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14361970 B: 11558 P: 6052 Total Pages: 5
03/25/2025 11:06 AM By: aallen Fees: \$40.00
Rashelle Hobbs, Recorder, Salt Lake County, Utah
Return To: JACKSON, TULLOS & ROGERS, PLLC
PO BOX 15517 HATTIESBURG, MS 39404



Indexing Instructions: Lot 13, Quail Valley No. 1 Subd.

Return to:

Robert T. Jackson, Sr.
Jackson, Tullos & Rogers, PLLC
Attorney at Law
Post Office Box 15517
Hattiesburg, MS 39404-5517
(601) 264-3309

**STATE OF UTAH
COUNTY OF SALT LAKE**

AFFIDAVIT

GRANTOR:

Clarence Ebbert Revocable Trust,
Gloria Jean Ebbert Vaughn, Successor Trustee
150 Elks Lake Rd.
Hattiesburg, MS 39402
(801) 349-7875

GRANTEE:

Glori Jean Ebbert Vaughn
150 Elks Lake Rd.
Hattiesburg, MS 39402
(801) 349-7875

Affidavit

State of Mississippi

County of Forrest

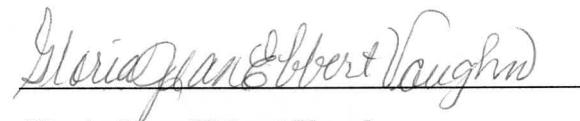
PERSONALLY CAME AND APPEARED BEFORE ME, the undersigned authority in and for the aforesaid county and state, **Gloria Jean Ebbert Vaughn**, who, after being first duly sworn by me, stated upon her oath the following:

1. My name, address, and telephone number is **Gloria Jean Ebbert Vaughn, 150 Elks Lake Road, Hattiesburg, MS 39401, (801) 349-7875.**
2. My father was **Clarence Ebbert**, and he died September 16, 2007, a copy of his Death Certificate being attached hereto as Exhibit "A" and made a part hereof for all purposes as if copied at length herein.
3. On July 6, 1999, he established **The Clarence Ebbert Revocable Trust** and he named himself as the initial Trustee. I, being his daughter, am the successor trustee.
4. My mother is **Verna S. Ebbert**, and she died December 5, 2024, a copy of her Death Certificate being attached hereto as Exhibit "B" and made a part hereof for all purposes as if copied at length herein.
5. On July 6, 1999, **Verna S. Ebbert** established **The Verna S. Ebbert Revocable Trust**, and named herself as Initial Trustee. I, being her daughter, am the successor trustee.
6. It is intended that this *Affidavit* be filed among the land deed records of Salt Lake County, Utah, and that after this *Affidavit* is recorded, I, as successor trustee of both of the above referenced trusts, will convey property to me, being the daughter of **Clarence Ebbert and Verna S. Ebbert**.
7. The above two trusts named above both owned an undivided fifty percent (50%) interest each in and to the following described property:

All of Lot 13, QUAIL VALLEY NO. 1 SUBDIVISION, according to the official plat thereof, recorded in the office of the County Recorder of Salt Lake County, Utah

8. I hereby state on my oath that all of the above facts as set out therein are true and complete.

WITNESS MY SIGNATRUE on this the 6th day of March, 2025.



Gloria Jean Ebbert Vaughn

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this 6th day of March, 2025.



NOTARY PUBLIC



My commission expires:

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

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TYPE OR PRINT WITH BLACK INK		FILING DATE SEP 24 2007		CERTIFICATE OF DEATH STATE OF MISSISSIPPI				STATE FILE NUMBER 123-07-019197		3b DATE OF DEATH (Month, Day, Year) September 16, 2007							
DECEASED		1. NAME First Albert Clarence Ebbert		2. SEX Male		3a. HOUR OF DEATH 2:25A m.		7a. COUNTY OF DEATH Forrest		8. STATE OF BIRTH Colorado							
		4. RACE (Specify White, Black, American Indian, etc.) White		5a. AGE AT LAST ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY BIRTHDAY 79 Years		5b. MOS 5c. DAYS 5d. HOURS 5e. MINS		6. DATE OF BIRTH (Month, Day, Year) August 28 1929		7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM, OR DOA inpatient							
		7b. CITY OR TOWN OF DEATH Hattiesburg		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) Forrest General Hospital 18F				7a. COUNTY OF DEATH Forrest		8. STATE OF BIRTH Colorado							
		9. DECEASED'S EDUCATION (Specify only highest grade completed) Elem/High School 12 (1-4) 4 (5-8)		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Verna Idell Stewart		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) No		13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American		14. SOCIAL SECURITY NUMBER [REDACTED]		15a. USUAL OCCUPATION (Kind of work done most of working life) Manager		15b. KIND OF BUSINESS OR INDUSTRY Williams Companies	
		16a. RESIDENCE-STATE Mississippi		16b. COUNTY Forrest		16c. CITY OR TOWN Hattiesburg		16d. INSIDE CITY LIMITS (Specify Yes or No) No		16e. STREET AND NUMBER OR RURAL LOCATION 98 Elks Lake Road							
PARENTS		17. FATHER-NAME Clarence		18. MIDDLE NAME Albert		19. LAST NAME Ebbert		20. MOTHER-NAME Mattie		21. MIDDLE NAME Ethel		22. MAIDEN NAME Buchanan					
INFORMANT		23a. INFORMANT-NAME (Type or print) Verna Ebbert		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 98 Elks Lake Road-Hattiesburg, MS 39401													
DISPOSITION		20a. BURIAL, CREMATION, REMOVAL (Specify) Burial		20b. CEMETERY, CREMATORIUM-NAME Highland Cemetery		20c. LOCATION (City and State) Hattiesburg, MS		21a. EMBALMER-SIGNATURE AND NUMBER ► Vic Montgomery FS#353									
		21b. FUNERAL HOME-NAME AND MISSISSIPPI ID NUMBER Hulett-Winstead Funeral Home Inc.		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 18-S P.O. Box 1687-Hattiesburg, MS 39403													
PRONOUNCEMENT		22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) Kathy A. Smith, RN PCS		22b. PRONOUNCED DEAD (Month, Day, Year) ON September 16, 2007		22c. PRONOUNCED DEAD (Hour) AT 2:25A m.											
CERTIFIER		23c. CERTIFIER-NAME (Type or print) J. Michael Herring		23d. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 301 South 28th Avenue Hattiesburg ms 39401													
Mississippi State Board of Health Form No. 511 Revised 1-1-89		24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. This section to be completed by physician if NOT a medical examiner		24b. DATE SIGNED (Month, Day, Year) 09/16/07		24c. STATE LICENSE NUMBER AS 14974		24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) Dr. Bellas		24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. This section to be completed by medical examiner ONLY.							
CAUSE OF DEATH		25. PART I, DEATH CAUSED BY: { IMMEDIATE CAUSE (Enter one cause only) (a) Respiratory failure DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only) (b) Hepatic cancer DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only) (c)		26. PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I		27. AUTOPSY (Yes or No)		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)									
Conditions, if any, which gave rise to immediate cause stating the underlying cause last																	
Had Decedent been Pregnant Within 90 Days Prior to Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		Use if death NOT due to natural causes		29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b. DATE OF INJURY (Month, Day, Year) m.		29c. HOUR OF INJURY (Month, Day, Year) m.		29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED							
		29e. INJURY AT WORK (Yes or No)		29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		29g. LOCATION Street or route number		29h. CITY OR TOWN		29i. STATE							

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

EXHIBIT

tables

A

SEP 27 2007

Judy Moulder

STATE REGISTRAR



VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

STATE OF MISSISSIPPI
CERTIFICATION OF VITAL RECORD



* 1 6 2 6 2 3 2 7 *

NFD-4041341-4-12

CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

STATE FILE 123-2024-030830

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)	2. GENDER	3. HOUR OF DEATH	4. DATE OF DEATH (Month, Day, Year)
VERNA IDELL EBBERT	FEMALE	10:26	12/05/2024
4. RACE (Check one or more races to indicate what the decedent considered himself or herself to be)			
<input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Asian Indian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Other Pacific Islander (Specify) _____			
5. PLACE OF DEATH (Check only one box)			
5a. AGE AT LAST BIRTHDAY 97 Years	5b. IF UNDER 1 YEAR 97 Mois	5c. IF UNDER 1 DAY 5d. HOURS 5e. MINS	5f. DATE OF BIRTH (Month, Day, Year) 08/01/1927
5g. IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Hospital <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA	5h. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long term care facility <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify) _____	5i. CITY, TOWN OR LOCATION OF DEATH HATTIESBURG	5j. ZIP CODE 39401
5k. FACILITY NAME (If a facility, give street address, room number, or other location) 98 ELKS LAKE ROAD		5l. COUNTY OF DEATH FORREST	
10. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of education completed at time of death			
<input type="checkbox"/> 9th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college, no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MED, MSW, MPA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLM, JD) <input type="checkbox"/> Unknown			
11. MARITAL STATUS AT TIME OF DEATH			
<input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		12. SURVIVING SPOUSE (Give legal name prior to first marriage)	13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) NO
14. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino.			
<input type="checkbox"/> No, not Spanish/Hispanic/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 Spanish/Hispanic/Latino (Specify) _____			
15. SOCIAL SECURITY NUMBER		16. BUSINESS OR INDUSTRY PRIMARY SCHOOL TEACHER	
17a. RESIDENCE - STATE MISSISSIPPI		17b. COUNTY FORREST	
17c. CITY OR TOWN HATTIESBURG		17d. ZIP CODE 39401	17e. STREET AND NUMBER OR FURAL LOCATION Include apartment number 98 ELKS LAKE ROAD
17f. INSIDE CITY LIMITS (Yes or No) NO			
18. FATHER'S OR PARENT'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) MARVIN GOLDEN STEWART		19. MOTHER'S OR PARENT'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) DONA MAUDIE BREAZEALE	
20a. INFORMANT - NAME (Type or print) JEANIE VAUGHN		20b. RELATIONSHIP TO DECEDENT DAUGHTER	
20c. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) 150 ELKS LAKE ROAD HATTIESBURG MS 39401		20d. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) F. O. BOX 1687, HATTIESBURG, MS 39401	
21a. DISPOSITION OF BODY (Specify: Burial, Cremation, Removal, etc.) BURIAL		21b. CEMETERY/CREMATORIUM - NAME HICELAND CEMETERY	
21c. LOCATION (City or town) HATTIESBURG, MS		21d. FUNERAL DIRECTOR - SIGNATURE AND LICENSE NUMBER ELECTRONICALLY SIGNED BY JAMES K. WINSTEAD FD-0324	
22a. FUNERAL HOME (Who first assumed custody of body) HULETT - WINSTEAD FUNERAL HOME 1887		22b. FUNERAL HOME LICENSE NUMBER FE 94	
22c. FUNERAL HOME (If body was transferred prior to disposition)		22d. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) 121. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) 121. F. O. BOX 1687, HATTIESBURG, MS 39401	
23a. PERSON WHO PRONOUNCED DEATH - NAME AND TITLE (Type or print) SESALIE COOLEY RN		23b. PRONOUNCED DEAD (Month, Day, Year) 12/15/2024	
23c. PRONOUNCED DEAD (Time) AT 10:26		23d. PRONOUNCED DEAD (Month, Day, Year) 12/05/2024	
24a. NAME OF CERTIFIER (Type or print) LISA KLEM		24b. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) P. O. BOX 1564, HATTIESBURG, MS 39403	
25a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated This section to be completed by Physician or Medical Examiner		25c. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated ELECTRONICALLY SIGNED BY SIGNATURE: LISA KLEM, CMEI	
25b. TITLE		25d. TITLE FORREST COUNTY CORONER	
25e. DATE SIGNED (Month, Day, Year)		25f. DATE SIGNED (Month, Day, Year) 12/05/2024	
26. CAUSE OF DEATH PART I - Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, shock or heart failure without describing the etiology. List only one cause in each line. DO NOT USE ABBREVIATIONS			
IMMEDIATE CAUSE (final disease or condition resulting in death) → (a) COMPLICATIONS DUE TO VESICOINTESTINAL FISTULA			
(b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only)			
(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only)			
(d) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only)			
27. PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I CONGESTIVE HEART FAILURE, HYPERTENSION, ATRIAL FIBRILLATION			
30. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		31. IF FEMALE <input type="checkbox"/> NOT pregnant or in the postpartum period <input type="checkbox"/> PREGNANT at the time of death <input type="checkbox"/> Not pregnant BUT PREGNANT 8-12 DAYS TO 1 YEAR BEFORE DEATH <input type="checkbox"/> Unknown if pregnant within the past year	
32a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		32b. DATE OF INJURY (Month, Day, Year)	
32c. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____		32d. TIME OF INJURY	
32e. INJURY AT WORK (Yes or No)		32f. PLACE OF INJURY (specify: Home, Farm, Street, Factory, Office building, etc)	
32g. DATE OF INJURY (Month, Day, Year)		32h. LOCATION (Street or route number, City or town, State)	
This section to be completed if Death NOT due to natural causes			

Mississippi State Department of Health

Revised 1-4-01/2019

Form 511

This is a true and correct reproduction of the document officially registered and placed on file with the Mississippi Bureau of Vital Records and Public Health Statistics

DATE ISSUED: DECEMBER 23, 2024

ISSUED

This copy not valid unless prepared on engraver

100%

EXHIBIT

B

Judy Moulder
State Registrar

Signature of the Registrar



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