

7504634

**When Recorded, Return To:**

James F. Wood, Esq.  
Stoel Rives LLP  
201 South Main Street, Suite 1100  
Salt Lake City, Utah 84111

**Mail Tax Notices To:**

Walter W. Beeson, as Trustee of  
"The Walter W. Beeson Family Trust"  
4188 South Neptune Drive  
Salt Lake City, Utah 84124

7504634  
11/03/1999 10:08 AM 12.00  
NANCY WORKMAN  
RECORDER, SALT LAKE COUNTY, UTAH  
JAMES F WOOD ESQ  
201 S MAIN STREET STE 1100  
SLC UT 84111  
BY: ZJM, DEPUTY - WI 2 P.

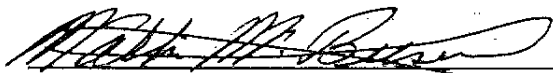
**WARRANTY DEED**

WALTER W. BEESON and ELIZABETH A. WHITSETT, husband and wife as joint tenants with full rights of survivorship ("Grantors"), of Salt Lake City, Salt Lake County, Utah, hereby CONVEY AND WARRANT, to the extent provided below, to WALTER W. BEESON, as Trustee of THE WALTER W. BEESON FAMILY TRUST, having a mailing address of 4188 South Neptune Drive, Salt Lake City, Utah 84124 ("Grantee"), for the sum of Ten and No/100 Dollars (\$10.00), and other good and valuable consideration, the following described real property in Salt Lake County, State of Utah:

Lot 714, MOUNT OLYMPUS ACRES NO. 7, according to the official plat thereof on file and of record at the office of the Salt Lake County Recorder.

The Grantors warrant only against encumbrances and defects in title existing at the time the Grantors took title to the above-described real property which were insured by any policy of title insurance issued to the Grantors. Said warranty shall be limited to the extent of coverage available under such policy.

WITNESS the hand of said Grantors this 28<sup>th</sup> day of October, 1999.

  
Walter W. Beeson

  
Elizabeth A. Whitsett

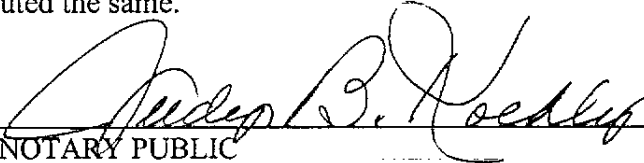
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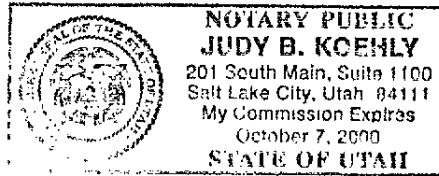
STATE OF UTAH )

: ss.

COUNTY OF SALT LAKE )

On the 28<sup>th</sup> day of October, 1999, personally appeared before me  
WALTER W. BEESON and ELIZABETH A. WHITSETT, the signers of the within instrument,  
who duly acknowledged to me that they executed the same.

  
NOTARY PUBLIC



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09/29/2006 11:58 AM \$22.00  
Book - 9358 Pg - 3351-3357  
GARY W. OTT  
RECORDER, SALT LAKE COUNTY, UTAH  
STOEL RIVES  
201 S MAIN STE.1100  
SLC UT 84111  
BY: SLR, DEPUTY - WI 7 P.

WHEN RECORDED, MAIL TO:

J. Keith Adams, Esq.  
STOEL RIVES LLP  
201 S. Main St., Suite 1100  
Salt Lake City, Utah 84111  
(801) 328-3131

Tax Parcel No.: 22-01-127-016

**AFFIDAVIT OF SUCCESSOR TRUSTEE**

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

ELIZABETH A. WHITSETT, Affiant, being first duly sworn on oath deposes and says:

1. That Affiant's husband, Walter W. Beeson, executed a Declaration of Trust dated October 28, 1999 in which there was created "The Walter W. Beeson Family Trust" (hereinafter the "Trust").


2. That Walter W. Beeson served as the initial Trustee of the Trust until his death on October 14, 2001, as evidenced by the certified death certificate attached hereto.

3. That the Trust appears as the owner of record of certain real property situate in Salt Lake County, State of Utah, more particularly described as follows:

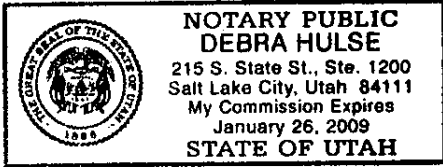
**Lot 714, MOUNT OLYMPUS ACRES NO. 7, according to the official plat thereof on file and of record at the office of the Salt Lake County Recorder.**

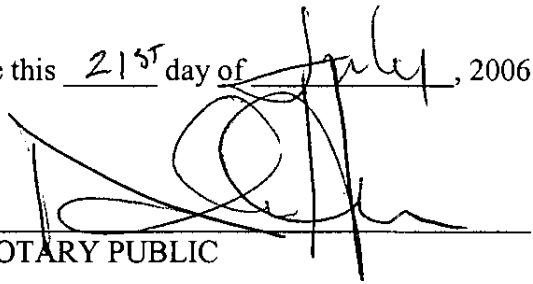
4. That Affiant is recording this Affidavit of Successor Trustee for the purpose of evidencing Affiant's appointment as Successor Trustee of the Trust, pursuant to paragraph TWENTIETH of the Trust, possessing those powers conferred upon the Trustee under the terms of the Trust and under applicable state law. A copy of the relevant portions of the Trust are recorded herewith.

EXECUTED this 21<sup>st</sup> day of July, 2006.

  
Elizabeth A. Whitsett, Trustee  
"The Walter W. Beeson Family Trust" u/d/t  
dated October 28, 1999

SUBSCRIBED AND SWORN TO before me this 21<sup>st</sup> day of July, 2006.



  
NOTARY PUBLIC

# STATE OF UTAH — DEPARTMENT OF HEALTH

## STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

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

LOCAL FILE NUMBER **18-4585**

STATE FILE NUMBER

1. NAME OF DECEDENT <b>Walter W. Beeson</b>			2. SEX <b>Male</b>		3a. DATE OF DEATH (Mo., Day, Yr.) <b>October 14, 2001</b>		3b. TIME OF DEATH (24 hr. clock) <b>1237</b>	
4. DATE OF BIRTH (Mo., Day, Yr.) <b>August 29, 1922</b>			5. AGE - Last Birthday <b>79</b>	IF UNDER 1 YEAR MONTHS    DAYS	IF UNDER 24 HRS. HOURS    MINUTES	6. BIRTHPLACE (City & State or Foreign Country) <b>Salt Lake City, Utah</b>		7. SOCIAL SECURITY NUMBER <b>529-16-5645</b>
8a. PLACE OF DEATH (check only) <input checked="" type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA <input type="checkbox"/> 7. Other (specify)			8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) <b>University Hospital</b>					
8c. CITY, TOWN, OR LOCATION OF DEATH <b>Salt Lake City</b>			8d. COUNTY OF DEATH <b>Salt Lake</b>		9. SURVIVING SPOUSE (if wife, give maiden name) <b>Beth Whitsett</b>			
10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input checked="" type="checkbox"/> 1. Yes <input 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>Self Employed</b>		12b. KIND OF BUSINESS OR INDUSTRY <b>Architect</b>		
13a. RESIDENCE - STREET AND NUMBER <b>4188 South Neptune Dr.</b>			13b. CITY, TOWN OR COMMUNITY <b>Holladay</b>		13c. COUNTY <b>Salt Lake</b>	13d. STATE <b>Utah</b>		
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		13f. ZIP CODE <b>84124</b>	14. 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)		15. RACE - Black, White, Am. Indian (tribe may be entered), Japanese, etc. (Specify) <b>White</b>	16. EDUCATION (specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17+) <b>16</b>		
17. FATHER'S NAME (First, Middle, Last) <b>Joseph J. Beeson</b>				18. MAIDEN NAME OF MOTHER (First, Middle, Last) <b>Desdemona Stott</b>				
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT <b>Beth Whitsett (Wife) 4188 South Neptune Dr. Holladay, Utah 84124</b>								
20. METHOD OF DISPOSITION <input checked="" 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>Oct. 19, 2001</b>		21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) <b>Mt. Olivet Cemetery</b>		21c. LOCATION - City or Town, State <b>Salt Lake City, Utah</b>		
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>			23. LICENSEE NUMBER <b>112077</b>		24. FUNERAL HOME (Name and address) <b>Evans &amp; Early Mortuary</b> <b>574 East 100 South S.L.C., Utah 84102</b>			
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN <b>October 14, 2001</b>			26. If not certified by medical examiner, was death reported to M.E.? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No M.E. CASE NO. _____ HR. _____ MO _____ DAY _____ YEAR _____					
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 <i>[Signature]</i> <b>Samuelson M.D.</b>			27c. LICENSE NUMBER <b>95-294201-1205</b>		27d. DATE SIGNED (Month, Day, Year) <b>October 15, 2001</b>			
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print) <b>Wayne Samuelson, M.D. 50 North Medical Drive, Salt Lake City, Utah 84132</b>								
29. REGISTRAR'S SIGNATURE <i>[Signature]</i>			30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)		30b. DATE FILED (Mo., Day, Yr.) <b>October 17, 2001</b>			
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) <b>a. Idiopathic Pulmonary Fibrosis</b> DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST  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: <input type="checkbox"/> 1. Probably contributed to the cause of death. <input type="checkbox"/> 5. NON USER <input type="checkbox"/> 2. Was the underlying cause of death. <input checked="" type="checkbox"/> 3. Did not contribute to the cause of death. <input type="checkbox"/> 6. UNKNOWN IF USER <input type="checkbox"/> 4. is unknown in relation to the cause of death.			33a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input 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 Purposely or Accidently <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 type="checkbox"/> 2. 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. If motor vehicle accident specify if decedent was driver, passenger or pedestrian.						
35g. 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

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.

SDH-BVR/HS 95 (9/98)

Date Issued: **OCTOBER 17, 2001**

County: **SALT LAKE**

Registrar: *[Signature]*

**LL 875406**



*[Signature]*  
**Barry E Nangle**

**Barry E. Nangle  
DIRECTOR OF VITAL RECORDS**

By *[Signature]*  
**Ellen Freeman**



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

## DECLARATION OF TRUST

### *("The Walter W. Beeson Family Trust")*

THIS DECLARATION OF TRUST is made and executed this 28 day of OCTOBER, 1999, by WALTER W. BEESON, a resident of Salt Lake City, Salt Lake County, Utah, who, depending upon the context, is hereinafter sometimes referred to as "GRANTOR" and sometimes as "TRUSTEE."

WHEREAS, the GRANTOR desires by this trust instrument to establish a revocable trust upon the conditions and for the uses and purposes hereinafter set forth, to make provision for the care and management of a portion of his present properties and for the ultimate distribution of the properties in the trust created hereunder.

NOW, THEREFORE, the GRANTOR hereby gives, transfers and delivers unto himself, as TRUSTEE, the cash sum of One Hundred Dollars (\$100.00), to have and to hold the same, in trust, and to manage, invest and reinvest the same, and any additions that may from time to time be made thereto, subject to the terms, conditions, powers and agreements hereinafter set forth.

#### FIRST: DISTRIBUTION OF INCOME AND PRINCIPAL TO GRANTOR AND DIVISION, RETENTION AND DISTRIBUTION UPON GRANTOR'S DEATH.

##### A. Distribution of Income and Principal to GRANTOR.

During the lifetime of the GRANTOR, the GRANTOR shall have the right to withdraw such amounts of principal or income from the trust as he may direct. In the absence of such direction, the TRUSTEE shall accumulate the net income of the trust and shall reinvest the same and at the end of each calendar year, the accumulated net income shall be added to and become a part of the principal. In the event of the incapacity of the GRANTOR, the TRUSTEE may, in its discretion, apply principal or income of the trust to or for the GRANTOR'S benefit to provide for his care and support. During the incapacity of the GRANTOR, if, in the opinion of the TRUSTEE, the income from all sources of which the TRUSTEE has knowledge, including Social Security, shall not be sufficient to support, maintain and provide for the GRANTOR in his accustomed manner of living, or to meet his health, medical, dental, hospital and nursing expenses and expenses of invalidism, the TRUSTEE is authorized to use and expend such part of the trust principal and/or income as the TRUSTEE may deem necessary or desirable to make up such deficiency or to support and maintain the GRANTOR in his accustomed manner of living, and to meet his health, medical,

E. Purchase of Assets. The TRUSTEE is hereby authorized and empowered to apply any part or the whole amount of any insurance proceeds collected by the TRUSTEE to purchase assets of the insured's estate which may be offered for sale by the personal representative of the insured's estate, at a price equal to the value of such assets as fixed by competent authority for purposes of determining the liability of the insured's estate for federal estate tax purposes or at such other price as may be agreed upon by the TRUSTEE and the personal representative of the insured's estate.

NINETEENTH: INVALID PROVISIONS. In the event any clause or provision of this trust instrument is or becomes invalid or void for any reason, then such invalid or void clause or provision shall not affect the whole of this instrument, but the balance of the provisions hereof shall remain operative and shall be carried into effect insofar as legally possible. It is the GRANTOR'S intent that the interests created by this trust instrument be vested rather than contingent. If any provision contained in this trust instrument shall otherwise violate the rule against perpetuities or similar restrictions now or hereafter in effect in any state under which any trust created hereunder is or may subsequently be governed, that portion of said trust so affected shall be administered as herein provided until the termination of the maximum period authorized by law at which time and forthwith, such part of the estate of any trust created hereunder and so affected shall be distributed outright to the beneficiary or beneficiaries in the proportions in which they are then entitled to enjoy the benefits so terminated. In any and all events, all trusts created hereunder shall terminate at the expiration of 21 years after the death of the last to die of the following persons: the GRANTOR, the GRANTOR'S children and the GRANTOR'S grandchildren living at the date of the GRANTOR'S death. At such termination, the principal and all undistributed income shall vest in and be distributed absolutely and free and clear of all trusts to the beneficiaries entitled to take hereunder.

TWENTIETH: SUCCESSOR TRUSTEE. The TRUSTEE named herein shall continue as TRUSTEE of all trusts created hereunder until the TRUSTEE'S death, resignation, incapacity (the term "incapacitated" meaning that, in the opinion and sole discretion of the TRUSTEE'S personal physician, or if TRUSTEE has no personal physician, then in the opinion and sole discretion of the majority decision of three (3) physicians selected by ELIZABETH A. WHITSETT, the TRUSTEE is, because of physical incapacity or for any other reason, unable to exercise his rights hereunder) or disqualification. Upon the death, resignation, incapacity or disqualification of the TRUSTEE named herein, then ELIZABETH A. WHITSETT shall be appointed successor TRUSTEE of all trusts created hereunder with the same powers and discretions as are conferred upon the TRUSTEE named herein. Should ELIZABETH A. WHITSETT decline or for any reason fail to serve, then ALLIEN M. WHITSETT, III and WALTER KENT BEESON, jointly or the survivor, shall be appointed successor CO-TRUSTEES of all trusts created hereunder with the same powers and discretions as are conferred upon the TRUSTEE named herein. Notwithstanding anything to the contrary in this paragraph,

the GRANTOR, during the GRANTOR'S lifetime, shall have the power to remove the TRUSTEE named herein and any successor TRUSTEE or TRUSTEES by delivering to the TRUSTEE or TRUSTEES who are then acting written notice to that effect and naming an individual, individuals or corporate fiduciary to serve as TRUSTEE of all trusts created hereunder. In addition, after the death of the GRANTOR, ELIZABETH A. WHITSETT, during her lifetime and for any reason, and thereafter a majority of the adult beneficiaries of the trusts created hereunder, for cause only, shall have the power to remove any successor TRUSTEE or TRUSTEES by delivering to the TRUSTEE or TRUSTEES who are then acting written notice to that effect and naming an individual, individuals or corporate fiduciary to serve as TRUSTEE of said trust. The TRUSTEE and any successor TRUSTEE shall be entitled to resign at any time by giving written notice and an accounting to the GRANTOR during the GRANTOR'S lifetime, or, after the GRANTOR'S death, to the beneficiaries then entitled to receive income hereunder. The TRUSTEE or any successor TRUSTEE shall have the right, in the TRUSTEE'S discretion, to employ a corporate fiduciary to administer the trust properties, subject always to the same terms and conditions as set forth in this trust instrument and to the direction and control of the TRUSTEE.

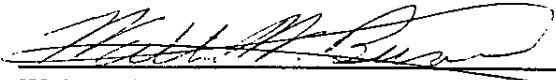
TWENTY-FIRST: ACKNOWLEDGMENT, REPORTS, INSPECTION OF RECORDS. The TRUSTEE hereby acknowledges receipt of and accepts the property and any trust created hereunder on the terms and conditions stated, and agrees to care for, manage and control the same in accordance with the directions herein specified; to furnish the GRANTOR and any beneficiary entitled to net income herefrom, or said beneficiary's duly qualified representative, annually and at more frequent intervals if requested so to do in writing, a statement showing the condition of the trust property, the character and amounts of the investments and liabilities and the receipts, expenses and disbursements since the last previous statement. The books of account of the TRUSTEE in connection with any trust created hereunder shall at all times be open to the reasonable inspection of the GRANTOR and any beneficiary and said beneficiary's duly qualified representative and such person or persons as said beneficiary may designate for that purpose.

TWENTY-SECOND: LEGAL OBLIGATIONS. No trust created hereunder is established to discharge any of the legal obligations or duties of the GRANTOR, the GRANTOR'S spouse or the TRUSTEE, as spouse or parent of any of the beneficiaries, and the payment for the benefit of any of the beneficiaries of any income or principal of any trust created hereunder is not intended to be nor shall any such payment be made in lieu of, or in discharge of, any such obligations of the GRANTOR, the GRANTOR'S spouse or the TRUSTEE.



IN WITNESS WHEREOF, the GRANTOR and TRUSTEE has hereunto set his hand the day and year first above written.

GRANTOR:

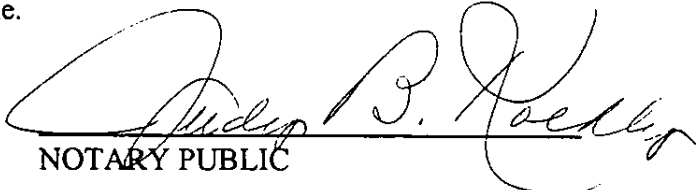
  
Walter W. Beeson

TRUSTEE:

  
Walter W. Beeson

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

On the 25<sup>th</sup> day of October, 1999, personally appeared before me WALTER W. BEESON, the signer of the above and foregoing instrument, who duly acknowledged to me that he executed the same.

  
NOTARY PUBLIC

