

8924003

8924003
12/15/2003 02:04 PM 12.00
Book - 8923 Pg - 5071-5072
GARY W. OTT
RECORDER, SALT LAKE COUNTY, UTAH
HAROLD G WILSTED
2049 E 9100 S
SANDY UT 84093
BY: SBN, DEPUTY - MA 2 P.

MAIL TAX NOTICE TO:

Harold G. Wilsted
Attorney at Law
2049 East 9100 South
Sandy, Utah 84093

FOR RECORDER'S USE ONLY

SALT LAKE COUNTY RECORDER: 2001 S. State Street, N-1600, Salt Lake City, Utah 84107, (801) 468-3391

Quit-Claim Deed

Utah Code 57-1-13 and 57-3-105 thru 106

Gayle L. Wilsted, a married woman, grantor, of Sandy, Salt Lake County, State of Utah, hereby QUIT-CLAIMS to **Harold G. Wilsted** and **Gayle L. Wilsted** as trustees of

The Harold G. and Gayle L. Wilsted Revocable Trust
Dated April 30th, 2002

of 2049 East 9100 South, Sandy, Utah 84093, grantees, for the sum of TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION, the following described tract of land in **Salt Lake County**, State of **Utah**:

All of lot 18, WILLOW CREEK MEADOWS SUBDIVISION, according to the official plat thereof on file and of record in the office of the Salt Lake County Recorder (Parcel ID No. 28-03-305-011)

DATED this 25th day of November, 2003.



Gayle L. Wilsted

12639799
10/19/2017 10:59 AM \$12.00
Book - 10610 Pg - 4142-4143
ADAM GARDINER
RECORDER, SALT LAKE COUNTY, UTAH
HAYMOND LAW
P O BOX 711670
SALT LAKE CITY UT 84171
BY: CBA, DEPUTY - MA 2 P.

RECORDING REQUESTED BY AND RETURN TO:)
HAYMOND LAW)
PO BOX 711670)
SALT LAKE CITY, UTAH 84171)
SEND TAX NOTICE TO:)
GAYLE L. WILSTED, TRUSTEE)
2049 EAST 9100 SOUTH)
SANDY, UT 84093)

SPACE ABOVE FOR RECORDER'S USE
PARCEL ID NUMBER: # 28-03-305-011

Affidavit of Surviving Trustee

DOCUMENTARY TRANSFER TAX -0-

1. Affiant is the surviving spouse of HAROLD G. WILSTED, (aka Harold George Wilsted), who is named in that particular Certificate of Death, local file no. 18-1284, a certified copy of which is attached hereto and made a part hereof.

2. Affiant knows the said HAROLD G. WILSTED, deceased, to be one and the same person as who is named as grantee and as a Trustee of the HAROLD G. and GAYLE L. WILSTED REVOCABLE TRUST dated April 30, 2002, in that particular Quit-Claim Deed, recorded as Entry number 8924003 in the office of the Salt Lake County Recorder, covering the following described property:

ALL OF LOT 18, WILLOW CREEK MEADOWS SUBDIVISION, according to the official plat thereof, on file and of record in the office of the Salt Lake County Recorder.

3. GAYLE L. WILSTED, as surviving spouse and as sole Successor Trustee of the Trust above and pursuant to the Trust terms, hereby requests that title of the above-referenced property be updated as follows:

GAYLE L. WILSTED, Trustee of THE HAROLD G. AND GAYLE L. WILSTED REVOCABLE TRUST dated APRIL 30, 2002 as amended and restated.

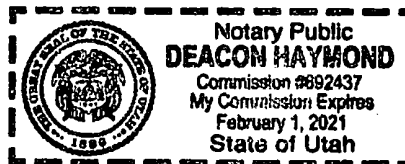
Gayle L. Wilsted

GAYLE L. WILSTED, Surviving Spouse, Affiant and Surviving Trustee

STATE OF UTAH)
) SS
COUNTY OF SALT LAKE)

The foregoing instrument was acknowledged before me on September 7, 2017 by GAYLE L. WILSTED, Surviving Spouse, Affiant and Surviving Trustee.

Deacon Haymond
Notary Public



This instrument has been prepared by Haymond Law solely from information provided by the client. There are no express or implied guarantees as to marketability of title, accuracy of the property or property legal description or quantity of land described, as no examination of title property was requested by the client.

STATE OF UTAH CERTIFICATION OF VITAL RECORD

BK 10610 PG 4143

MAR 1 2005

2005 003052

LOCAL FILE NUMBER 18-1284		CERTIFICATE OF DEATH		STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (Include AKA's, if any) (First, Middle, Last) Harold George WILSTED		2. SEX Male		3a. DATE OF DEATH (Mo., Day, Yr.) March 18, 2005	
4. DATE OF BIRTH (Mo., Day, Yr.) March 19, 1943		5. AGE (Last Birthday) (Years) 61		6. BIRTHPLACE (City & State or Foreign Country) Salt Lake City, Utah	
7. SOCIAL SECURITY NUMBER Confidential		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DCA <input type="checkbox"/> 4. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> 5. Nursing Home/Long term care facility <input type="checkbox"/> 6. Decedent's Home <input type="checkbox"/> 7. Other (specify) _____			
9a. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location) George E. Wahlen Department of Veterans Affairs Medical Center		9b. COUNTY OF DEATH Salt Lake		9c. CITY, TOWN OR LOCATION OF DEATH Salt Lake City	
10. MARITAL STATUS <input checked="" type="checkbox"/> 1. Never Married <input type="checkbox"/> 2. Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced <input type="checkbox"/> 5. Married, but separated <input type="checkbox"/> 6. Unknown		11. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) Gayle Lynn Millburn			
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT enter retired.) Attorney		12b. KIND OF BUSINESS OR INDUSTRY Estate Planning/Self Emp.		13a. RESIDENCE - STREET AND NUMBER 2049 East 9100 South	
13b. STATE Utah		13c. COUNTY Salt Lake		13d. CITY, TOWN, COMMUNITY, OR RURAL Sandy	
13e. ZIP CODE 84093		13f. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			
14. FATHER'S NAME (First, Middle, Last) Harold Dean Wilsted		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Emma Gertrude Neal			
16. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT (Street & Number, City, State, Zip) Gayle L. Wilsted, Wife, 2049 East 9100 South, Sandy, Utah 84093					
17. METHOD OF DISPOSITION <input type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Cremation <input type="checkbox"/> 3. Other <input type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Donation <input type="checkbox"/> 6. Removal		18a. DATE OF DISPOSITION March 22, 2005		18b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Utah Veterans Memorial Park	
19a. LOCATION OF DISPOSITION - City or Town, State Bluffdale, Utah		19b. LICENSEE NUMBER 22-107562		20. FUNERAL HOME (Name and complete address) Larkin Sunset Gardens 1950 East 10600 South Sandy, Utah 84092	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>		22a. Was Medical Examiner Contacted? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No			
22. CERTIFIER (Check only one) <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: 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.					
M.E. Case No. 187428		SIGNATURE & TITLE OF CERTIFIER <i>[Signature]</i> David Bull, M.D.		UC. NO. 187428-1205 DATE SIGNED 03-21-05	
23a. NAME, ADDRESS AND ZIP CODE FOR PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 24) (Type/Print) David Bull, M.D. 500 Foothill Dr. Salt Lake City, UT 84148		23b. DATE DECEASED WAS LAST ATTENDED BY PHYSICIAN March 18, 2005			
24. PART I. Enter the chain of events - disease, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Respiratory Failure IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Pulmonary Hypertension DUE TO (OR AS A CONSEQUENCE OF): 4-01 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. <input checked="" type="checkbox"/> 25a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No <input type="checkbox"/> 25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No Approximate Interval Between Onset and Death: 24 Hours 5 Years					
25. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: <input type="checkbox"/> 1. Probably contributed to the cause of death <input type="checkbox"/> 2. Was the underlying cause of death <input type="checkbox"/> 3. Did not contribute to the cause of death <input type="checkbox"/> 4. Unknown in relation to the cause of death <input type="checkbox"/> 5. NOW USER		26. MANNER OF DEATH <input type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Could not be determined <input type="checkbox"/> 6. Pending investigation		27. IF FEMALE <input type="checkbox"/> 1. Not pregnant within past year <input type="checkbox"/> 2. Pregnant at time of death <input type="checkbox"/> 3. Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> 4. Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> 5. Unknown if pregnant within 1 year before death	
28a. DATE OF INJURY (Mo., Day, Yr.)		28b. TIME OF INJURY (24 Hr. Clock)		28c. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	
28d. PLACE OF INJURY - At home, farm, factory, office, building, etc. (Specify)		28e. If motor vehicle accidents: <input type="checkbox"/> 1. Driver <input type="checkbox"/> 2. Passenger <input type="checkbox"/> 3. Pedestrian <input type="checkbox"/> 4. Other <input type="checkbox"/> 5. Unknown			
29. LOCATION (Street or rural route number, city or town, county and state)		29a. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY should be entered in Item 24)			
30. WAS DECEDENT OF HISPANIC ORIGIN? (Check the "No" box if decedent is not Spanish-Speaking/Latino.) <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No (If Yes, Check the box that best describes whether the decedent is Spanish-Speaking/Latino.) <input type="checkbox"/> 1. Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> 2. Yes, Cuban <input type="checkbox"/> 3. Yes, Puerto Rican <input type="checkbox"/> 4. Yes, other Spanish-Speaking/Latino (Specify) _____		31. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> 01. White <input type="checkbox"/> 02. Black or African American <input type="checkbox"/> 03. American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> 04. Chinese <input type="checkbox"/> 05. Japanese <input type="checkbox"/> 06. Native Hawaiian <input type="checkbox"/> 07. Filipino <input type="checkbox"/> 08. Other Asian (Specify) _____ <input type="checkbox"/> 09. Asian Indian <input type="checkbox"/> 10. Korean <input type="checkbox"/> 11. Samoan <input type="checkbox"/> 12. Vietnamese <input type="checkbox"/> 13. Guamanian or Chamorro <input type="checkbox"/> 14. Other Pacific Islander (Specify) _____ <input type="checkbox"/> 15. Other (Specify) _____ <input type="checkbox"/> 00. Other (Specify) _____		32. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death.) <input type="checkbox"/> 1. 8th grade or less <input type="checkbox"/> 2. 9th - 12th grade, no diploma <input type="checkbox"/> 3. High School graduate or GED completed <input type="checkbox"/> 4. Some college credit, but no degree <input type="checkbox"/> 5. Associate degree (e.g., AA, AS) <input type="checkbox"/> 6. Bachelor's degree (e.g., BA, BS, BSI) <input type="checkbox"/> 7. Master's degree (e.g., MA, MS, MEd, MEd, MDiv, MBA) <input type="checkbox"/> 8. Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LL.M., JD)	
33. REGISTRAR'S SIGNATURE <i>[Signature]</i> Richard J. Oborn, MPA		34. DATE FILED (Mo., Day, Yr.) March 24, 2005		DATE ISSUED	

UT 7
 801
 DECEASED
 UT-035
 67440
 4
 UT
 DISPOSITION
 187428
 4-01
 CAUSE OF DEATH
 31+
 2+
 01+
 8
 RACE AND ANCESTRY
 REGISTRAR



Richard J. Oborn, MPA
 State Registrar
 Rev. 1/16

065604189

UTAH DEPARTMENT OF HEALTH
 Office of Vital Records & Statistics
 Salt Lake City, Utah



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

SEP 28 2017