

## STATUTORY AGENT RESIGNATION

### ENTITY INFORMATION

ENTITY NAME: BLAIR FARMS, INC.  
ENTITY ID: 05279539  
ENTITY TYPE: Domestic For-Profit (Business) Corporation  
STATUTORY AGENT NAME: C JANE WYATT  
If the company is using your address as  
its official business address with the  
ACC, do you want to discontinue that  
use of your address?  
NOTICE OF RESIGNATION MAILED TO: NO

### SIGNATURE

STATEMENT OF RESIGNATION – by the electronic signature below, the statutory agent hereby resigns from the appointment as statutory agent for BLAIR FARMS, INC.. The appointment as statutory agent terminates (the resignation is effective) as of the thirty-first (31st) day after the date on which the Statutory Agent Resignation is received by the Arizona Corporation Commission or upon appointment of a new statutory agent, whichever first occurs.

By typing/entering my name, I intend to affix my electronic signature acknowledging that this electronic document is submitted in compliance with Arizona law. I certify that the information on the electronic document is true, complete, and accurate as of the date the electronic filing is submitted.

**Entity Information**

Entity Name: BLAIR FARMS, INC.

Entity Type: Domestic For-Profit (Business) Corporation

Entity ID: 05279539

Formation Date: 01/13/1993

Entity Email Address: awblair@awblair.com

Status: Active

Effective Date: 06/19/2018

Effective Time: 04:19PM

If the company is using your address as its official business address with the ACC, do you want to discontinue that use of your address?

☐ Yes

☒ No

**Uploaded Attachments**

**File Name**

Wyatt Death Certificate 03-07-2016 14-18-31.pdf

**Signature**

STATEMENT OF RESIGNATION - by the electronic signature below, the statutory agent hereby resigns from the appointment as statutory agent for BLAIR FARMS, INC.. The appointment as statutory agent terminates (the resignation is effected) as of the thirty-first (31st) day after the date on which the Statutory Agent Resignation is received by the Arizona Corporation Commission or upon appointment of a new statutory agent, whichever first occurs.

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☐ I Agree

Signature:



## CERTIFICATION OF VITAL RECORD

## STATE OF ARIZONA

DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS  
CERTIFICATE OF DEATH

State File NO. 102- 2016-003321

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) <b>CAROLYN JANE WYATT</b>			2. AKA'S (IF ANY)			3. DATE OF DEATH <b>01/24/2016</b>		
4. SEX <b>FEMALE</b>	5. SOCIAL SECURITY NUMBER <b>526-46-8595</b>	6. DATE OF BIRTH <b>03/24/1938</b>	7. AGE <b>77</b>	8. MONTHS <b>UNDER 1 YEAR</b>		9. DAYS <b>UNDER 1 DAY</b>		10. HOURS <b>11. MINUTES</b>
12. PLACE OF DEATH - HOSPITAL: <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL			13. PLACE OF DEATH - OTHER THAN HOSPITAL: <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER					
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY) <b>MT GRAHAM REGIONAL MEDICAL CENTER</b>				15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH: <b>SAFFORD 85546</b>			16. COUNTY OF DEATH: <b>GRAHAM</b>	
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>SAFFORD, ARIZONA</b>			18. MARITAL STATUS AT TIME OF DEATH <b>DIVORCED</b>		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)			
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: <b>5256 S HWY 191</b>			21. CITY AND COUNTY: <b>SAFFORD, GRAHAM</b>		22. STATE <b>ARIZONA</b>		23. ZIP CODE <b>85546</b>	24. EVER IN THE ARMED FORCES <b>NO</b>
25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY)  <input type="checkbox"/> UNKNOWN			26. DECEDENT'S RACE(S) <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE			27. IF AMERICAN INDIAN OR ALASKA NATIVE, SPECIFY UP TO 4 TRIBES, PRIMARY OR ENROLLED TRIBE:  ADDITIONAL TRIBE:  ADDITIONAL TRIBE:  ADDITIONAL TRIBE:		
28. OCCUPATION: <b>PROFESSOR</b>			29. FATHER'S NAME (FIRST, MIDDLE, LAST) <b>WILLIAM OSCAR BLAIR</b>					
30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) <b>WILMOTH PACKER</b>			31. INFORMANT'S NAME <b>JUSTIN WYATT</b>					
32. RELATIONSHIP <b>SON</b>			33. INFORMANT'S MAILING ADDRESS: <b>610 CHABLIS CT, UKIAH, CALIFORNIA 95482</b>					
34. NAME AND ADDRESS OF FUNERAL FACILITY <b>MCDUGAL'S CALDWELL FUNERAL CHAPEL 112 EAST MAIN STREET, SAFFORD, AZ</b>			35. FUNERAL DIRECTOR: <b>JASON MCDUGAL, FUNERAL DIRECTOR</b>			36. LICENSE NUMBER: <b>1278</b>		
37. METHOD(S) OF DISPOSITION: <b>BURIAL</b>			38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: <b>SAFFORD UNION CEMETERY, SAFFORD, ARIZONA</b>			39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: <b>NONE</b>		
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I								
IMMEDIATE CAUSE OF DEATH 40. A <b>ASPIRATION PNEUMONIA</b>			41. APPROXIMATE INTERVAL: <b>UNKNOWN</b>			42. APPROXIMATE INTERVAL: <b>UNKNOWN</b>		
DUE TO OR AS A CONSEQUENCE OF: 42. B <b>ACUTE MYELOID LEUKEMIA</b>			43. APPROXIMATE INTERVAL: <b>UNKNOWN</b>			44. APPROXIMATE INTERVAL: <b>UNKNOWN</b>		
DUE TO OR AS A CONSEQUENCE OF: 44. C			45. APPROXIMATE INTERVAL: <b>UNKNOWN</b>			46. APPROXIMATE INTERVAL: <b>UNKNOWN</b>		
DUE TO OR AS A CONSEQUENCE OF: 46. D			47. APPROXIMATE INTERVAL: <b>UNKNOWN</b>			48. APPROXIMATE INTERVAL: <b>UNKNOWN</b>		
CAUSE OF DEATH PART II								
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE:			49. INJURY? <b>NO</b>			50. INJURY AT WORK? <b>NO</b>		
51. MANNER OF DEATH <b>NATURAL DEATH</b>			52. TIME OF DEATH <b>1840</b>			53. WAS AN AUTOPSY PERFORMED? <b>NO</b>		
54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			55. NAME OF PERSON COMPLETING CAUSE OF DEATH: <b>MELINDA MARIE FEELY, M.D.</b>			56. DATE CERTIFIED: <b>01/26/2016</b>		
57. CERTIFIER'S ADDRESS: <b>680 S 20TH AVE SAFFORD, AZ 85546</b>			58. NAME OF REGISTRAR: <b>KATHY LAWSON</b>			59. DATE REGISTERED: <b>02/01/2016</b>		

69527484

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS,  
ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA  
Revised 11/2014Krystal Colburn  
KRISTAL COLBURN  
ASSISTANT STATE REGISTRARArizona  
Department of  
Health Services

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE