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FILED FOR RECORDING  
AT THE REQUEST OF €

First American  
Title  
2006 OCT 30 AM 11 33

LINCOLN COUNTY RECORDER  
FEE \$16.00 DEP  
LESLIE BOUCHER RB

**Recording Requested By**  
First American Title Company of  
Nevada of Nevada

**When Recorded Return to  
And Mail Tax Statements to:**  
J. Steven Thriot  
858 East 250 South  
Bountiful, UT 84010

Space Above This Line for  
Recorder's Use Only

**A.P.N. 002-232-03**

File No.: 152-2293449 (MJ)

**Affidavit - Death of Trustee**

State of Utah )  
County of Salt Lake )ss.

**J. Steven Thriot** ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

- Florence W. Thriot** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on November 26, 2002 at Salt Lake City, Utah (city and state of death).
- Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **April 26, 1974** executed by **Dean P. Thriot and Florence W. Thriot** as trustor(s) (the "Trust").
- Decedent as a trustee is the same person who was named as a grantee in that certain **Quitclaim Deed** dated **May 26, 2000** which was recorded as Instrument No. **114614** in Book **148**, Page **338**, of Official Records of **Lincoln County, Nevada** as legally described as follows:

**LOTS 26 & 25, OF NORTH HILLS SUBDIVISION, FIRST PHASE, AS SHOWN ON THE MAP THEREOF RECORDED JULY 28, 1980 AS FILE NO. 67636 IN BOOK "A" OF PLATS, PAGE 151, IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, NEVADA.**

- Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: October 11, 2006

DECLARANT:

J. Steven Thriot  
J. Steven Thriot

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County and State, this 16<sup>th</sup> day of October, 2006 by J. Steven Thriot, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

Signature Brenda Pierson

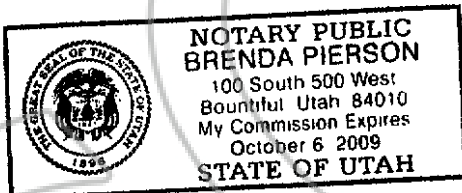
My Commission Expires: Oct 6, 2009

Notary Name: Brenda Pierson

Notary Registration Number: \_\_\_\_\_

Notary Phone: 801-296-1010

County of Principal Place of Business Davis



# STATE OF UTAH — DEPARTMENT OF HEALTH

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

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

LOCAL FILE NUMBER **18-5593**

STATE FILE NUMBER

1. NAME OF DECEDENT FIRST MIDDLE LAST <b>Florence W. THIRIOT</b>			2. SEX <b>Female</b>	3a. DATE OF DEATH (Mo., Day, Yr.) <b>November 26, 2002</b>	3b. TIME OF DEATH (24 hr. clock) <b>1125</b>
4. DATE OF BIRTH (Mo., Day, Yr.) <b>April 27, 1917</b>		5. AGE - Last Birthday <b>85</b>	6. BIRTHPLACE (City & State or Foreign Country) <b>Salt Lake City, Utah</b>	7. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	
8a. PLACE OF DEATH (check only) <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DGA <input checked="" type="checkbox"/> 4. Other (specify) <b>Hazen Care Center</b>			8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) <b>Hazen Care Center</b>		
9a. CITY, TOWN, OR LOCATION OF DEATH <b>West Valley City</b>		9b. COUNTY OF DEATH <b>Salt Lake</b>		9c. SURVIVING SPOUSE (if wife, give maiden name) <b>-----</b>	
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 checked="" type="checkbox"/> 3. Widowed <input 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>Homemaker</b>	
12b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		13a. RESIDENCE - STREET AND NUMBER <b>858 East 250 South</b>		13b. CITY, TOWN OR COMMUNITY <b>Bountiful</b>	
13c. COUNTY <b>Davis</b>		13d. STATE <b>Utah</b>		14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify) <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No <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>13</b>			
17. FATHER'S NAME (First, Middle, Last) <b>Franklin Ernest Wadsworth</b>			18. MAIDEN NAME OF MOTHER (First, Middle, Last) <b>Florence Aveson</b>		
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT <b>J. Steven Thiriot, son, 858 East 250 South, Bountiful, Utah 84010</b>					
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 <b>Dec. 7, 2002</b>		21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) <b>Bountiful City Cemetery</b>	
21c. LOCATION - City or Town, State <b>Bountiful, Utah</b>		22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Joel Chambers</i>		23. LICENSEE NUMBER <b>311842</b>	
24. FUNERAL HOME (Name and address) <b>Russon Brothers Mortuary</b>		25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN <b>11/19/02</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 _____		25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN <b>11/19/02</b>			
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>Wesley Barney</i>		27c. LICENSE NUMBER <b>92-187918-1205</b>		27d. DATE SIGNED (Month, Day, Year) <b>11/26/02</b>	
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print) <b>Wesley Barney, MD, 5255 South 4015 West, Kearns, Utah 84118</b>					
29. REGISTRAR'S SIGNATURE <i>Catti Covey</i>			30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)		30b. DATE FILED (Mo., Day, Yr.) <b>December 09, 2002</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)		a. <b>Drugs</b>		Approximate Interval Between Onset and Death <b>2 days</b>	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST		b. <b>Natural Causes</b>			
PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I		c. _____			
d. _____					
32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: <input type="checkbox"/> 1. Probably contributed to the cause of death. <input checked="" type="checkbox"/> 3. NON USER <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"/> 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 purposefully 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. LOCATION (Street or rural route number, city or town, county and state.)		35d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (specify)		35e. 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.

Date Issued: **December 10, 2002**

*Barry E Nangle*

BOOK **225** PAGE **52**

County **SALT LAKE**

Barry E. Nangle  
DIRECTOR OF VITAL RECORDS

Registrar

*Catti Covey*

By

*Ellen Freeman*

LL 1221094



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