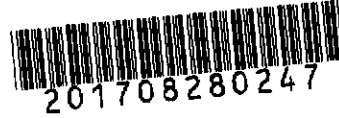


Return Address:



Skagit County Auditor  
8/28/2017 Page

\$88.00  
1 of 15 3:15PM

Document Title:

Deed

Reference Number (if applicable):

Grantor(s):

☐ additional grantor names on page \_\_\_\_.

- 1) Chris J Burton Trustee of
- 2) The Alex Family Trust

Grantee(s):

☐ additional grantor names on page \_\_\_\_.

- 1) The matthew J Alex Special Needs Trust
- 2)

Abbreviated Legal Description:

☐ full legal on page(s) \_\_\_\_.

Unit 204 Correction of Skyline No 15

Assessor Parcel /Tax ID Number:

☐ additional parcel numbers on page \_\_\_\_.

P60089

Mail Tax Notice To:

Grantee

1710 Skyline Way #204

Anacortes WA 98221

## QUIT-CLAIM DEED

**Chris J. Burton, Trustee of the Alex Family Trust dated September 16, 1998 as amended** Grantor of Davis County, State of Utah, hereby QUIT CLAIMS to The Matthew J. Alex Special Needs Trust, for the sum of TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION, the following described tract of land in Skagit County, State of Washington:

Abbreviated Legal: SKYLINE NO 15 LOT 204 TOGETHER WITH 10.42% COMMON AREA  
Tax Parcel Numbers P60089, 3829-000-204-0007  
Address: 1710 Skyline Way, #204 Anacortes Washington 98221

Unit 204, of Correction of Plat of Skyline No. 15 (a condominium), also appearing of record as Parkside condominium, according to the amended declaration thereof, recorded February 17, 1970, under Auditor's file no. 736037 and to the amended declaration thereof recorded January 7, 1999 under auditor's file no. 9901070075, and survey map and plans thereof recorded in Volume 9 of plats, pages 91-94 as auditors file no. 736038, records of Skagit County Washington

SUBJECT TO easements, restrictions, covenants and rights of way appearing of record or enforceable in law or equity.

WITNESS the hand of said Grantor this 28 day of October 2016.

**The Alex Family Trust  
Dated September 16, 1998, as amended**

By: Chris J. Burton, Trustee

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

20174022

AUG 28 2017

STATE OF UTAH

:

: ss :

COUNTY OF DAVIS

:

Amount Paid \$0  
Skagit Co. Treasurer  
By Mdm Deputy

On the 24 day of October, 2016, personally appeared before me **Chris J. Burton, Trustee of The Alex Family Trust dated September 16, 1998, as amended** who duly acknowledged he is the Trustee and signer of the foregoing Deed.

NOTARY PUBLIC



NOTARY PUBLIC  
DAVID J. SHAFFER  
677285  
COMMISSION EXPIRES  
MAY 12, 2018  
STATE OF UTAH

**STATE OF UTAH**  
**CERTIFICATION OF VITAL RECORDS**

**CERTIFICATE OF DEATH**

State File Number: 2015006083

**Peter Alex**

**DECEDENT INFORMATION**

Date of Death:	May 1, 2015	Time of Death:	12:43
City of Death:	Ogden	County of Death:	Weber
Age:	87	Date of Birth:	June 1, 1927
Place of Birth:	Lava Hot Springs, Idaho	Sex:	Male
Armed Services:	Yes	Marital Status:	Married
Spouse's Name:	Catherine Chipian	Usual Occupation:	Energy Manager
Industry/Business:	Civil Service	Education:	Master's Degree
Residence:	Layton, Utah	Parent or Father:	John Alex
Parent or Mother:	Katherine Anastasopoulou	Facility Type:	Hospital Inpatient
Facility or Address:	Ogden Regional Medical Center		

**INFORMANT INFORMATION**

Name:	Catherine Alex	Relationship:	Wife
Mailing Address:	2462 W Gordon Ave, Layton, Utah 84040		

**DISPOSITION INFORMATION**

Method of Disposition:	Burial
Place of Disposition:	Lindquist's Memorial Park Layton, Layton, Utah
Date of Disposition:	May 6, 2015

**FUNERAL HOME INFORMATION**

Funeral Home:	Lindquist Mortuary - Layton
Address:	1867 North Fairfield Road, Layton, Utah 84041
Funeral Director:	R Layton Cottrell

**MEDICAL CERTIFICATION**

Medical Professional: Anderson, MD, Chris, Ogden Regional Medical Center, 5475 South 500 East, Ogden, Utah 84405

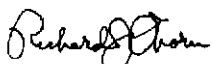
**CAUSE OF DEATH**

Respiratory Failure [Onset: 14 Days]  
Due to (or as a consequence of): Renal Failure [Onset: 5 Years]  
Due to (or as a consequence of): Hypertension [Onset: 20 Years]  
Due to (or as a consequence of): Atherosclerosis  
Other significant conditions: Coronary Artery Disease  
Tobacco Use: Probably Contributed  
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: May 4, 2015


Date Issued: May 4, 2017

This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics.  
Security features of this official document include: High Resolution Border, V & R Images in top cycloids, and microtext.  
This document displays the date, seal, and signature of the Utah State Registrar of Vital Records and Statistics.

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



065140057

  
Brian Hatch  
Interim Health Director

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

# STATE OF UTAH - DEPARTMENT OF HEALTH - OFFICE OF VITAL RECORDS AND STATISTICS

## AFFIDAVIT TO AMEND A RECORD

Corrections to a vital record must be made by affidavit but an item on a birth record may be corrected by affidavit only once. A court order is required for subsequent changes. A court order is necessary to make any corrections to a Delayed Birth Certificate. This affidavit cannot be used to correct medical information. Please return any copies of the certificate with this affidavit completed. If corrected certificates are reissued within 90 days of issuance, the new certificate fee will be waived but affidavit fees may still apply. This affidavit may be mailed or hand delivered.

**Mailing Address**  
Office of Vital Records and Statistics  
PO Box 141012  
Salt Lake City, UT 84114-1012

**Physical Address**  
Office of Vital Records and Statistics  
288 North 1460 West  
Salt Lake City, UT 84116

### Affidavit Instructions

Please print or type in black ink.  
Items 1-6: Enter the facts as reported on the current vital record.  
Item 7: Enter item number from items 1-6 that will be changed, if applicable.  
Item 8a: Enter the information as stated on the original record.  
Item 8b: Enter the correct information as it should be stated on the record.  
Item 9: Enter the reason the change is necessary.  
Item 10: Enter the proofs used to support the change, if applicable. The proofs must match the asserted fact(s) exactly.  
Items 11-22: Enter witness information.

### Witness Instructions

**Witnesses for Birth Certificate:** If the person listed on the record is under 18 years of age, both parents of record **MUST** sign the affidavit. If only one parent is listed, the second witness **MUST** be an immediate family member of the listed parent. If the person listed on the record is 18 years of age or older, he/she **MUST** sign as one of the witnesses. The second witness **MUST** be their immediate family member.

**Witnesses for Death Certificate:** The informant must sign as a witness along with an immediate member of the decedent's family, or a person who is knowledgeable of the facts.

☐ BIRTH

☐ DEATH

☐ STILLBIRTH

STATE FILE NUMBER \_\_\_\_\_

<b>NAME AS REPORTED ON REVERSE</b>	1a. FIRST NAME		1b. MIDDLE NAME		1c. LAST NAME	
	2. SEX	3. DATE OF EVENT	4. PLACE OF OCCURRENCE (City and County)			
<b>STATEMENT OF AMENDMENTS</b>	5. NAME OF PARENT 1 (Maiden name if Applicable)		6. NAME OF PARENT 2 (Maiden name if Applicable)			
	7. ITEM NO.	8a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD			8b. CORRECT INFORMATION	
<b>WHY IS CHANGE NECESSARY?</b>	9a. _____					
	9b. _____					
<b>DOCUMENTS USED TO AMEND RECORD</b>	10a. _____					
	10b. _____					
<b>OATH OF FIRST WITNESS (MUST BE 18 OR OLDER)</b>	<b>I hereby certify, under penalty of perjury, that I have personal knowledge of the above facts and that the information given is true and correct.</b>					
	11a. SIGNATURE OF WITNESS (Must be signed in front of a Notary)			11b. PRINTED NAME OF WITNESS		
	12. DATE SIGNED	13. AGE OF WITNESS	14. DAYTIME TELEPHONE OF WITNESS (       )	15. RELATIONSHIP OF WITNESS		
	16. ADDRESS OF WITNESS (Street, City, State, Zip)					
	Subscribed & Sworn to before me this _____ day of _____, 20____ Notary Signature _____ State _____ County _____ S E A L					
<b>OATH OF SECOND WITNESS (MUST BE 18 OR OLDER)</b>	<b>I hereby certify, under penalty of perjury, that I have personal knowledge of the above facts and that the information given is true and correct.</b>					
	17a. SIGNATURE OF WITNESS (Must be signed in front of a Notary)			17b. PRINTED NAME OF WITNESS		
	18. DATE SIGNED	19. AGE OF WITNESS	20. DAYTIME TELEPHONE OF WITNESS (       )	21. RELATIONSHIP OF WITNESS		
	22. ADDRESS OF WITNESS (Street, City, State, Zip)					
	Subscribed & Sworn to before me this _____ day of _____, 20____ Notary Signature _____ State _____ County _____ S E A L					

**STATE OF UTAH**  
**CERTIFICATION OF VITAL RECORDS**

**CERTIFICATE OF DEATH**

State File Number: 2016003047

**Catherine Chipian Alex**

**DECEDENT INFORMATION**

Date of Death:	February 26, 2016	Time of Death:	18:15
City of Death:	Bountiful	County of Death:	Davis
Age:	85	Date of Birth:	September 20, 1930
Place of Birth:	Bingham Canyon, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:		Usual Occupation:	Teacher
Industry/Business:	Education	Education:	Bachelor's Degree
Residence:	Layton, Utah	Parent or Father:	Anast J Chipian
Parent or Mother:	Effie Kokotas	Facility Type:	Nursing Home/Assisted Living
Facility or Address:	North Canyon Care Center		

**INFORMANT INFORMATION**

Name:	Jamie Bateman	Relationship:	Daughter
Mailing Address:	2484 W. Gordon Ave, Layton, Utah 84041		

**DISPOSITION INFORMATION**

Method of Disposition:	Burial
Place of Disposition:	Lindquist's Memorial Park Layton, Layton, Utah
Date of Disposition:	March 4, 2016

**FUNERAL HOME INFORMATION**

Funeral Home:	Lindquist Mortuary - Layton
Address:	1867 North Fairfield Road, Layton, Utah 84041
Funeral Director:	R Layton Cottrell

**MEDICAL CERTIFICATION**

Medical Professional: Joel G Porter MD, Intermountain Health Care, 2075 North 1200 West, Layton, Utah 84041

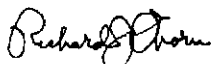
**CAUSE OF DEATH**

Pneumonia [Onset: 6 Days]  
Due to (or as a consequence of): Congestive Heart Failure [Onset: 2 Years]  
Tobacco Use: Non-user  
Medical Examiner Contacted: No    Autopsy Performed: No    Manner of Death: Natural

Date Registered: February 29, 2016


Date Issued: May 4, 2017

This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics.  
Security features of this official document include: High Resolution Border, V & R images in top cycloids, and microtext.  
This document displays the date, seal, and signature of the Utah State Registrar of Vital Records and Statistics.

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



065140056

  
Brian Hatch  
Interim Health Director

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



# STATE OF UTAH - DEPARTMENT OF HEALTH - OFFICE OF VITAL RECORDS AND STATISTICS

## AFFIDAVIT TO AMEND A RECORD

Corrections to a vital record must be made by affidavit but an item on a birth record may be corrected by affidavit only once. A court order is required for subsequent changes. A court order is necessary to make any corrections to a Delayed Birth Certificate. This affidavit cannot be used to correct medical information. Please return any copies of the certificate with this affidavit completed. If corrected certificates are reissued within 90 days of issuance, the new certificate fee will be waived but affidavit fees may still apply. This affidavit may be mailed or hand delivered.

**Mailing Address**  
Office of Vital Records and Statistics  
PO Box 141012  
Salt Lake City, UT 84114-1012

**Physical Address**  
Office of Vital Records and Statistics  
288 North 1460 West  
Salt Lake City, UT 84116

### Affidavit Instructions

Please print or type in black ink.  
Items 1-6: Enter the facts as reported on the current vital record.  
Item 7: Enter item number from items 1-6 that will be changed, if applicable.  
Item 8a: Enter the information as stated on the original record.  
Item 8b: Enter the correct information as it should be stated on the record.  
Item 9: Enter the reason the change is necessary.  
Item 10: Enter the proofs used to support the change, if applicable. The proofs must match the asserted fact(s) exactly.  
Items 11-22: Enter witness information.

### Witness Instructions

**Witnesses for Birth Certificate:** If the person listed on the record is under 18 years of age, both parents of record **MUST** sign the affidavit. If only one parent is listed, the second witness **MUST** be an immediate family member of the listed parent. If the person listed on the record is 18 years of age or older, he/she **MUST** sign as one of the witnesses. The second witness **MUST** be their immediate family member.

**Witnesses for Death Certificate:** The informant must sign as a witness along with an immediate member of the decedent's family, or a person who is knowledgeable of the facts.

☐ BIRTH

☐ DEATH

☐ STILLBIRTH

STATE FILE NUMBER \_\_\_\_\_

<b>NAME AS REPORTED ON REVERSE</b>	1a. FIRST NAME		1b. MIDDLE NAME		1c. LAST NAME	
	2. SEX	3. DATE OF EVENT		4. PLACE OF OCCURRENCE (City and County)		
	5. NAME OF PARENT 1 (Maiden name if Applicable)			6. NAME OF PARENT 2 (Maiden name if Applicable)		
<b>STATEMENT OF AMENDMENTS</b>	7. ITEM NO.	8a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD			8b. CORRECT INFORMATION	
<b>WHY IS CHANGE NECESSARY?</b>	9a. _____					
	9b. _____					
<b>DOCUMENTS USED TO AMEND RECORD</b>	10a. _____					
	10b. _____					
<b>OATH OF FIRST WITNESS (MUST BE 18 OR OLDER)</b>	<b>I hereby certify, under penalty of perjury, that I have personal knowledge of the above facts and that the information given is true and correct.</b>					
	11a. SIGNATURE OF WITNESS (Must be signed in front of a Notary)			11b. PRINTED NAME OF WITNESS		
	12. DATE SIGNED	13. AGE OF WITNESS	14. DAYTIME TELEPHONE OF WITNESS (      )	15. RELATIONSHIP OF WITNESS		
	16. ADDRESS OF WITNESS (Street, City, State, Zip)					
	Subscribed & Sworn to before me this _____ day of _____, 20____ Notary Signature _____ State _____ County _____					
<b>OATH OF SECOND WITNESS (MUST BE 18 OR OLDER)</b>	<b>I hereby certify, under penalty of perjury, that I have personal knowledge of the above facts and that the information given is true and correct.</b>					
	17a. SIGNATURE OF WITNESS (Must be signed in front of a Notary)			17b. PRINTED NAME OF WITNESS		
	18. DATE SIGNED	19. AGE OF WITNESS	20. DAYTIME TELEPHONE OF WITNESS (      )	21. RELATIONSHIP OF WITNESS		
	22. ADDRESS OF WITNESS (Street, City, State, Zip)					
	Subscribed & Sworn to before me this _____ day of _____, 20____ Notary Signature _____ State _____ County _____					

## ALEX FAMILY TRUST

THIS TRUST AGREEMENT is executed this 16<sup>th</sup> day of September, 1998.

The undersigned, PETER ALEX, and CATHERINE C. ALEX, husband and wife, legally domiciled and a resident of Davis County, state of Utah, hereby transfers and delivers to the Trustees and their successors the property listed in Schedule A, and the Trustees agree to hold such property and any other property as may be acceptable to the Trustees by either inter vivos or testamentary transfer; and, such additional property when delivered to the Trustees shall become a part of the Trust and be held by the Trustees on the terms and conditions stated herein.

### ARTICLE I

#### PURPOSES AND FAMILY

1.1 Purpose of the Trust. This Trust is established for the primary benefit of the Undersigned during their joint lifetimes, and for their family thereafter.

1.2 Family. The family of the Undersigned consists of the following:

PETER ALEX  
CATHERINE C. ALEX

#### Children

Matthew John Alex  
Jamie A. Bateman

### ARTICLE II

#### DISPOSITION DURING THE LIFETIMES OF THE UNDERSIGNED OR INCAPACITY OF THE SETTLOR

2.1 Income and Principal. During the lifetime of the undersigned, such or all of the principal of the trust estate and any income which such principal shall generate shall be paid or delivered to such persons and in such manner from time to time as the undersigned who contributed the principal shall direct in writing, or, in the absence of such direction, the Trustees shall pay or apply for the benefit of the undersigned, such amounts to such persons

the following order of succession:

- (a) The undersigned together as original co-trustees;
- (b) The survivor of the undersigned;
- (c) Aspasia Forbus of P.O. Box 5113, Fallon, Nevada 89407.

7.2 Ascent Among Trustees. In the event of a difference of opinion among the Trustees, the decision of the majority of them shall prevail.

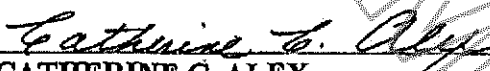
7.3 Enforce ability. If any provision of this instrument is declared unenforceable, the remaining provisions shall, nevertheless, be given effect.

7.4 Governing Law. This Trust has been declared, accepted and created in the State of Utah, and any interpretation or rights arising under this Trust shall be governed by the laws of the State of Utah.

7.5 Signatures. The undersigned, PETER ALEX, and CATHERINE C. ALEX, have signed their names and/or are known by their whole names or by a portion thereof only or by a certain combination of the name and/or initials thereof. Regardless of what combination of the name and signature of the undersigned appears on past, present or future written documents, the name and signature of the undersigned, as written below, is intended by the undersigned, and shall be effective, to transfer and convey the property listed in said written documents into this Trust.

IN WITNESS WHEREOF, the undersigned has executed this Trust Agreement, the day and year first above written.

  
\_\_\_\_\_  
PETER ALEX  
Undersigned

  
\_\_\_\_\_  
CATHERINE C. ALEX  
Undersigned



**Co-trustee**

Co-trustee

STATE OF UTAH

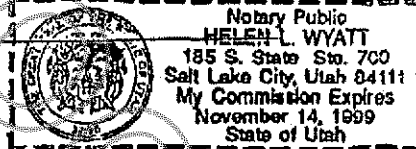
SS.

COUNTY OF SALT LAKE

On this 16<sup>th</sup> day of September, 1998, personally appeared me PETER ALEX, and CATHERINE C. ALEX, known to me to be the persons whose names are subscribed to the foregoing ALEX FAMILY TRUST, and acknowledged to me that they executed the same for the uses and purposes therein expressed.

**NOTARY PUBLIC**

Residing at:



**SECOND AMENDMENT TO THE ALEX FAMILY TRUST,  
DATED SEPTEMBER 16, 1998**

This Second Amendment ("Amendment") to the Alex Family Trust is made and entered into this 26<sup>th</sup> day of August, 2015, by **Catherine Alex**, a resident of Davis County, State of Utah (hereinafter sometimes referred to as "Settlor" and/or "Trustee").

**WITNESSETH:**

**WHEREAS**, Peter Alex and Catherine Alex, as Settlers and Co-Trustees, executed a Trust Agreement entitled the Alex Family Trust, dated September 16, 1998 ("Trust");

**WHEREAS**, pursuant to ARTICLE III of said Trust, Settlers, so long as either is alive, each of them reserved the right to amend, modify or revoke said Trust in whole or in part;

**WHEREAS**, Settlor, Peter Alex passed away on May 1, 2015 leaving Catherine Alex as the sole surviving Trustee of the Trust;

**WHEREAS**, Surviving Settlor, Catherine Alex on June 22, 2015 executed the First Amendment to the Alex Family Trust ("First Amendment");

**WHEREAS**, Surviving Settlor, Catherine Alex now deems it appropriate and necessary to amend the terms and conditions of the Trust, including any prior amendments; and

Now, THEREFORE, said Trust is hereby amended as follows:

1. The First Amendment to the Alex Family Trust dated June 22, 2015 is hereby revoked in its entirety, having no further force and effect.

- 3) First National Bank of Layton Certificate of Deposit for account number ending in 3923 (Jumbo CD's).

In the event Jamie A. Bateman should die prior to receiving her share of the Trust, her share of the Trust shall be held, used and distributed for the benefit of the natural born children of Jamie A. Bateman.

(b) Matthew John Alex should receive the following Certificate of Deposits, personal property and real property, including Individual Retirement Account (IRA):

- 1) First National Bank of Layton Accounts with the following ending numbers and identification numbers 1906 (Legacy Checking); 1920 (Traditional Savings); and 1923 (Jumbo CD's).
- 2) 2462 West Gordon Avenue, Layton, Utah (primary residence of Peter and Catherine Alex) including all accessory buildings and personal property located therein; Davis County Parcel ID12-076-0075; and
- 3) Skagit County Washington real and personal property; Tax ID Number 60089; Geo ID 3829-000-204-0007; and
- 4) 2438 West Gordon Avenue, Layton, Utah (orchard property); Davis County Parcel ID 12-076-0072; and
- 5) The Individual Retirement Account (IRA) currently held at The Bapis Group shall be treated according the beneficiary schedule listed therein, however in such event that the IRA shall be considered a Trust asset, then in that event Matthew John Alex shall receive the entirety of that specific IRA- Account Number: HTY-004570.

In the event Matthew John Alex should die prior to receiving his share of the Trust, his share of the Trust shall be held, used and distributed for the benefit of the natural born children of Matthew John Alex.

**5.1.1 Manila Property.** The one half interest in real property located in Manilla, Daggett County, Utah shall be distributed to Mary Burton, if deceased, then to her children outright free of Trust.

3. **ARTICLE VII Sub-Section 7.1** is hereby amended to read as follows:

7.1 The following will act as trustee, and as replacement trustee in the following order of succession:

(a) Original surviving Co-Trustee and Settlor, Catherine Alex;

(b) Chris Burton, 195 North Pinewood Circle, Layton, Utah 84040.

4. **ARTICLE VIII No Contest Provision:** If any beneficiary under this Trust shall directly or indirectly contest the Trust or any of its parts, provisions, amendments then any share or interest scheduled to be given to that person shall be revoked and augment proportionately the share of the beneficiaries that have not joined or participated in such contest. It is the Trustee's directive and intent that shall any challenge to this Trust be initiated by either of the beneficiaries, then their interest shall be deemed revoked and they shall be treated as if they predeceased the Settlor(s) leaving no issue and their share shall be distributed outright free of Trust to the non challenging or remaining beneficiary and their issue.

5. Except as herein amended, this Trust shall remain in full force and effect.

**TRUST FOR THE BENEFIT OF  
MATTHEW J. ALEX**

Tax Identification No. 81-6887580

THIS TRUST AGREEMENT is made and entered into this 3<sup>RD</sup> day of NOVEMBER, 2016, for the benefit of **Matthew J. Alex**, a disabled person as defined in the Social Security Act § 1614(a)(3) (42 U.S.C. § 1382c(a)(3)), currently a resident of Layton, Utah (hereinafter referred to as the "Beneficiary"), by **Chris J. Burton**, Trustee of **The Alex Family Trust** dated September 16, 1998, as amended, as the "Creator" and **Steve Adams** as "Trustee."

**ARTICLE I**

**NAME OF THE TRUST**

The Trust established under this Trust Agreement shall be known as *The Matthew J. Alex Special Needs Trust* (the "Trust"), written and prepared pursuant to 42 U.S.C. § 1396p(d)(4)(A), as amended August 10, 1993, by the Revenue Reconciliation Act of 1993. Furthermore, this Trust is a "discretionary trust for a person with disabilities," as defined in UTAH CODE ANN. § 62A-5-110 (1998), as amended; the Trust Estate and the Beneficiary shall be afforded the treatment and benefits thereby. All of the terms and provisions of this Trust shall be interpreted consistently with the aforementioned statutory provisions. For all purposes of this Trust Agreement, including but not limited to income tax purposes, **Matthew J. Alex** shall be considered the **Grantor**.

## ARTICLE II

### IRREVOCABILITY

This Trust shall be irrevocable. No person, including the Beneficiary, shall have the right or power, whether alone or in conjunction with others, in whatever capacity, to alter, amend, revoke or terminate this Trust, or any of the terms of this Trust Agreement, in whole or in part, or to designate the persons who shall possess or enjoy the Trust Estate, except as is specifically provided in Sections 7.11 and Articles IX of this Trust Agreement.

## ARTICLE III

### RIGHT TO APPLY INCOME TO LIFE INSURANCE PREMIUMS

The Trustee may, without the approval or consent of any other person, apply the income of the Trust toward the payment of premiums on policies of insurance on the life of the Beneficiary; provided that this Trust shall be the owner and beneficiary of such insurance policy(ies).

## ARTICLE IV

### TRUST ESTATE: PURPOSE

4.1 Corpus of Trust. The corpus of this Trust will come from the assets and income, as well as the principal and interest, of The Alex Family Trust set aside for the Beneficiary, which shall be held, administered for the benefit of the Beneficiary. Such corpus, together with any additions from any other party for the benefit of the Beneficiary, which are acceptable to the



IN WITNESS WHEREOF, the Creator and Trustee have signed this Trust Agreement

the 28 day of OCT, 2016.

CREATOR:

The Alex Family Trust  
Dated September 16, 1998,  
as amended

[Signature]  
By: Chris J. Burton, Trustee

TRUSTEE:

[Signature] Steve Adams, CPA  
[Signature] Steve Adams, CPA

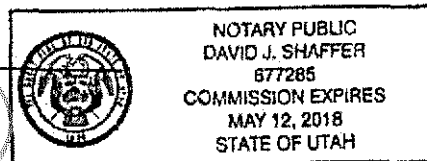
STATE OF UTAH )

COUNTY OF Davis )

ss.

On the 28 day of October, 2016, personally appeared before me, a Notary Public in and for said County and State, Chris J. Burton, Trustee of The Alex Family Trust dated September 16, 1998, as amended, whose identity is known to me or proven on the basis of satisfactory evidence to be the persons whose names are subscribed as the Creator of The Matthew J. Alex Special Needs Trust, and acknowledged to me that he executed the same.

[Signature]  
NOTARY PUBLIC



STATE OF UTAH )

COUNTY OF Davis )

ss.

On the 3<sup>rd</sup> day of November, 2016, personally appeared before me, a Notary Public in and for said County and State, Steve Adams, CPA, whose identity is known to me or proven on the basis of satisfactory evidence to be the person whose name is subscribed as a Creator and as the Trustee of The Matthew J. Alex Special Needs Trust, and acknowledged to me that he executed the same.

[Signature]  
NOTARY PUBLIC

