

When recorded, return to:

James K. Tracy
Bennett Tueller Johnson & Deere
3165 E. Millrock Drive, Ste. 500
Salt Lake City, Utah 84121

Ent 563879 Bk 1527 Pg 870-873
Date: 03-SEP-2025 3:48:04PM
Fee: \$40.00 Check Filed By: CO
MARCY M MURRAY, Recorder
WASATCH COUNTY CORPORATION
For: SOVEREEN LYNN HARRACH

Send tax notices to:

The Lynn Harrach Sovereign Trust, dated May 4, 2006
Attn: Lynn Harrach Sovereign and Tracey Harrach
P.O. Box 750202
Torrey, Utah 84775-0202

Parcel No.: 00-0000-2795

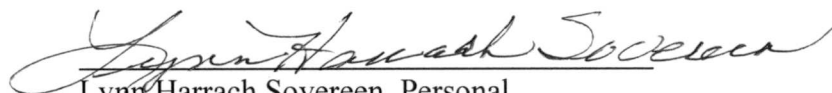
WARRANTY DEED

LYNN HARRACH SOVEREEN, of Wayne County, Utah, as PERSONAL REPRESENTATIVE OF THE ESTATE OF KENT E. SOVEREEN, who was the sole owner of HAWK BUILDERS (also known as Hawk Building & Plumbing) Grantor, hereby conveys and warrants to LYNN HARRACH SOVEREEN and TRACEY HARRACH, as trustees of the THE LYNN HARRACH SOVEREEN TRUST, dated May 4, 2006, Grantee, the following tract of land in Wasatch County, Utah, to wit:

All of Lot 213, BRIGHTON ESTATES NO. 2; according to the Official Plat thereof on file and of record in the Wasatch County Recorder's Office.

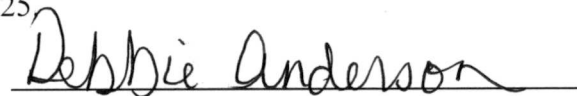
SUBJECT TO: easements, restrictions, and rights of way appearing of record or enforceable in law or equity, and existing fence lines.

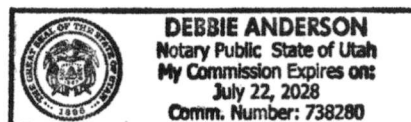
WITNESS the hand of said Grantor this 3rd day of September, 2025.


Lynn Harrach Sovereign, Personal
Representative of the Estate of Kent E.
Sovereign

STATE OF UTAH }
 } ss.
COUNTY OF WAYNE }

LYNN HARRACH SOVEREEN, as PERSONAL REPRESENTATIVE OF THE ESTATE OF KENT SOVEREEN, known to me (or proved on the basis of sufficient identification) to be the person whose name appears above, personally appeared before me and acknowledged the foregoing instrument this 3rd day of September, 2025.


Notary Public



RECEIVED Ent 563879 Bk 1527 Pg 871



State of Utah
DEPARTMENT OF COMMERCE
 Division of Corporations & Commercial Code
 Business Name Registration / DBA Application

MAR 26 2004

Non-Refundable Processing Fee	\$22.00
New Filing	
Applicant/Owner Transfer	N/A

WARNING: The filing of this application and its approval by the Division of Corporations and Commercial Code does not authorize the use in the State of Utah of an assumed name in violation of the rights of another under federal, state, or common law (U.C.A. Section 42-2-5 Et seq.).

BUSINESS INFORMATION

Requested Business Name:	<u>Hawk Building & Plumbing DBA</u>		
Business Purpose:	<u>Building, Plumbing, Heating, & Air Conditioning</u>		
Business Address:	<u>1015 West 850 South</u>		
	City: <u>Woods Cross</u>	State: <u>UT</u>	Zip: <u>84087</u>
Registered Agent:	<u>DAVID RUDD</u>	Signature: <u>[Signature]</u>	
Registered Address:	<u>201 SOUTH MAIN STREET, STE #100</u>		
Utah Street Address Required, PO Boxes can be listed on the line below the Street Address	City: <u>SALT LAKE CITY</u>	State: <u>UT</u>	Zip: <u>84111-2221</u>

APPLICANT/OWNER INFORMATION

Is the applicant/owner a registered business in the state of Utah?		<input type="radio"/> Yes <input type="radio"/> No
Is this Applicant/Owner/Partner name & address the same as the Registered Agent name & address listed above? <input type="radio"/> Yes <input checked="" type="radio"/> No	Name:	_____
	Address:	_____
	City:	_____ State: _____ Zip: _____
	Signature:	_____
Is this Applicant/Owner/Partner address the same as address listed directly above? <input type="radio"/> Yes <input checked="" type="radio"/> No	Name:	<u>KENT SOVEREEN</u>
	Address:	<u>1015 West 850 South</u>
	City:	<u>Woods Cross</u> State: <u>UT</u> Zip: <u>84087</u>
	Signature:	<u>[Signature]</u>

IF NEEDED, YOU MAY USE AN ATTACHED SHEET FOR ADDITIONAL APPLICANTS

Under GRAMA (63-2-201), all registration information maintained by the Division is classified as public record. For confidentiality purposes, the business entity physical address may be provided rather than the residential or private address of any individual affiliated with the entity.

RECEIPT # 1102452
 Amount Paid - \$22.00

Mail In: PO Box 146705
 Salt Lake City, UT 84114-6705
 Walk In: 160 East 300 South, Main Floor
 Information Center: (801) 530-4849
 Toll Free: (877) 525-3994 (within Utah)
 Fax: (801) 530-6438
 Web Site: <http://www.commerce.utah.gov>

State of Utah
 Department of Commerce
 Division of Corporations and Commercial Code
 I hereby certify that the foregoing has been filed
 and approved on this 26 day of March, 2004
 in this office of this Division and hereby issue
 this Certificate thereof.

Examiner

Date



Kathy Berg
 Kathy Berg
 Division Director

Sovereign

William L. Crawford (0749)
 Attorney for Applicant
 1996 East 6400 South, Ste. 100
 Salt Lake City, Utah 84121
 Telephone: (801) 273-9100



IN THE SECOND JUDICIAL DISTRICT COURT

OF DAVIS COUNTY, STATE OF UTAH

IN THE MATTER OF THE ESTATE OF)

KENT E. SOVEREEN.)

Deceased.)

LETTERS TESTAMENTARY)

Probate No. 063700188 EI)



Letters Testamentary
 VD19071190
 SOVEREEN; LINDA HARRACH

1. LINDA ("LYNN") HARRACH SOVEREEN, was duly appointed and qualified as General Personal Representative of the estate of the above-named decedent on the 15th day of June, 2006, by the registrar with all authority pertaining thereto.
2. Administration of the estate is unsupervised.
3. These Letters are issued to evidence the appointment, qualification, and authority of the said Personal Representative.

WITNESS, my signature and the Seal of this Court, the 19th day of June, 2006.

STATE OF UTAH } ss.
 COUNTY OF DAVIS

I HEREBY CERTIFY THAT THIS IS A TRUE COPY OF THE ORIGINAL ON FILE IN MY OFFICE.

DATED THIS 16 DAY OF April 2010
 ALYSON E. BROWN
 CLERK OF THE COURT
 BY [Signature] DEPUTY

PAGE 1 OF 1



ALYSON E. BROWN

Clerk or Registrar of the Court

By: Kris Bain, Deputy Clerk



STATE OF ALASKA CERTIFICATE OF DEATH

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
BUREAU OF VITAL STATISTICS - 5441 COMMERCIAL BLVD.
JUNEAU, ALASKA 99801

150 06001022
STATE FILE NUMBER

DATE RECEIVED
MAY 15 2006

TYPE PRINT
IN
PERMANENT
BLACK INK

DECEDENT

I

O

SEE INSTRUCTIONS
ON OTHER SIDE

PARENTS

INFORMANT

DISPOSITION

SEE DEFINITION
ON OTHER SIDE

PRONOUNCING
OFFICIAL ONLY

ITEMS 24-28 MUST
BE COMPLETED BY
PERSON WHO
PRONOUNCES
DEATH

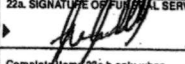
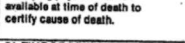
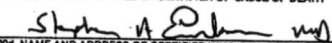
CAUSE OF
DEATH

SEE INSTRUCTIONS
ON OTHER SIDE

SEE DEFINITION
ON OTHER SIDE

CERTIFIER

RECORDER

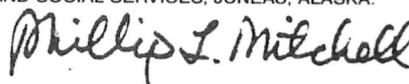
BIRTH CERTIFICATE NUMBER		1a. MAIDEN NAME		2. SEX		3. DATE OF DEATH (Month, Day, Year)	
RECORDER'S NO.				M		05/04/2006	
1. DECEDENT'S NAME (First, Middle, Last) Kent Eccles Sovereern							
4. SOCIAL SECURITY NUMBER 528-46-5759		5a. AGE—Last Birthday (Years) 67		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Month, Day, Year) 2/10/1939		7. BIRTHPLACE (State or Foreign Country) Utah					
8. STATE OF DEATH ALASKA		9a. PLACE OF DEATH (Check only one; see instructions on other side) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify) Remote Lodge					
9b. FACILITY NAME (If not institution, give street and number) Boardwalk Lodge		9c. CITY, TOWN, OR LOCATION OF DEATH Thorne Bay					
10. MARITAL STATUS <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> UNKNOWN		11. SURVIVING SPOUSE (If wife, give maiden name) Lynn Harrach					
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) General Contractor		12b. KIND OF BUSINESS/INDUSTRY Construction		13. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
14a. RESIDENCE—STATE Utah		14b. CITY, TOWN OR LOCATION Bountiful		14c. STREET AND NUMBER 1253 Oak Ridge Lane			
14d. INSIDE CITY LIMITS OR SETTLED COMMUNITY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		14e. ZIP CODE 84010		15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes—If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES Specify:		16. RACE—Filipino, Black, Native, White, etc. Caucasian	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12							
18. FATHER'S NAME (First, Middle, Last) William H. Sovereern		19. MOTHER'S NAME (First, Middle, Maiden Surname) Donna J. Eccles					
20a. INFORMANT'S NAME (Type/Print) William Sovereern		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1394 S. Crespi Ct. #D, West Valley City, UT 84119		20c. RELATIONSHIP TO DECEDENT Father			
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Russon Brothers Mortuary		21c. LOCATION—City or Town, State Bountiful, Utah			
22a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH  Ron Randall		22b. NAME AND ADDRESS OF FACILITY Ketchikan Mortuary Box 8181, Ketchikan, AK 99901					
23a. To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title 		23b. DATE SIGNED (Month, Day, Year) 5/7/2006					
24. TIME OF DEATH 21:00 M		25. DATE PRONOUNCED DEAD (Month, Day, Year) May 4, 2006		26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Arteriosclerotic cardiovascular disease and diabetes DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF):		Approximate Interval Between Onset & Death					
PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I.		28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28b. WERE AUTOPSY FINDINGS CONSIDERED PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No			
29a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another official has pronounced death and completed item 23). To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying to cause of death). To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input checked="" type="checkbox"/> MEDICAL EXAMINER/CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER OF CAUSE OF DEATH  Stephen A. Erickson, Deputy Medical Examiner 4500 South Boniface Parkway, Anchorage, AK 99507		29c. DATE SIGNED (Month, Day, Year) 5/7/2006		29d. LICENSE NUMBER 3524	
30. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		31. IF "MANNER OF DEATH" IS OTHER THAN "NATURAL", ITEMS 31a - 31f MUST BE COMPLETED. 31a. DATE OF INJURY (Month, Day, Year) 31b. TIME OF INJURY 31c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No 31d. DESCRIBE HOW INJURY OCCURRED? (Events which resulted in injury) 31e. PLACE OF INJURY—At home, street, cannery, office, etc. (Specify) 31f. LOCATION (Street and Number of Rural Route Number, City or Town, State)					
32. RECORDER'S SIGNATURE		33. RECORDING DISTRICT		34. DATE FILED (Month, Day, Year)			

Form VS-101
REV. 1-92
1176376

ORIGINAL - STATE COPY

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE BUREAU OF VITAL STATISTICS, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, JUNEAU, ALASKA.

DATE ISSUED MAY 25 2006



STATE REGISTRAR

