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14361971 B: 11558 P: 6057 Total Pages: 4
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.

Prepared by:

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**STATE OF UTAH
COUNTY OF SALT LAKE**

SPECIAL WARRANTY DEED

FOR AND IN CONSIDERATION of the sum of Ten and No/100 Dollars (\$10.00), cash in hand paid, and other good and valuable consideration, the receipt, adequacy and sufficiency of all of which is hereby irrevocably acknowledged and confessed,

**Gloria Jean Ebbert Vaughn, Successor Trustee of
The Clarence Ebbert Revocable Trust U/A 07/06/1999
150 Elks Lake Road
Hattiesburg, MS 39402
(801) 349-7875**

AND

**Gloria Jean Ebbert Vaughn, Successor Trustee of
The Verna S. Ebbert Revocable Trust U/A 07/06/1999
150 Elks Lake Road
Hattiesburg, MS 39402
(801) 349-7875**

Grantors, ds hereby grant, convey and specially warrant unto

**Gloria Jean Ebbert Vaughn
150 Elks Lake Road
Hattiesburg, MS 39402
(801) 349-7875**

any and all interest of the Grantors in and to the following described real property lying and being situated in Salt Lake County, Utah, and being more particularly described as follows, to-wit:

**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**

Parcel No.: 28-03-227-017

Clarence Ebbert and Verna S. Ebbert, the original Grantors and Trustees of The Clarence Ebbert Revocable Trust and the Verna S. Ebbert Revocable Trust, departed this life on September 16, 2007 and December 5, 2024, respectively, copies of the Death Certificates of both Clarence Ebbert and Verna S. Ebbert being attached hereto as Exhibits "A" and "B" and made a part hereof as if copied at length herein.

This instrument was prepared without the benefit of a title opinion at the request of the Grantor and the Grantee.

WITNESS THE SIGNATURE of the Grantor on this, the 16th day of March, 2025.

The Clarence Ebbert Revocable Trust

Gloria Jean Ebbert Vaughn, Successor Trustee
By: Gloria Jean Ebbert Vaughn, Successor Trustee

The Verna S. Ebbert Revocable Trust

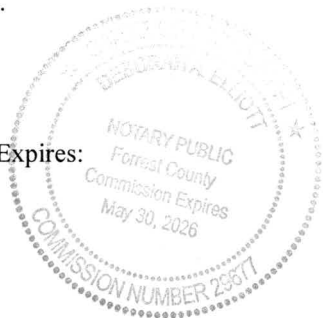
Gloria Jean Ebbert Vaughn, Successor Trustee
By: Gloria Jean Ebbert Vaughn, Successor Trustee

STATE OF MISS
COUNTY OF LANAN

THIS DAY personally came and appeared before me, the undersigned authority in and for the jurisdiction aforesaid, Gloria Jean Ebbert Vaughn, Successor Trustee of both The Clarence. Ebbert Revocable Trust and The Verna S. Ebbert Revocable Trust, who acknowledged that she signed and delivered the above and foregoing SPECIAL WWARRANTY DEED on the day and year therein shown, in said representative capacities, having authority so to do.

GIVEN UNDER MY HAND AND OFFICIAL SEAL OF OFFICE, this the 23rd day of February, 2021 the 16th day of March, 2025..

My Commission Expires:



Deborah Elliott
NOTARY PUBLIC

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	
DECEASED		1. NAME First Middle Last Albert Clarence Ebbert		2. SEX Male		3a. HOUR OF DEATH 2:25A m.	
4. RACE (Specify White, Black, American Indian, etc.) White		5a. AGE AT LAST BIRTHDAY 79 Years		ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY 5b. MOS 5c. DAYS 5d. HOURS 5e. MINS		6. DATE OF BIRTH (Month, Day, Year) August 28 1929	
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 DOA inpatient		7a. COUNTY OF DEATH Forrest	
9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School		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		17. FATHER—NAME First Middle Last Clarence Albert Ebbert		18. MOTHER—NAME First Middle Maiden Mattie Ethel Buchanan			
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			
DISPOSITION		20a. BURIAL, CREMATION, REMOVAL (Specify) Burial		20b. CEMETERY, CREMATORY—NAME Highland Cemetery		20c. LOCATION (City and State) Hattiesburg, MS	
		20d. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER Hulett-Winstead Funeral Home Inc.		20e. 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		23a. CERTIFIER—NAME (Type or print) J. Michael Hemminger		23b. 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 SIGNATURE [Signature] MD 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. Bullace	
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) 9/16/07					
CAUSE OF DEATH		25. PART I: 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)		Interval between onset and death		Interval between onset and death	
Conditions, if any, which gave rise to immediate cause stating the underlying cause last		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)	
Use if death NOT due to natural causes		29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b. DATE OF INJURY (Month, Day, Year)		29c. HOUR OF INJURY 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 City or town State	
Had Decedent been Pregnant Within 90 Days Prior to Death? <input type="checkbox"/> Yes <input type="checkbox"/> No							

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

SEP 27 2007

Judy Moulder
STATE REGISTRAR

REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS BOSSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER COUNTERFEIT THIS DOCUMENT.

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



16262327

FILING
DATE 12/06/2024

CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

STATE FILE 123-2024-030830
NUMBER

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"/> Other (Specify)				
5a. AGE AT LAST BIRTHDAY 97 Years				
6. DATE OF BIRTH (Month, Day, Year) 06/01/1927				
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"/> DOA <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)				
9a. FACILITY NAME (If not a facility, give street address, route number, or other location) 98 ELKS LAKE ROAD				
9b. CITY, TOWN OR LOCATION OF DEATH HATTIESBURG				
9c. ZIP CODE 39401				
9d. COUNTY OF DEATH FORREST				
10. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school 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 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, MEd, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLR, JD) <input type="checkbox"/> Unknown				
11. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input 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) NO				
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 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]				
16a. USUAL OCCUPATION (Kind of work done most of working life) PRIMARY SCHOOL TEACHER				
16b. KIND OF BUSINESS OR INDUSTRY JORDON 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				
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 MAUDE 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				
21a. DISPOSITION OF BODY (Specify: Burial, Cremation, Removal, etc.) BURIAL				
21b. CEMETERY/CREMATORY - NAME HIGHLAND CEMETERY				
21c. LOCATION (City and State) 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 (JRS)				
22b. FUNERAL HOME LICENSE NUMBER FE 90				
22c. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) P. O. BOX 1687, HATTIESBURG, MS 39401				
22d. MAILING ADDRESS (Street and number, City or town, State, ZIP Code)				
23a. PERSON WHO PRONOUNCED DEATH - NAME AND TITLE (Type or print) SESALIE COOLEY RN				
23b. PRONOUNCED DEAD (Month, Day, Year) ON 12/05/2024				
23c. PRONOUNCED DEAD (Time) AT 10:26				
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. SIGNATURE: [Signature] MID/DO				
25b. TITLE FORREST COUNTY CORONER				
25c. DATE SIGNED (Month, Day, Year) 12/05/2024				
25d. STATE LICENSE NUMBER				
25e. 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 LISA KLEM, CMEI				
25f. TITLE FORREST COUNTY CORONER				
25g. 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 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)				
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? (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? (Yes or No) <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 time of death <input type="checkbox"/> Not pregnant, BUT PREGNANT WITHIN 42 DAYS OF DEATH <input type="checkbox"/> Not pregnant, BUT PREGNANT 43 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. TIME OF INJURY 32d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED				
32e. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				
32f. INJURY AT WORK (Yes or No) 32g. PLACE OF INJURY (Specify House, Farm, Street, Factory, Office building, etc.) 32h. LOCATION (Street or route number, City or town, State)				

Mississippi State Department of Health

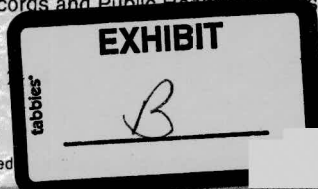
Revised 04/01/2019

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,
ISSUED

This copy not valid unless prepared



Judy Moulder
State Registrar

ind signature of the Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE