

Upon Recording  
Return to:

Reva M. Bacon  
324 N. Cooley Lane  
Grantsville, Utah 84029

QUIT CLAIM DEED

THIS QUIT CLAIM DEED, Executed this 27<sup>th</sup> day of APRIL, 1999 by first party, Reva M. Bacon, a widow, whose post office address is, 324 N. Cooley Lane, Grantsville, Utah 84029, to second party, Reva M. Bacon, Trustee of the REVA M. BACON FAMILY TRUST, whose post office address is, 324 N. Cooley Lane, Grantsville, Utah 84029, The Reva M. Bacon Family Trust is dated 4/27/1999.

WITNESSETH, That the said first party, for good consideration and for the sum of \$10 Dollars paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim her interest unto the said second party forever, all the right, title, interest and claim which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of Tooele, State of Utah, to wit:

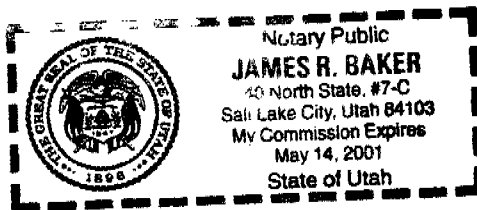
Commencing 30.50 chains West of the Southeast corner of Section 25, Township 2 South, Range 6 West, thence North 190 feet; thence East 138 feet; thence South 29 feet; thence East 260 feet; thence South 159 feet; thence West 398 feet to beginning.

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written.

Reva M. Bacon  
Reva M. Bacon

State of Utah )  
  ss:  
County of Tooele )

On the 27<sup>th</sup> day of APRIL, 1999 personally appeared by me, Reva M. Bacon known to be the person described in and who executed the foregoing instrument and acknowledged before me that she executed the same.



[Signature]  
Notary Public  
Residing in SLL  
My commission expires: MAY 14 2001

WHEN RECORDED MAIL TO:  
Jeffrey W. Wilkinson, P.C.  
6925 Union Park Center, Suite 290  
Cottonwood Heights, Utah 84047

CERTIFICATE OF INCUMBENCY

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

LARRY D. BACON and LEE ANN BACON SHELTON ("Affiants"), being duly sworn, state and represent that:

1. Affiants are the successor trustees named in that certain REVA M. BACON FAMILY TRUST dated April 27, 1999 made under the laws of the State of Utah by REVA M. BACON as grantor and REVA M. BACON as trustee.

2. The REVA M. BACON FAMILY TRUST is in full force and effect.

3. REVA M. BACON is now deceased.

4. George "J" Sweeting renounced the opportunity to act as Co-Trustee on October 1, 2009.

5. Affiants are now acting as trustees under the REVA M. BACON FAMILY TRUST and are the **only trustees** qualified to act.

5. The following described real property located in Tooele County, State of Utah is an asset of the trust and was held in the name of REVA M. BACON as trustee:

Commencing 30.50 chains West of the Southeast corner of Section 25, Township 2 South, Range 6 West, thence North 190 feet; thence East 138 feet; thence South 29 feet; thence East 260 feet; thence South 159 feet; thence West 398 feet to beginning.

6. A certified copy of the Certificate of Death, File Number 23-007, of REVA M. BACON is attached hereto and is incorporated herein by this reference.

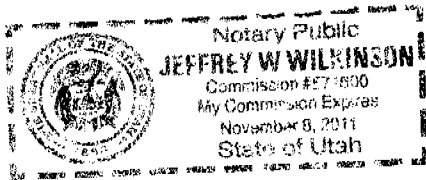
7. Affiants were personally acquainted with REVA M. BACON. REVA MORGAN BACON named in the attached Certificate of Death is one and the same person as the person who was named as Trustee in the REVA M. BACON FAMILY TRUST who was listed as record owner of the above-described real property.

Larry D. Bacon  
LARRY D. BACON

Lee Ann Bacon Shelton  
LEE ANN BACON SHELTON

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

On the 4 day of February, 2010, personally appeared before me LARRY D. BACON, the Affiants named in the foregoing Affidavit, who being by me first duly sworn, acknowledged to me that they executed the same and that the statements contained therein are true.



[Signature]  
NOTARY PUBLIC  
Residing at:

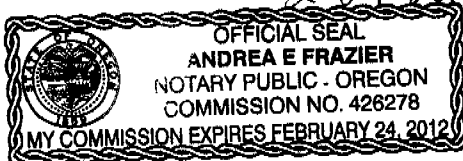
My Commission Expires:

STATE OF Oregon )  
:SS.  
COUNTY OF Malheur )

On the 18 day of February, 2010, personally appeared before me LEE ANN BACON SHELTON, the Affiants named in the foregoing Affidavit, who being by me first duly sworn, acknowledged to me that they executed the same and that the statements contained therein are true.

Andrea E. Frazier  
NOTARY PUBLIC  
Residing at: Vale, OR 97918

My Commission Expires: 2-24-2012



STATE OF UTAH - DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Ent: 339419 - Pg 3 of 3

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

LOCAL FILE NUMBER 23-007

STATE FILE NUMBER

1. NAME OF DECEDENT REVA MORGAN BACON	2. SEX Female	3a. DATE OF DEATH (Mo., Day, Yr.) January 16, 2004	3b. TIME OF DEATH (24 hr. clock) 11:45
4. DATE OF BIRTH (Mo., Day, Yr.) July 8, 1919	5. AGE - Last birthday 84	6. BIRTHPLACE (City & State or Foreign Country) Ophir, Utah	7. SOCIAL SECURITY NUMBER 529-12-6443
8a. PLACE OF DEATH (check only) <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA	8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) 324 No Cooley	8c. CITY, TOWN, OR LOCATION OF DEATH Grantsville	8d. COUNTY OF DEATH Tooele
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"/> 2. Married <input checked="" type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired) Inventory Clerk	12b. KIND OF BUSINESS OR INDUSTRY Tooele Army Depot
13a. RESIDENCE - STREET AND NUMBER 324 No Cooley	13b. CITY, TOWN OR COMMUNITY Grantsville	13c. COUNTY Tooele	13d. STATE Utah
17. FATHER'S NAME (First, Middle, Last) Clarence Morgan	18. MAIDEN NAME OF MOTHER (First, Middle, Last) Mildred Davis	19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Larry Bacon, Son P.O. Box 436, Grantsville, UT 84029	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 01/21/2004	21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Grantsville Cemetery	21c. LOCATION - City or Town, State Grantsville UT	22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>
23. LICENSE NUMBER 323152-0902	24. FUNERAL HOME (Name and address) Tate Mortuary	25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 1-5-04	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 _____ 110 S. Main St. Tooele, UT 84074
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>	27c. LICENSE NUMBER 9319	27d. DATE SIGNED (Month, Day, Year) 1-21-04
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print) Charles E. Holt D.O. 280 No. Main St. Tooele, UT 84074	29. REGISTRAR'S SIGNATURE <i>[Signature]</i>	30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) 1/20/04	30b. DATE FILED (Mo., Day, Yr.) 1/22/04
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)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST	32. 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 checked="" type="checkbox"/> 3. Did not contribute to the cause of death. <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 Accidentally <input type="checkbox"/> 6. Pending investigation	35a. DATE OF INJURY (Mo., Day, Yr.)	35b. TIME OF INJURY (24 Hour Clock) <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	35c. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
35d. LOCATION (Street or rural route number, city or town, county and state.)	35e. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY should be entered in item 31)	36. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (specify)	36f. If motor vehicle accident specify if decedent was driver, passenger or pedestrian.

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.

Date Issued: 1/22/04

County TOOELE

*Barry E Nangle*

Barry E. Nangle  
DIRECTOR OF VITAL RECORDS

Registrar

*[Signature]*

By *[Signature]*

LL 867847



SDH-BVRHS 95 (9/96)

UDH-BVR Form 12 Rev. 12/98

WHEN RECORDED MAIL TO:  
Jeffrey W. Wilkinson, P.C.  
6925 Union Park Center, Suite 290  
Cottonwood Heights, Utah 84047

CERTIFICATE OF INCUMBENCY

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

LARRY D. BACON and LEE ANN BACON SHELTON ("Affiants"), being duly sworn, state and represent that:

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2. The REVA M. BACON FAMILY TRUST is in full force and effect.

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4. George "J" Sweeting renounced the opportunity to act as Co-Trustee on October 1, 2009.

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DATED this 19 day of July, 2010.

Larry D Bacon  
LARRY D. BACON

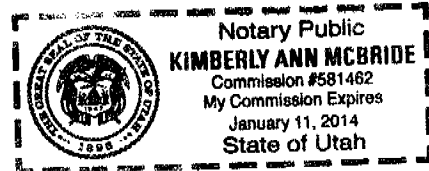
Lee Ann Bacon Shelton  
LEE ANN BACON SHELTON

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

On the 19 day of July, 2010, personally appeared before me LARRY D. BACON, the Affiants named in the foregoing Affidavit, who being by me first duly sworn, acknowledged to me that they executed the same and that the statements contained therein are true.

Kimberly Ann McBride  
NOTARY PUBLIC  
Residing at: Grantsville, Utah

My Commission Expires:

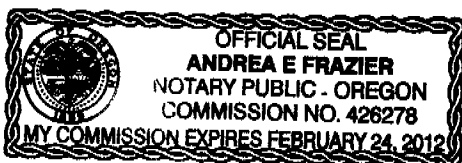


STATE OF Oregon )  
                                  :ss.  
COUNTY OF Malheur )

On the 14 day of September, 2010, personally appeared before me LEE ANN BACON SHELTON, the Affiants named in the foregoing Affidavit, who being by me first duly sworn, acknowledged to me that they executed the same and that the statements contained therein are true.

Andrea E. Frazier  
NOTARY PUBLIC  
Residing at: Vale, Oregon

My Commission Expires: 2-24-2012



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LOCAL FILE NUMBER 23-007

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER

Form with fields for decedent (Reva Morgan Bacon), informant (Larry Bacon), date of death (1-21-04), cause of death (Respiratory Insufficiency), and registrar (Allyson Peterson).

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.

Date Issued: 1/22/04

County TOOELE

Barry E Nangle

Barry E. Nangle DIRECTOR OF VITAL RECORDS

Registrar

Allyson Peterson

By Allyson Peterson

LL 867847

