

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




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**INDEXING INSTRUCTIONS: Lot 13, Quail Valley No. 1 Subd.**

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Prepared by:

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

Return to:

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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 27 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 LAMAR

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 WARRANTY 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 27 day of March, 2025..

*Deborah 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 INKFILING  
DATE SEP 24 2007

## CERTIFICATE OF DEATH

STATE FILE  
NUMBER 123-07-019197

DECEASED

1. NAME	First	Middle	Last	2. SEX	3a. HOUR OF DEATH	3b. DATE OF DEATH (Month, Day, Year)
Albert Clarence Ebbert				Male	2:25A m	September 16, 2007

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

4. RACE (Specify White, Black, American Indian, etc.)	5a. AGE AT LAST BIRTHDAY	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)	7a. COUNTY OF DEATH
White	79 Years						August 28 1929	Forrest

7b. CITY OR TOWN OF DEATH	7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location)						7d. IF IN HOSP., OR INST. SPECIFY INPT., OUTPT., EMER. RM, OR DOA	8. STATE OF BIRTH
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Hattiesburg	Forrest General Hospital 18F						inpatient	Colorado
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9. DECEASED'S EDUCATION (Specify only highest grade completed)	Elem/High School	College	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)
(0-12)	12 (1-4)	+4 (5+)	Married	Verna Idell Stewart	No

13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.)	14. SOCIAL SECURITY NUMBER						15a. USUAL OCCUPATION (Kind of work done most of working life)	15b. KIND OF BUSINESS OR INDUSTRY
American							Manager	Williams Companies

16a. RESIDENCE-STATE	16b. COUNTY	16c. CITY OR TOWN	16d. INSIDE CITY LIMITS (Specify Yes or No)	16e. STREET AND NUMBER OR RURAL LOCATION
Mississippi	Forrest	Hattiesburg	No	98 Elks Lake Road

PARENTS

17. FATHER-NAME	First	Middle	Last	18. MOTHER-NAME	First	Middle	Maiden
Clarence				Albert Ebbert			

INFORMANT

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

DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify)	20b. CEMETERY, CREMATORIAL-NAME	20c. LOCATION (City and State)	21a. EMBALMER-SIGNATURE AND NUMBER
Burial	Highland Cemetery	Hattiesburg, MS	Vic Montgomery FS#353

21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D NUMBER	21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)
Hulett-Winstead Funeral Home Inc.	18-S P.O. Box 1687-Hattiesburg, MS 39403

PRONOUNCEMENT

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

CERTIFIER

23a. CERTIFIER-NAME (Type or print)	23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)
J. Michael Hennings	301 South 28th Avenue Hattiesburg ms 39401

Mississippi State Board of Health

Form No. 511  
Revised 1-1-89

This section to be completed by physician if NOT a medical examiner	24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated SIGNATURE ►	MD	24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated SIGNATURE ►
	09/16/07	MS 14974	
	24b. DATE SIGNED (Month, Day, Year)	24c. STATE LICENSE NUMBER	24f. TITLE
			24g. DATE SIGNED (Month, Day, Year)
	24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) D. Bellas		

CAUSE OF DEATH

25. PART I. DEATH CAUSED BY:	IMMEDIATE CAUSE (Enter one cause only): (a) Respiratory failure	Interval between onset and death
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	DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (b) Hepatic CANCER	Interval between onset and death
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	DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c)	Interval between onset and death
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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)
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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	29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED
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	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
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Conditions, if any, which gave rise to immediate cause stating the underlying cause last

Had Decedent been Pregnant Within 90 Days Prior to Death?

Yes  No

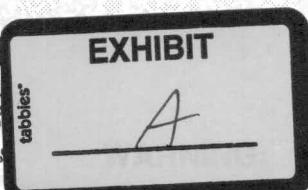
THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

Judy Moulder  
STATE REGISTRAR

SEP 27 2007

Judy Moulder  
STATE REGISTRAR

REPRODUCTION OF THIS DOCUMENT MAKES IT VOID AND INVALID. DO NOT ACCEPT UNLESS BOSSED 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**



\* 1 6 2 6 2 3 2 7 \*

NFD-4041341-4-12

FILING DATE 12/06/2024		STATE FILE NUMBER 123-2024-030830	
1. DECEASED'S LEGAL NAME (First, Middle, Last, Suffix) <b>VERNA IDELL EBBERT</b>		2. GENDER <b>FEMALE</b>	3a. HOUR OF DEATH <b>10:26</b>
3b. DATE OF DEATH (Month, Day, Year) <b>12/05/2024</b>			
4. RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <p><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) _____</p>			
5a. AGE AT LAST BIRTHDAY <b>97</b> Years	5b. ONLY IF UNDER 1 YEAR 5c. ONLY IF UNDER 1 DAY 5d. MONTHS 5e. DAYS	5f. ONLY IF UNDER 1 DAY 5g. HOURS 5h. MINUTES	6. DATE OF BIRTH (Month, Day, Year) <b>06/01/1927</b>
7. BIRTH PLACE (State or Foreign Country) <b>MISSISSIPPI</b>			
8. PLACE OF DEATH (Check only one box) <b>IF DEATH OCCURRED IN A HOSPITAL</b> <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) _____		9. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Other (Specify) _____	
10. FACILITY NAME (If not a facility, give street address, route number, or other location) <b>98 ELKS LAKE ROAD</b>		11. CITY, TOWN OR LOCATION OF DEATH <b>HATTIESBURG</b>	12. ZIP CODE <b>39401</b>
13. COUNTY OF DEATH <b>FORREST</b>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <b>NO</b>	
15. DECEASED'S EDUCATION - Check the box that best describes the highest degree or level of school completed at time of death. <p><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, MBA, MED, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown</p>			
16. MARITAL STATUS AT TIME OF DEATH <p><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</p>			
17. SURVIVING SPOUSE (give legal name prior to first marriage) (Yes or No) <b>NO</b>			
18. DECEASED 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. <p><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) _____</p>			
19. SOCIAL SECURITY NUMBER [REDACTED]		16a. USUAL OCCUPATION (Kind of work done most of working life) <b>PRIMARY SCHOOL TEACHER</b>	
17a. RESIDENCE - STATE <b>MISSISSIPPI</b>	17b. COUNTY <b>FORREST</b>	17c. CITY OR TOWN <b>HATTIESBURG</b>	17d. ZIP CODE <b>39401</b>
17e. STREET AND NUMBER OR RURAL LOCATION <b>98 ELKS LAKE ROAD</b>		17f. INSIDE CITY LIMITS (Yes or No) <b>NO</b>	
18. FATHER'S OR PARENT'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) <b>MARVIN GOLDEN STEWART</b>		19. MOTHER'S OR PARENT'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) <b>DONA MAUDE BREAZEALE</b>	
20a. INFORMANT - NAME (Type or print) <b>JEANIE VAUGHN</b>		20b. RELATIONSHIP TO DECEASED <b>DAUGHTER</b>	
20c. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) <b>150 ELKS LAKE ROAD HATTIESBURG MS 39401</b>		20d. ZIP CODE <b>39401</b>	
21a. DISPOSITION OF BODY (Specify: Burial, Cremation, Removal, etc.) <b>BURIAL</b>		21c. LOCATION (City and State) <b>HATTIESBURG, MS</b>	
21b. CEMETERY/CREMATORIAL NAME <b>HIGHLAND CEMETERY</b>		22a. FUNERAL DIRECTOR - SIGNATURE AND LICENSE NUMBER ELECTRONICALLY SIGNED BY <b>JAMES K. WINSTEAD</b> FD-0324	
22b. FUNERAL HOME (Who first assumed custody of body) <b>HULETT - WINSTEAD FUNERAL HOME (HS)</b>		22c. FUNERAL HOME LICENSE NUMBER <b>FE 90</b>	
22d. FUNERAL HOME (If body was transferred prior to disposition)		22e. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) <b>P. O. BOX 1687, HATTIESBURG, MS 39401</b>	
23a. PERSON WHO PRONOUNCED DEATH - NAME AND TITLE (Type or print) <b>SEASALIE COOLEY RN</b>		23b. PRONOUNCED DEAD (Month, Day, Year) <b>ON 12/05/2024</b>	
23c. PRONOUNCED DEAD (Time) <b>AT 10:26</b>			
24a. NAME OF CERTIFIER (Type or print) <b>LISA KLEM</b>		24b. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) <b>P. O. BOX 1564, HATTIESBURG, MS 39403</b>	
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 State Medical Examiner <b>SIGNATURE ►</b> <b>MD/DO</b>		25c. 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 County Coroner <b>SIGNATURE ►</b> <b>LISA KLEM, CMEI</b>	
25b. TITLE <b>MD/DO</b>		25f. TITLE <b>FORREST COUNTY CORONER</b>	
25d. DATE SIGNED (Month, Day, Year) <b>12/05/2024</b>		25g. DATE SIGNED (Month, Day, Year) <b>12/05/2024</b>	
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. <p>IMMEDIATE CAUSE (final disease or condition resulting in death) → Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST</p>			
<p><b>COMPLICATIONS DUE TO VESICOINTESTINAL FISTULA</b></p> <p>(a) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only)</p> <p>(b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only)</p> <p>(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only)</p> <p>(d) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only)</p>			
0			
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) <b>NO</b>	28b. POSTMORTEM EXAMINATION FINDINGS AVAILABLE? (Yes or No) <b>NO</b>
30. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		29. REFERRED TO STATE MEDICAL EXAMINER? (Yes or No) <b>NO</b>	
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  <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) <b>Driver/Operator</b>		32b. DATE OF INJURY (Month, Day, Year) <b>12/05/2024</b>	32c. TIME OF INJURY <b>10:26</b>
32e. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____		32d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	
32f. INJURY AT WORK (Yes or No) <b>Yes</b>		32g. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) <b>98 ELKS LAKE ROAD</b>	32h. LOCATION (Street or route number) <b>98 ELKS LAKE ROAD</b>
		City or town <b>HATTIESBURG</b> State <b>MS</b>	

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.

DATE ISSUED: DECEMBER 23, 2024  
ISSUED

This copy not valid unless prepared

**EXHIBIT**

tables

*B*

Judy Moulder  
State Registrar

Ind signature of the Registrar.

