

Recording requested by:
Eagle Gate Title Insurance Agency, Inc.

Mail Tax Notice To:
Jerry R. Stone
1036 E. 310 N., #K3
Lehi, UT 84043

File Number: UT-85241-SS
Parcel ID: 46-634-0059

ENT 152766:2020 PG 1 of 1
Jeffery Smith
Utah County Recorder
2020 Oct 01 03:06 PM FEE 40.00 BY SW
RECORDED FOR Eagle Gate Title Insurance Agency, Inc.
ELECTRONICALLY RECORDED

Warranty Deed

Jerry R. Stone, Grantor

hereby CONVEY(S) IN WARRANTY to

Jerry R. Stone and Judy Gay Stone, Trustees of The J.R.J.G. Stone Revocable Living Trust, dated the 15th day of November, 2004, Grantee,

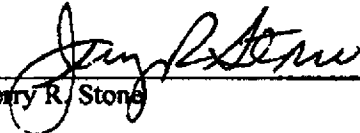
for the sum of TEN AND NO/DOLLARS and other good and valuable consideration, the following tract of land in Utah County, State of Utah, to-wit

Lot 59, contained within Meadow Park Villas, Plat A, Planned Unit Development, as said Lot is identified in the Plat of said Development, recorded in Utah County, Utah, as Entry No. 70102:2004, and any and all amendments thereto. Together with a right and easement of use and enjoyment in and to the Common Areas described and as provided for, in said Declaration of Covenants, Conditions and Restrictions, which include, without limitation, an easement for vehicular ingress and egress over and across said Common Areas to and from said Lot.

APN: 46-634-0059

Subject to easements, restrictions and rights of way appearing of record and enforceable in law and subject to 2020 taxes and thereafter.

WITNESS, the hand of said grantor, this 15th day of May, 2020

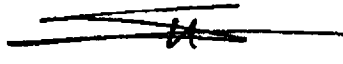


Jerry R. Stone

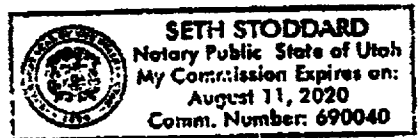
STATE OF UTAH
COUNTY OF SALT LAKE

On this 15th day of May, 2020, before me Seth Stoddard, a notary public, personally appeared Jerry R. Stone, proved on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to this instrument, and acknowledged he/she/they executed the same.

Witness my hand and official seal



Notary Public
My Commission Expires: 8/11/2020



COURTESY RECORDING

AD
6 E



ENT 55358:2024 PG 1 of 6
ANDREA ALLEN
UTAH COUNTY RECORDER
2024 Aug 16 01:05 PM FEE 40.00 BY TH
RECORDED FOR RICHARD H BARNES LLC

AFTER RECORDING RETURN TO:
UTAHWILLS.COM
10808 S. River Front Pkwy. #335
South Jordan, Utah 84095

AFFIDAVIT OF SUCCESSOR TRUSTEE

I, Alaina M. Stone, being first duly sworn on oath depose and say:

That I am a citizen of the United States of America, over the age of 21 years, and a resident of Bluffdale, County of Salt Lake, State of Utah.

That I am a surviving daughter of Jerry R. Stone who died on September 5, 2020.

That I am a surviving daughter of Judy Gay Stone who died on June 30, 2024.

That Jerry R. Stone and Judy Gay Stone were the trustees of the J.R.J.G. STONE REVOCABLE LIVING TRUST DATED November 15, 2004 (hereinafter the "Trust").

That I know of my own knowledge that Jerry R. Stone, in the said trust and Jerry Reed Stone mentioned in the attached certified copy of Certificate of Death, bearing file no. 2020014322, was one and the same person.

That I know of my own knowledge that Judy Gay Stone, in the said trust and Judy Gay Stone mentioned in the attached certified copy of Certificate of Death, bearing file no. 2024011186, was one and the same person.

That the trust is still in effect.

That Alaina M. Stone is named as the successor trustee pursuant to the provisions of the Trust.

That the Trust owned certain real property located in Utah County, State of Utah, which was placed into a trust in that certain Warranty Deed recorded on October 1, 2020 as Entry Number 152766-2020 of the Recorder of Utah County, Utah, which real property is more particularly described as follows:

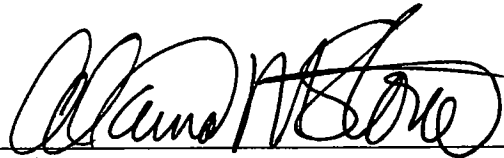
LEGAL DESCRIPTION:

LOT 59, CONTAINED WITHIN MEADOW PARK VILLAS, PLAT A, PLANNED UNIT DEVELOPMENT, as said Lot is identified in the Plat of said Development, recorded in Utah County, Utah as Entry No. 70102:2004, and any and all amendments thereto. Together with a right and easement of use and enjoyment in and to the Common Areas described and as provided for, in said

Declaration of Covenants, Conditions and Restrictions, which include, without limitation, an easement for vehicular ingress and egress over and across said Common Areas to and from said Lot.

APN: 46:634:0059

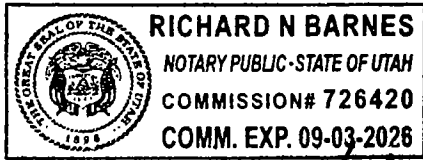
DATED: August 6, 2024.




Alaina M. Stone

STATE OF UTAH)
 : ss.
COUNTY OF SALT LAKE)

SUBSCRIBED, SWORN TO, and acknowledged before me by Alaina M. Stone this 6th, day of August, 2024.





NOTARY PUBLIC
Residing at: SLC, UT

My Commission Expires: 9/3/26

CERTIFICATE OF DEATH

State File Number: 2020014322

Jerry Reed Stone

ENT 55358:2024 FG 3 of 6

DECEDENT INFORMATION

Date of Death:	September 5, 2020	Time of Death:	20:35
City of Death:	Lehi	County of Death:	Utah
Age:	81	Date of Birth:	May 27, 1939
Place of Birth:	Blackfoot, Idaho	Sex:	Male
Armed Services:	Yes	Marital Status:	Married
Spouse's Name:	Judy Gay Stephens	Usual Occupation:	Human Resource Classification Specialist
Industry/Business:	Utah Department of Transportation	Education:	Bachelor's Degree
Residence:	Lehi, Utah	Parent or Father:	Victor Reed Stone
Parent or Mother:	Vilda Martha Williams	Facility Type:	Hospital Inpatient
Facility or Address:	Mountain Point Medical Center		

INFORMANT INFORMATION

Name:	Scott Reed Stone	Relationship:	Son
Mailing Address:	7912 Geronimo Drive, Eagle Mountain, Utah 84005		

DISPOSITION INFORMATION

Method of Disposition:	Cremation
Place of Disposition:	Salt Lake City Cremation Center, Salt Lake City, Utah
Date of Disposition:	September 10, 2020

FUNERAL HOME INFORMATION

Funeral Home:	Wiscombe Memorial LLC
Address:	47 South Orange Street, Suite B5, Salt Lake City, Utah 84116
Funeral Director:	Janna Markland

MEDICAL CERTIFICATION

Medical Professional: Casey Londer MD, Jordan Valley Hospital, 3580 West 9000 South, West Jordan, Utah 84088

CAUSE OF DEATH

Cardiac Arrest
 Due to (or as a consequence of): Acute Congestive Heart Failure
 Due to (or as a consequence of): Coronary Artery Disease
 Due to (or as a consequence of): Pulseless Electrical Activity
 Tobacco Use: Non-user
 Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: September 9, 2020
Date Issued: September 17, 2020

AMENDMENT HISTORY

09/16/2020 Decedent Date of Birth from 08/27/1939 to 05/27/1939

This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics. Security features of this official document include: High Resolution Border, V & R images in top cycloids, and microtext. This document displays the date, seal, and signature of the Utah State Registrar of Vital Records and Statistics.



Linda S. Winger
Linda S. Winger LCSW
State Registrar
Rev 4/19



066378512

Gary L. Edwards
Gary L. Edwards
Director/Health Officer
County/District Health
Department



STATE OF UTAH - DEPARTMENT OF HEALTH - OFFICE OF VITAL RECORDS AND STATISTICS

AFFIDAVIT TO AMEND A RECORD

Corrections to a vital record may be made by affidavit but an item on a birth record may be corrected by affidavit only once. A court order is required for gender or subsequent changes. This form is not used with a court order. A court order is necessary to make any corrections to a Delayed Birth Certificate or Death Certificate. This affidavit cannot be used to correct medical information. Many changes, including marital status, require more information; please visit our website or contact our office. Please return any copies of the certificate with this completed affidavit and all supporting documentation. If corrected certificates are reissued within 90 days of issuance, the new certificate fee will be waived but affidavit fees may still apply. This affidavit may be mailed with the correct fees and proof of ID.

Mailing Address: Office of Vital Records and Statistics, PO Box 141012 Salt Lake City, UT 84114-1012

Physical Address: Office of Vital Records and Statistics, 288 North 1460 West Salt Lake City, UT 84116

Contact Info: <https://VitalRecords.utah.gov> 801-538-6105 vrequest@utah.gov



Affidavit Instructions: Please print or type. Items 1-6: Enter the facts as reported on the current vital record. Item 7: Enter the item number from items 1-6 that will be changed, if applicable. Item 8a: Enter the information as stated on the original record. Item 8b: Enter the correct information as it should be stated. Item 9: Enter the reason the change is necessary. Item 10: Enter the proofs used to support the change. The proofs must match the asserted fact(s) exactly. Proofs must be submitted with the affidavit. Items 11-22: Enter witness information.

Witnesses for Birth Certificate: If the person listed on the record is under 18 years of age, both parents of record **MUST** sign the affidavit. If only one parent is listed, the second witness **MUST** be an immediate family member of the listed parent. If the person listed on the record is 18 years of age or older, he/she **MUST** sign as one of the witnesses. The second witness **MUST** be their immediate family member.

Witnesses for Death Certificate: The informant must sign as a witness along with an immediate member of the decedent's family. If adding a spouse, the spouse must sign as a witness. If no immediate family, a person who is knowledgeable of the facts may sign.

BIRTH DEATH STILLBIRTH

STATE FILE NUMBER: _____

INFORMATION AS REPORTED ON RECORD	1a. FIRST NAME		1b. MIDDLE NAME		1c. LAST NAME	
	2. SEX	3. DATE OF EVENT		4. PLACE OF OCCURRENCE (City and County)		
	5. NAME OF PARENT 1 (Maiden name if applicable)			6. NAME OF PARENT 2 (Maiden name if applicable)		
STATEMENT OF AMENDMENTS	7. ITEM NO.	8a. FACTS EXACTLY AS ON ORIGINAL RECORD			8b. CORRECT INFORMATION	
WHY IS CHANGE NEEDED?	9. _____					
DOCUMENTS USED	10. _____					
OATH OF FIRST WITNESS (MUST BE 18 OR OLDER)	I hereby certify under penalty of perjury, that I have personal knowledge of the above facts and that the information given is true and correct.					Subscribed to and Sworn to before me this ____ day of ____ 20__
	11a. SIGNATURE OF WITNESS (Must sign in front of Notary)			11b. PRINTED NAME OF WITNESS		STATE _____ COUNTY _____
	12. DATE SIGNED	13. AGE OF WITNESS	14. DAYTIME TELEPHONE		15. RELATIONSHIP TO 1a	
	16. ADDRESS OF WITNESS					
OATH OF SECOND WITNESS (MUST BE 18 OR OLDER)	I hereby certify under penalty of perjury, that I have personal knowledge of the above facts and that the information given is true and correct.					Subscribed to and Sworn to before me this ____ day of ____ 20__
	17a. SIGNATURE OF WITNESS (Must sign in front of Notary)			17b. PRINTED NAME OF WITNESS		STATE _____ COUNTY _____
	18. DATE SIGNED	19. AGE OF WITNESS	20. DAYTIME TELEPHONE		21. RELATIONSHIP TO 1a	
	22. ADDRESS OF WITNESS					

ENT 55358 - 2024 PG 4 of 6

CERTIFICATE OF DEATH

State File Number: 2024011186

Judy Gay Stone

ENT 55358#2024 PG 5 of 6

DECEDENT INFORMATION

Date of Death:	June 30, 2024	Time of Death:	11:27
City of Death:	Lehi	County of Death:	Utah
Age:	77	Date of Birth:	May 10, 1947
Place of Birth:	Wendell, Idaho	Sex:	Female
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:	Jerry Reed Stone (Deceased)	Usual Occupation:	Homemaker
Industry/Business:	Own Home	Education:	Associate Degree
Residence:	Lehi, Utah	Father's Name:	Delmar Floyd Stephens
Mother's Name:	Marjorie Williams	Facility Type:	Hospital Inpatient
Facility or Address:	Mountain Point Medical Center		

INFORMANT INFORMATION

Name:	Alaina Stone	Relationship:	Daughter
Mailing Address:	14062 Julien Cove, Bluffdale, Utah 84065		

DISPOSITION INFORMATION

Method of Disposition:	Cremation
Place of Disposition:	Cremation Center of Utah, Bluffdale, Utah
Date of Disposition:	July 10, 2024

FUNERAL HOME INFORMATION

Funeral Home:	Serenity Funeral Home
Address:	13863 South 2700 West, Suite #101F, Bluffdale, Utah 84065
Funeral Director:	Beau Warenski

MEDICAL CERTIFICATION

Certifying Physician: Manpreet Kaur MD, Uintah Basin Medical Center, 250 West 300 North, Roosevelt, Utah 84066

CAUSE OF DEATH

Shock secondary to sepsis
Tobacco Use: Non-user
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: July 10, 2024
Date Issued: July 15, 2024

AMENDMENT HISTORY

07/15/2024 Father Middle Name from Otis to Floyd

This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics. Security features of this official document include: Intaglio Border, V & R images in top cycloids, and intaglio microtext. This document displays the date, seal and signature of the Utah State Registrar of Vital Record and Statistics.

Linda S. Winger
Linda S. Winger, MSW, LCSW
State Registrar
Rev 07/21



Angela C. Dunn
Angela C. Dunn, MD, MPH
Director/Health Officer
County/District Health Department





Office of Vital Records and Statistics
Affidavit to amend a record

Corrections to a vital record may be made by affidavit but an item on a birth record may be corrected by affidavit only once. A court order is required for gender or name changes after the age of one year. This form is not used with a court order. A court order is necessary to make any corrections to a Delayed Birth Certificate. This affidavit cannot be used to correct medical information. Many changes, including marital status, require more information; visit our website or contact our office. Please return any copies of the certificate with this completed affidavit and all supporting documentation. If corrected certificates are reissued within 90 days of issuance, the new certificate fee will be waived but affidavit fees may still apply. This affidavit may be mailed with the correct fees, proof of ID, and application for a new certificate.



online instructions

Mailing Address: Office of Vital Records and Statistics PO Box 141012 Salt Lake City, UT 84114-1012

Contact Info: <https://vitalrecords.utah.gov> 801-538-6105 vrequest@utah.gov

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Witnesses for Birth Certificate: If the person listed on the record is under 18 years of age, both parents of record MUST sign the affidavit. If only one parent is listed, the second witness MUST be an immediate family member of the listed parent. If the person listed on the record is 18 years of age or older, he/she MUST sign as one of the witnesses. The second witness MUST be their immediate family member.

Witnesses for Death Certificate: The informant and an immediate family member, or two immediate family members, must sign as a witness. If adding a spouse, the spouse must sign as a witness. If no immediate family, a person who is knowledgeable of the facts may sign.

Birth

Death

Stillbirth

State file number: _____

Information as reported on the record	1a. First name		1b. Middle name		1c. Last name	
	2. Sex	3. Date of event		4. Place of occurrence (City and County)		
	5. Name of parent 1 (Maiden name if applicable)			6. Name of parent 2 (Maiden name if applicable)		
Statement of amendments	7. Item no.	8a. Facts exactly as on original record			8b. Correct information	
Why the change is needed	9					
Documents used	10					
Oath of first witness	I hereby certify under penalty of perjury, that I have personal knowledge of the above facts and that the information given is true and correct.				Subscribed to and sworn to before me this ___ day of ___ 20__	
	11a. Signature of witness (Must sign in front of notary)			11b. Printed name of witness		State _____ County _____
	12. Date signed		13. Age of witness	14. Telephone number		15. Relationship to 1a.
	16. Address of witness					
Oath of second witness	I hereby certify under penalty of perjury, that I have personal knowledge of the above facts and that the information given is true and correct.				Subscribed to and sworn to before me this ___ day of ___ 20__	
	17a. Signature of witness (Must sign in front of notary)			17b. Printed name of witness		State _____ County _____
	18. Date signed	19. Age of witness	20. Telephone number		21. Relationship to 1a.	
	22. Address of witness					

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