

1 2 3 2 7 9

APN: 014-070-12 AND 014-070-05

Ronald Vern Cannon
281 South 300 West
St. George, Utah 84770

FILED FOR RECORDING
AT THE REQUEST OF

First American Title

2004 OCT 25 PM 12 39

LINCOLN COUNTY RECORDER
FEE \$16.00 DEP
LESLIE DOUCHER AB

PRESUMPTION OF DEATH AND AFFIDAVIT OF SURVIVOR TRUSTEE

STATE OF NEVADA)
) ss.
County of Lincoln)

Ronald Vern Cannon, being first duly sworn and under penalty of perjury does make this statement as follows:

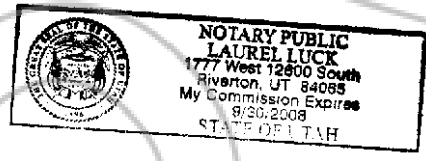
1. That on the 11th day of January, 1994, Ronald Vern Cannon and Deloras Farnsworth Cannon, as Grantors, created the RONALD V. AND DELORAS F. CANNON FAMILY TRUST pursuant to the laws of the State of Nevada.
2. That pursuant to the terms of said Trust, Ronald Vern Cannon and Deloras Farnsworth Cannon, were appointed Trustees and Ronald Vern Cannon. is the Survivor Trustee.
3. That on June 7, 2000, Deloras Farnsworth Cannon died in Lincoln County, State of Nevada. A copy of the Death Certificate is attached hereto.
4. That pursuant to Nevada law, Affiant will act as Survivor Trustee in the administration of the RONALD V. AND DELORAS F. CANNON FAMILY TRUST.

Dated this 20 day of October, 2004.

Ronald Vern Cannon
Ronald Vern Cannon

SUBSCRIBED AND SWORN to before me
this 20 day of OCTOBER, 2004.

Laurel Luck
NOTARY PUBLIC



COPY

**STATE OF NEVADA
CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS**

**STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH**

2000 0007025

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE TESTS

PARENTS

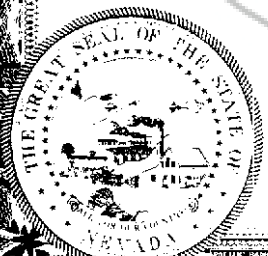
DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Deloras CANNON		2. June 7, 2000		3a. Lincoln			
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number)		If Hosp. or Inst. indicate DCA, DPREmer, Rm., Inpatient (Specify)		SEX	
3b. Barclay		3a. 104 Cannon Ranch		3e. 7		4. Female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specially <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		UNDER 1 YEAR	
5. White		6. X		7a. 71		MCS : DAYS	
STATE OF BIRTH (if not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		UNDER 1 DAY	
9a. Utah		9b. U.S.A.		10. 12		HOURS : MINS	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		DATE OF BIRTH (Mo., Day, Yr.)	
13. [REDACTED]		14a. Office Manager		11. Married		12. May 5 1929	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INS-DE CITY LIMITS (Specify Yes or No)	
15. Utah		15b. Washington		15c. St. George		15d. 281 S. 300 W.	
FATHER—NAME		MOTHER—MAIDEN NAME		FATHER—NAME		MOTHER—MAIDEN NAME	
16. Brigham Edward Farnsworth		17. Nancy Thornton		16. Brigham Edward Farnsworth		17. Nancy Thornton	
INFORMANT—Name (Type or Print)		MAILING ADDRESS		CITY OR TOWN		STATE	
18. Ronald V. Cannon		18b. 281 S. 300 W.		18c. St. George, Utah		18d. 84770	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN	
19. Burial		19b. St. George City Cemetery		19c. St. George, Utah			
FUNERAL DIRECTOR—SIGNATURE Or Person (Indicate as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. [Signature]		20c. 15		20b. 09 Wiscombe Funeral Home, Inc.			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
21a. [Signature]		21b. 6-8-00		21c. Before 2225		21d. Kerry D. Lee; P.O. Box 540 Pioche, Nevada 89043	
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		21f. LICENSE NUMBER		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.		22b. DATE SIGNED (Mo., Day, Yr.)	
22a. Kerry D. Lee; P.O. Box 540 Pioche, Nevada 89043		22b. 23b.		22a. [Signature]		22b. 6-8-00	
REG. STAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. [Signature]		24b. 6-8-00		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		PART 1		PART 2		PART 3	
(a) Chronic Obstructive Pulmonary Disease		1. Chronic Obstructive Pulmonary Disease		2. Years		Interval between onset and death	
(b) [REDACTED]		2. [REDACTED]		3. [REDACTED]		Interval between onset and death	
(c) [REDACTED]		3. [REDACTED]		4. [REDACTED]		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY		Specify Yes or No		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
25. Hypertension; Rheumatoid Arthritis;		26. No		27. Yes			
ACC., SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a. [REDACTED]		28b. [REDACTED]		28c. [REDACTED]		28d. [REDACTED]	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. No. CITY OR TOWN STATE	
29a. [REDACTED]		29b. [REDACTED]		29c. [REDACTED]		29d. [REDACTED]	



15474

STATE REGISTRAR
CERTIFIED COPY OF VITAL RECORDS

BOOK 192 PAGE 411

No. 163865

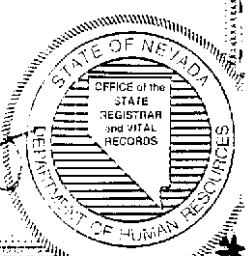
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

SEP 22 2004

[Signature]
STATE REGISTRAR

This copy is not valid unless secured on enclosed border displaying date, seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE