

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 SIGNATURE on this the 6th day of March, 2025.

Gloria Jean Ebbert Vaughn

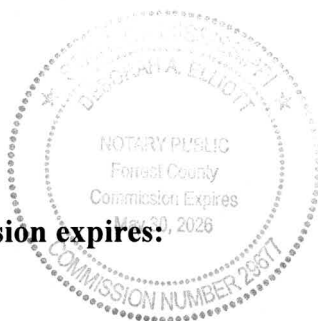
Gloria Jean Ebbert Vaughn

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

Dorothy A. Elliott

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 FILE
NUMBER

123-07-019197

DECEASED

1. NAME First Middle Last Albert Clarence Ebbert	2. SEX Male	3a. HOUR OF DEATH 2:25A m.	3b. DATE OF DEATH (Month, Day, Year) September 16, 2007
4. RACE (Specify White, Black, American Indian, etc.) White	5a. AGE AT LAST BIRTHDAY 79 Years	5b. MOS 179	5c. DAYS 5d. HOURS 5e. MINS
6. DATE OF BIRTH (Month, Day, Year) August 28 1929	7a. COUNTY OF DEATH Forrest	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
7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DCA inpatient	8. STATE OF BIRTH Colorado	9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School (0-12) 12	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	

If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items

For RESIDENCE items, enter actual location of home rather than mailing address

PARENTS

17. FATHER—NAME First Middle Last Clarence Albert Ebbert	18. MOTHER—NAME First Middle Maiden Mattie Ethel Buchanan
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INFORMANT

19a. INFORMANT—NAME (Type or print) Verna Ebbert	19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 98 Elks Lake Road-Hattiesburg, MS 39401
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DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify) Burial	20b. CEMETERY, CREMATORY—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 I.D. NUMBER Hulett-Winstead Funeral Home Inc. 18-S P.O. Box 1687-Hattiesburg, MS 39403		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)	

PRONOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) Kathy A. Smith, RN PCS	22b. PRONOUNCED DEATH (Month, Day, Year) ON September 16, 2007	22c. PRONOUNCED DEATH (Hour) AT 2:25A m.
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CERTIFIER

23a. CERTIFIER—NAME (Type or print) J. Michael HENNINGTON	23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 301 South 28th Avenue Hattiesburg ms 39401
24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE [Signature]	24b. DATE SIGNED (Month, Day, Year) 9/16/07
24c. STATE LICENSE NUMBER MS 14974	24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) D. Bell
24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE [Signature]	24f. TITLE MD
24g. DATE SIGNED (Month, Day, Year)	

CAUSE OF DEATH

25. PART I: DEATH CAUSED BY: (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)	Interval between onset and death
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Had Decedent been Pregnant Within 90 Days Prior to Death?
☐ Yes ☐ No

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)
29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) 29b. DATE OF INJURY (Month, Day, Year) 29c. HOUR OF INJURY (Month, Day, Year) 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 City or town State		

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

EXHIBIT

SEP 27 2007

Judy Moulder
STATE REGISTRAR

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.

STATE OF MISSISSIPPI

CERTIFICATION OF VITAL RECORD



NFD-4041341-4-12



* 1 6 2 6 2 3 2 7 *

FILING DATE 12/06/2024

CERTIFICATE OF DEATH

STATE OF MISSISSIPPI

STATE FILE NUMBER 123-2024-030830

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) VERNA IDELL EBBERT		2. GENDER FEMALE	3a. HOUR OF DEATH 10:26	3b. DATE OF DEATH (Month, Day, Year) 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"/> Chinese <input type="checkbox"/> Filipino <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) _____ <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled tribe or principal tribe) _____ <input type="checkbox"/> Other (Specify) _____				
5a. AGE AT LAST BIRTHDAY 97 Years	5b. MONTH 05	5c. DAYS 05	6. DATE OF BIRTH (Month, Day, Year) 03/01/1927	7. BIRTH PLACE (State or Foreign Country) MISSISSIPPI
8. PLACE OF DEATH (Check only one box) <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <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) _____		9. FACILITY NAME (If not a facility, give street address, next number, or other location) 98 ELKS LAKE ROAD		
10. DECEASED'S EDUCATION - Check the box that best describes the highest degree or level of education completed at time of death. <input type="checkbox"/> 8th 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's degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input checked="" type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MDiv, MSc) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or higher (e.g., MD, DDS, DVM, LL.D., etc.) <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) HATTIE SUE		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 a Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino. <input checked="" 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 [REDACTED]		16. KIND OF BUSINESS OR INDUSTRY JORDAN SCHOOL DISTRICT SANDY, UT		
17a. RESIDENCE - STATE MISSISSIPPI	17b. COUNTY FORREST	17c. CITY OR TOWN HATTIESBURG	17d. ZIP CODE 39401	17e. STREET AND NUMBER OR RURAL LOCATION (Include apartment number) 98 ELKS LAKE ROAD
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 MAUDE BRIAZALE		
20a. INFORMANT - Name (Type or print) JEANIE VAUGHN		20b. RELATIONSHIP TO DECEDENT DAUGHTER		
21a. DISPOSITION OF BODY (Specify: Burial, Cremation, Removal, etc.) BURIAL		21b. CEMETERY (Name) HELANE CEMETERY		
22a. FUNERAL HOME (Who first assumed custody of body) HULETT - WINSTEAD FUNERAL HOME 185		22b. FUNERAL HOME LICENSE NUMBER FE 99		
23a. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) 7, O. BOX 1697, HATTIESBURG, MS 39401		23b. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) 7, O. BOX 1697, HATTIESBURG, MS 39401		
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) listed as stated. SIGNATURE: [Signature] DATE SIGNED (Month, Day, Year): 12/05/2024 STATE LICENSE NUMBER: [REDACTED]		25b. 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: [Signature] DATE SIGNED (Month, Day, Year): 12/05/2024 TITLE: FORREST COUNTY CORONER		
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 showing the etiology. List only one cause on 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) SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE. ENTER UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST.				
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				
28a. POSTMORTEM EXAMINATION: EXAMINATION? (Yes or No) NO				
28b. POSTMORTEM EXAMINATION: FINDINGS AVAILABLE? (Yes or No) NO				
29. REFERRED TO STATE MEDICAL EXAMINER? (Yes or No) NO				
30. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				
31. IF FEMALE: <input type="checkbox"/> NOT pregnant within the past year <input type="checkbox"/> PREGNANT at the time of death <input type="checkbox"/> Not pregnant, BUT PREGNANT WITHIN 42 DAYS OF DEATH				
32. DATE OF INJURY (Month, Day, Year) _____				
33. TIME OF INJURY _____				
34. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED _____				
35. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____				
36. INJURY AT WORK (Yes or No) _____				
37. PLACE OF INJURY (Specify: Home, Farm, Street, Factory, Office building, etc.) _____				
38. LOCATION (Street or route number, City or town, State) _____				

Mississippi State Department of Health

Revised 4/4/01, 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 engraved paper.

EXHIBIT

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B

Judy Moulder
State Registrar

Signature of the Registrar.

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