

DOC # 0142286

12/07/2012

08:33 AM

Official Record

Recording requested By
COW COUNTY TITLE

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$17.00

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RPTT:

Recorded By: LB

Book- 275 Page- 0462

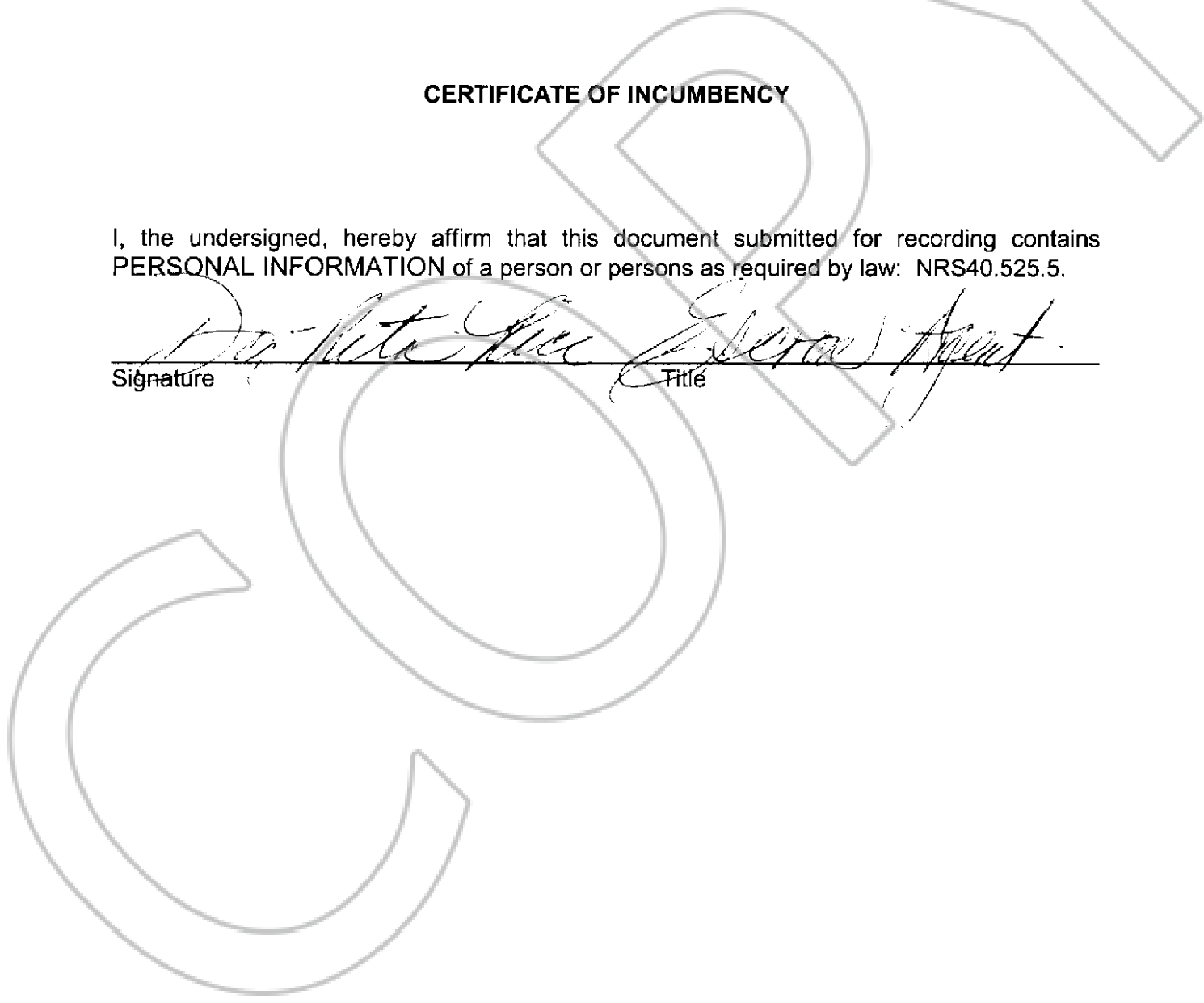


A.P.N. NUMEROUS
R.P.T.T. \$0.00
Escrow No. 42981
Recording Requested By:
Cow County Title Co.
Mail Tax Statements To:
Same as below
When Recorded Mail To:
STEVEN THIRIOT
858 EAST 250 SOUTH
BOUNTIFUL, UT 84010

CERTIFICATE OF INCUMBENCY

I, the undersigned, hereby affirm that this document submitted for recording contains PERSONAL INFORMATION of a person or persons as required by law: NRS40.525.5.

Debra Kite _____
Signature Title





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CERTIFICATE OF INCUMBENCY

Whereas, DEAN P. THIRIOT and FLORENCE W. THIRIOT were the Trustees under that certain Trust entitled THE DEAN P. AND FLORENCE W. THIRIOT FAMILY TRUST, and listed as Grantee under numerous Deeds recorded in the Official Records of Lincoln County, Nevada.

AND, WHEREAS, Dean Paul Thiriot and Florence W. Thiriot
_ is one and the same as named on that certain Death Certificate attached hereto and made a part hereof, J. STEVEN THIRIOT and JOAN T. YOCKEY, is named as the Successor Co-Trustees under said Trust and is fully authorized to act in accordance with the terms of said Trust Agreement.

AND, WHEREAS, pursuant to Section Article XVII (c) of said Trust, J. STEVEN THIRIOT or JOAN T. YOCKEY is appointed Successor Trustee and as the named Successor Trustee, is fully authorized to act in accordance with the terms of said Trust Agreement. By the execution of this Certificate of Incumbency J. STEVEN THIRIOT and JOAN T. YOCKEY hereby accepts the appointment as Successor Trustee and agrees to fully comply with the duties conferred therein.

Dated this 31 day of July, of the year 2012.

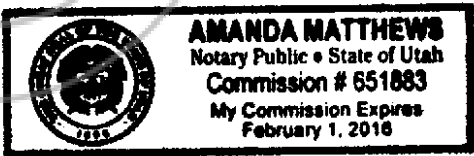
SUCCESSOR TRUSTEES

BY: J. Steven Thiriot Joan T. Yockey
 STEVEN THIRIOT JOAN T. YOCKEY
 SOLE SURVIVING SUCCESSOR TRUSTEES

State of Utah }
 }
 } ss
 County of Salt Lake }

This instrument was acknowledged before me on July 31st 2012
by James Steven Thiriot and Joan T. Yockey

Signature: Amanda Matthews
 Notary Public





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U HEALTH DEPARTMENT

DIVISION OF VITAL STATISTICS

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 18-3763

STATE FILE NUMBER

DECEDENT	1 NAME OF DECEDENT FIRST MIDDLE LAST Dean Paul THIRIOT			2 SEX Male	3a DATE OF DEATH (Mo. Day, Yr) Sept. 29, 1994	3b TIME OF DEATH (24 hr clock) 22:00	
	4 DATE OF BIRTH (Mo., Day, Yr) Feb. 15, 1909		5 AGE (Last Birthday) 85 Yrs	6 BIRTHPLACE (City & State or Foreign Country) Provo, Utah		7 SOCIAL SECURITY NUMBER [REDACTED]	
	8a PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other			8b NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location) 2052 West 5350 South			
	8c CITY, TOWN OR LOCATION OF DEATH Salt Lake City			8d COUNTY OF DEATH Salt Lake		9 SURVIVING SPOUSE (If wife, give maiden name) Florence Leone Wadsworth	
	10 WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11 MARITAL STATUS <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) Mining Superintendent		12b KIND OF BUSINESS OR INDUSTRY Mining
	13a RESIDENCE - STREET AND NUMBER 2052 West 5350 South			13b CITY, TOWN, OR COMMUNITY Salt Lake City		13c COUNTY Salt Lake	
	13d STATE Utah			14 WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Mexican <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other (Specify)			
	15 RACE: Black, White, Am Indian (Tribe may be entered), Japanese, etc. (Specify) White			16 EDUCATION (Specify only highest grade completed): Elementary or Secondary (0-12), College (13-16 or 17+) 13 years			
	17 FATHER'S NAME (First, Middle, Last) George William Thiriot			18 MAIDEN NAME OF MOTHER (First, Middle, Last) Alvira Rhona Henrie			
	INFORMANT	19 NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT J. Steven Thiriot (son) 858 East 250 South Bountiful, UT 84010					
DISPOSITION	20 METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal		21a DATE OF DISPOSITION Oct. 3, 1994	21b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Bountiful City Cemetery	21c LOCATION - City or Town, State Bountiful, Utah		
	22 SIGNATURE OF FUNERAL SERVICE LICENSEE Robert L. Russon		23 LICENSEE NUMBER 512	24 FUNERAL HOME (Name, address and license number) 180 Russon Brothers Mortuary 255 South 200 East Salt Lake City, UT 84111			
CERTIFIER	25 DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 9-19-94		26. If not certified by medical examiner, was death reported to M.E.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter the date and hour reported: M.E. Case No		27a CERTIFIER <input checked="" type="checkbox"/> 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"/> 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 Robert E. Bond MD		27c LICENSE NUMBER 3732	27d DATE SIGNED (Mo., Day, Yr) 10-3-94			
	28 NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Type/print) Dr. Robert E. Bond 333 South 900 East Salt Lake City, UT 84102						
	29 REGISTRAR SIGNATURE Thomas L. Schlenker MD		30 DATE FILED (Month, Day, Year) Oct. 3, 1994				
CAUSE OF DEATH	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. DUE TO (OR AS A CONSEQUENCE OF): <i>Heart failure</i>			Approximate Interval Between Onset And Death <i>1 week between stopping dialysis + death.</i>			
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):						
	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"/> Probably contributed to the cause of death <input type="checkbox"/> Was the underlying cause of death <input checked="" type="checkbox"/> Did not contribute to the cause of death <input type="checkbox"/> Is unknown in relation to the cause of death <input type="checkbox"/> NON-USER			
MANNER OF DEATH	34 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined if injured Purposely or Accidentally <input type="checkbox"/> Pending Investigation		35a DATE OF INJURY (Month, Day, Year)	35b TIME OF INJURY (24 Hour Clock)	35c INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	35d PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)			35g. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian.			
	35f. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)						

This is to certify that this is a true copy of the information on file in this office. This certified copy is issued under authority of Section 26-15-26 of the Utah Code Annotated, 1953 as amended.

Thomas L. Schlenker MD
Thomas L. Schlenker, MD
Director of Health

Mary Lee J. Mackay
DEPUTY REGISTRAR



Date Issued OCT 04 1994
130259



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DEPARTMENT OF HEALTH

USE PERMANENT BLACK INK
the Vital Statistics Act
and Rules.

LOCAL FILE NUMBER 18-5593

DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME OF DECEDENT FIRST MIDDLE LAST Florence W. THIRIOT			2. SEX Female		3a. DATE OF DEATH (Mo., Day, Yr.) November 26, 2002		3b. TIME OF DEATH (24 hr. clock) 1125			
4. DATE OF BIRTH (Mo., Day, Yr.) April 27, 1917			5. AGE - Last Birthday 85		6. BIRTHPLACE (City & State or Foreign Country) Salt Lake City, Utah		7. SOCIAL SECURITY NUMBER [REDACTED]			
8a. PLACE OF DEATH (check only one) <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) Hazen Care Center							
8c. CITY, TOWN, OR LOCATION OF DEATH West Valley City			8d. COUNTY OF DEATH Salt Lake		9. SURVIVING SPOUSE (if wife, give maiden name) -----					
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) Homemaker		12b. KIND OF BUSINESS OR INDUSTRY Own Home			
13a. RESIDENCE - STREET AND NUMBER 858 East 250 South			13b. CITY, TOWN OR COMMUNITY Bountiful		13c. COUNTY Davis		13d. STATE Utah			
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		13f. ZIP CODE 84010		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) White		16. EDUCATION (specify only highest grade completed) Elementary or Secondary (10-12) College (13-16 or 17+) 13		
17. FATHER'S NAME (First, Middle, Last) Franklin Ernest Wadsworth					18. MAIDEN NAME OF MOTHER (First, Middle, Last) Florence Aveson					
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT J. Steven Thiriot, son, 858 East 250 South, Bountiful, Utah 84010										
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 Dec. 7, 2002		21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Bountiful City Cemetery		21c. LOCATION - City or Town, State Bountiful, Utah			
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Joel Chambers</i>				23. LICENSE NUMBER 311842		24. FUNERAL HOME (Name and address) Russon Brothers Mortuary				
25. DATE DECEASED WAS LAST ATTEMPTED BY CERTIFYING PHYSICIAN 11/19/02			26. If not certified by medical examiner, was death reported to M.E.? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No If yes, enter the date and hour reported. M.E. CASE NO. _____ HR. _____ MD _____ DAY _____ YEAR _____			255 South 200 East SLC, UT 84111				
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 92-187978-1205		27d. DATE SIGNED (Month, Day, Year) 11/26/02			
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print) Wesley Barney, MD, 5255 South 4015 West, Kearns, Utah 84118										
29. REGISTRAR'S SIGNATURE <i>Cathy Covey</i>					30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)		30b. DATE FILED (Mo., Day, Yr.) December 09, 2002			
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. <i>Pneumonia</i> DUE TO (OR AS A CONSEQUENCE OF):			Approximate Interval Between Onset and Death. <i>2 days</i>				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST			b. <i>Natural Causes</i> DUE TO (OR AS A CONSEQUENCE OF):			<i>H</i>				
c. _____ DUE TO (OR AS A CONSEQUENCE OF):			d. _____ DUE TO (OR AS A CONSEQUENCE OF):							
PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I. <i>Mysterious Growth</i> <i>Myocardial Infarction, HTN, DM</i>			32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: <input type="checkbox"/> 1. Probably contributed to the cause of death. <input checked="" type="checkbox"/> 5. 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 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)		
UDH-BVR Form 12, Rev. 12/98			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.

Date Issued: December 10, 2002

County SALT LAKE

Registrar

Cathy Covey

LL 1221094

Barry E Nangle

Barry E. Nangle

DIRECTOR OF VITAL RECORDS

By

Ellen Freeman

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