OF ORIGINAL TRUSTEES
AND APPOINTMENT OF SUCCESSOR TRUSTEES

STATE OF UTAH)
 :ss.
COUNTY OF UTAH)

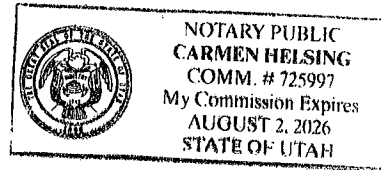
BEN CAHOON being first duly sworn on oath, deposes and says:

1. I am the son of KENNETH D. CAHOON and JOAN C. CAHOON. I am currently a successor Co-Trustee of the Trust Restatement as set forth below. I am the brother of GREG CAHOON and LISA CONRAD, who are also named in the Trust Restatement as successor Co-Trustees with myself.
2. KENNETH D. CAHOON and JOAN C. CAHOON were the original Trustees of the CAHOON FAMILY TRUST U/A/D May 10, 2002 (the "Trust"). ~~See Exhibit "A".~~ *a*
3. KENNETH D. CAHOON passed away on January 4, 2015. See Exhibit "B".
4. JOAN C. CAHOON amended and restated the Trust on May 15, 2017 ("Trust Restatement"). ~~See Exhibit "C".~~ *a*
5. JOAN C. CAHOON passed away on October 28, 2022. See Exhibit "D".
6. Pursuant Section 3.03(a) of the Trust Restatement, Greg Cahoon, Lisa Conrad and Ben Cahoon currently serve as successor Co-Trustees of the Cahoon Family Trust dated May 10, 2002, Restatement dated May 15, 2017 (collectively "successor Co-Trustees"). ~~See Exhibit "E".~~ *a*
7. I am one of the successor Co-Trustees of the Trust which appears as the Grantee named in deed listed below and recorded in the office of the Utah County Recorder. This Affidavit is made in part to aid in the transfer of said parcel, located in Utah County, State of Utah, which is described as follows in the respective Warranty Deed recorded as Entry No. 118662 and recorded on November 18, 2022 (See Exhibit "F"):

ALL OF LOT 6, PLAT "G", WILDWOOD HOLLOW ESTATES SUBDIVISION, OREM, UTAH COUNTY, UTAH, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE RECORDER, UTAH COUNTY, UTAH.

55:092:0006

DATED this 2 day of November, 2023



B. Cahoon

BEN CAHOON, Affiant

Successor Co-Trustee of the Cahoon Family Trust dated May 10, 2002, Restatement dated May 15, 2017

SUBSCRIBED AND SWORN TO before me by Affiant BEN CAHOON, in his capacity as Successor Co-Trustee of the Cahoon Family Trust May 10, 2002, Restatement dated May 15, 2017, on this 2 day of November, 2023.

Carmen Helsing

Notary Public

EXHIBIT "B"

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

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CERTIFICATE OF DEATH

State File Number: 2015000283

Kenneth Dee Cahoon

DECEDENT INFORMATION

Date of Death:	January 4, 2015	Time of Death:	14:35
City of Death:	Provo	County of Death:	Utah
Age:	73	Date of Birth:	February 12, 1941
Place of Birth:	Alberta, Canada	Sex:	Male
Armed Services:	No	Marital Status:	Married
Spouse's Name:	Carol Joan Redford	Usual Occupation:	Real Estate
Industry/Business:	Real Estate	Education:	Master's Degree
Residence:	Orem, Utah	Father's Name:	DeRaunz Cahoon
Mother's Name:	Wanda Gibb	Facility Type:	Hospital Inpatient
Facility or Address:	Utah Valley Regional Medical Center		

INFORMANT INFORMATION

Name:	Lisa Conrad	Relationship:	Daughter
Mailing Address:	768 West 500 South, Orem, Utah 84058		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	East Lawn Memorial Hills, Provo, Utah
Date of Disposition:	January 10, 2015

FUNERAL HOME INFORMATION

Funeral Home:	Sundberg-Olpin Mortuary
Address:	495 South State, Orem, Utah 84058
Funeral Director:	Kelly C Sundberg

MEDICAL CERTIFICATION

Medical Professional:	Aaron N Weaver MD, 1034 North 500 West, Provo, Utah 84604
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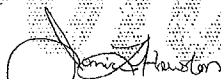
CAUSE OF DEATH

Cardiac Arrest
Due to (or as a consequence of): Acute Myocardial Infarction
Due to (or as a consequence of): Coronary Artery Disease
Tobacco Use: Non-user
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: January 6, 2015

Date Issued: January 6, 2015

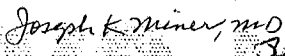
This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics.
Security features of this official document include: Intaglio Border, V & R images in top cycloids, and intaglio microtext.
This document displays the date, seal and signature of the Utah State Registrar and the County/District Health Officer.


Janice L. Houston
State Registrar

Rev. 8/13



* 0 6 4 3 7 0 4 7 5 *


Joseph K. Miner, MD, MSPH
Executive Director/Health Officer
Utah County Health Department



AFFIDAVIT FOR CORRECTION

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE. A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

All vital records are registered as received. Corrections must be made by affidavit. An item on the birth certificate may be corrected by affidavit only once; a court order will be required for subsequent corrections.

ENT **74516:2023** PG 5 of 11

PLEASE RETURN ALL COPIES WITH ONE COMPLETED AFFIDAVIT WITHIN 90 DAYS FOR REPLACEMENT TO:
 VITAL RECORDS, PO BOX 141012, SALT LAKE CITY, UTAH, 84114-1012.
 OR BRING COPIES AND COMPLETED AFFIDAVIT TO OUR OFFICE AT 288 NORTH 1460 WEST, SALT LAKE CITY, UTAH.

BIRTH CERTIFICATES

1. List the facts exactly as stated on the reverse side. Opposite each item, correct the information as it should have been stated at the time of the birth.
2. If the person listed on the record is under 18 years of age, both parents of record **MUST** sign the affidavit. If the person listed on the record is 18 years or older, he/she **MUST** sign as one of the witnesses. Parents are the preferred witnesses for the second signature. If no father is listed on the record, an immediate relative of the mother may sign if he/she is of legal age. All signatures **MUST** be notarized.
3. The parent(s) may add or correct the surname from that listed on the record until the child's first birthday without documentation. The first, and/or middle name can be corrected or added without documentation until the child's sixth birthday.
4. This affidavit cannot be used to add a father or correct medical information on a birth certificate.
5. A Delayed Birth Certificate requires a court order to make any corrections.

DEATH CERTIFICATES

1. List the facts exactly as stated on the reverse side. Opposite each item, correct the information as it should have been stated at the time of the death.
2. This form is to be used to correct non-medical information **ONLY**. The informant **MUST** sign as a witness along with an immediate member of the decedent's family, or a person who is knowledgeable of the facts. Corrections to marital status **MUST** be approved and processed by the State Office of Vital Records and Statistics. Contact our office for assistance.
3. All medical information **MUST** be corrected with a **MEDICAL AFFIDAVIT** completed by the health care provider who signed the original death certificate.

BIRTH

DEATH

STILLBIRTH

STATE FILE NUMBER _____

NAME AS REPORTED ON REVERSE	1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME
STATEMENT OF CORRECTIONS	2a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD		2b. CORRECT INFORMATION
WHY IS CHANGE NECESSARY?	3.		
DOCUMENTS USED TO AMEND RECORD	4.		
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.		
	5. SIGNATURE OF WITNESS _____		
	6. DATE SIGNED _____	7. AGE OF WITNESS _____	8. DAYTIME TELEPHONE OF WITNESS _____
	9. ADDRESS OF WITNESS (Street, City, State, Zip) _____		
	10. RELATIONSHIP TO PERSON IN 1a. (Circle one) Self Parent/Guardian Spouse Funeral Director Informant Other (Specify) _____		
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.		
	11. SIGNATURE OF WITNESS _____		
	12. DATE SIGNED _____	13. AGE OF WITNESS _____	14. DAYTIME TELEPHONE OF WITNESS _____
	15. ADDRESS OF WITNESS (Street, City, State, Zip) _____		
	16. RELATIONSHIP TO PERSON IN 1a. (Circle one) Self Parent/Guardian Spouse Funeral Director Informant Other (Specify) _____		

Subscribed & Sworn to before me this _____ day of _____ 20____

Notary Public _____

My Commission Expires _____

S
E
A
L

Subscribed & Sworn to before me this _____ day of _____ 20____

Notary Public _____

My Commission Expires _____

S
E
A
L

UDOH-OVRS REV 05/13

EXHIBIT "D"

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

ENT 74516:2023 PG 7 of 11

CERTIFICATE OF DEATH

State File Number: 2022018709

Joan Carol Cahoon
(AKA Carol Joan Cahoon)

DECEDENT INFORMATION

Date of Death:	October 28, 2022	Time of Death:	09:30
City of Death:	Orem	County of Death:	Utah
Age:	80	Date of Birth:	May 31, 1942
Place of Birth:	Alberta, Canada	Sex:	Female
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:		Usual Occupation:	Owner
Industry/Business:	Retail Fabric Store	Education:	Bachelor's Degree
Residence:	Orem, Utah	Father's Name:	Rex Redford
Mother's Name:	Carol Edna Holman	Facility Type:	Home
Facility or Address:	425 West 1680 South		

INFORMANT INFORMATION

Name:	Benjamin G Cahoon	Relationship:	Son
Mailing Address:	4512 West 9980 North, Cedar Hills, Utah 84062		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	East Lawn Memorial Hills, Provo, Utah
Date of Disposition:	November 5, 2022

FUNERAL HOME INFORMATION

Funeral Home:	Sundberg-Olpin Mortuary
Address:	495 South State, Orem, Utah 84058
Funeral Director:	Curtis B Wilkey

MEDICAL CERTIFICATION

Certifying Physician: Marlan L Hansen MD, 1159 North 200 East Suite 150, American Fork, Utah 84003

CAUSE OF DEATH

Accelerated Combined Heart And Respiratory Failure Leading To Death [Onset: 2 Weeks]
Due to (or as a consequence of): Severe Calcific Aortic Valve Stenosis Associated Diastolic Heart Failure [Onset: 5 Years]
Other significant conditions: Advanced Stage Alzheimers Disease
Tobacco Use: Non-user
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: November 3, 2022

Date Issued: November 3, 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

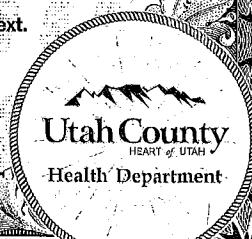
Linda S. Winger, MSW, LCSW
State Registrar
Rev. 12/20



* 0 6 7 2 0 0 8 7 9 *

Eric S. Edwards

Eric S. Edwards, MPA, MCHES
Executive Director
Utah 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		
	12. DATE SIGNED		13. AGE OF WITNESS	14. DAYTIME TELEPHONE	15. RELATIONSHIP TO 1a.	
	16. ADDRESS OF WITNESS					
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		
	18. DATE SIGNED		19. AGE OF WITNESS	20. DAYTIME TELEPHONE	21. RELATIONSHIP TO 1a.	
	22. ADDRESS OF WITNESS					

S E A L

EXHIBIT "F"

When Recorded Mail To:
KENNETH D. CAHOON
425 West 1680 South
Orem, UT 84058

~~ENT 118662:2022 PG 1 of 2
Andrea Allen
Utah County Recorder
2022 Nov 18 09:41 AM FEE 40.00 BY AR
RECORDED FOR THE Law Offices of Brent Ripley
ELECTRONICALLY RECORDED~~

WARRANTY DEED

KENNETH D. CAHOON and JOAN C. CAHOON (aka Carol Joan Cahoon), husband and wife, grantors of Orem, Utah County, State of Utah, hereby WARRANT AND CONVEY all of their interest to KENNETH D. CAHOON and CAROL JOAN CAHOON, Trustees (and to their Successors in trust) of the CAHOON FAMILY TRUST U/A/D May 10, 2002, grantee of 425 West 1680 South, Orem, Utah 84058, for the sum of \$10.00, and other valuable consideration, in the following described tract of land in Summit County, State of Utah:

See Exhibit A attached hereto and incorporated herein.

Parcel 55:092:0006

The Grantees have full power to sell, mortgage, or otherwise hypothecate the property described.

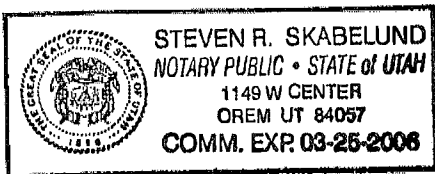
WITNESS the hand of said grantors, this 13 day of May, 2002.

Kenneth A Cahoon
KENNETH D. CAHOON

Joan C. Cahoon
JOAN C. CAHOON

STATE OF UTAH)
): SS.
COUNTY OF UTAH)

On the 13 day of May, 2002, personally appeared before me, KENNETH D. CAHOON and JOAN C. CAHOON, the signers of the foregoing instrument, who duly acknowledge to me that they executed the same.



Steven R. Skabelund
Notary Public

EXHIBIT A

ALL OF LOT 6, PLAT "G", WILDWOOD HOLLOW ESTATES SUBDIVISION, OREM, UTAH COUNTY, UTAH, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE RECORDER, UTAH COUNTY, UTAH.

55:092:0006