

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 Sovoreen Trust, dated May 4, 2006
Attn: Lynn Harrach Sovoreen 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.

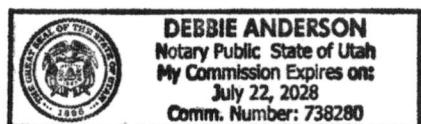
WITNESS the hand of said Grantor this 3rd day of September, 2025.

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

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. 

25,
Debbie Anderson
Notary Public





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

RECEIV. Ent 563879 Bk 1527 Pg 871

MAR 26 2004

<input type="checkbox"/>	Non-Refundable Processing Fee
<input type="checkbox"/>	New Filing \$22.00
<input type="checkbox"/>	Applicant/Owner Transfer N/A

563879

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:	Hawk Building & Plumbing DBA		
Business Purpose:	Building, Plumbing, Heating, & Air Conditioning		
Business Address:	1015 West 850 South		
	City: Woods Cross	State: UT	Zip: 84087
Registered Agent:	DAVID RURO	Signature:	<i>David Ruaro</i>
Registered Address:	201 South Main Street, STE #600		
Utah Street Address Required. PO Boxes can be listed on the line below the Street Address			
	City: SALT LAKE CITY	State: UT	Zip: 84111-2221

APPLICANT/OWNER INFORMATION

Is the applicant/owner a registered business in the state of Utah? Yes No

Name: _____	
Address: _____	
City: _____ State: _____ Zip: _____	
Signature: _____	
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
Is this Applicant/Owner/Partner address the same as address listed directly above?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Name: KENT SOVEREEN Address: 1015 West 850 South	
City: Woods Cross State: UT Zip: 84087	

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) 526-3994 (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 the 26 day of March 2004
In this office of this Division and hereby issue
this Certificate thereof.

Examiner Kathy Berg Date 3/26/04

 Kathy Berg
Division Director

Sovereen

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)
) LETTERS TESTAMENTARY
 KENT E. SOVEREEN.)
)
 Deceased.)
)
)
)
) Probate No. 063700188 EI
)



Letters Testamentary

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.

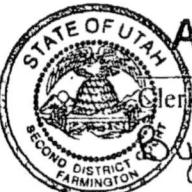
WITNESS, my signature and the Seal of this Court, the 19th day of June, 2006.

STATE OF UTAH }
 COUNTY OF DAVIS }

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

DATED THIS 6 DAY OF April 2006
 ALYSON E. BROWN
 CLERK OF THE COURT
 BY C Hartman DEPUTY

PAGE 1 OF 1



ALYSON E. BROWN

Clerk or Registrar of the Court

By: Kris Gair, Deputy Clerk



CERTIFICATION OF VITAL RECORD

Ent 563879 Bk 1527 Pg 873

STATE OF ALASKA
CERTIFICATE OF DEATHALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
BUREAU OF VITAL STATISTICS - 5441 COMMERCIAL BLVD.
JUNEAU, ALASKA 99801150 06001022
STATE FILE NUMBERDATE RECEIVED
MAY 15 2006

BIRTH CERTIFICATE NUMBER		RECODER'S NO.		1. DECEDENT'S NAME (First, Middle, Last)				1a. MAIDEN NAME	2. SEX	3. DATE OF DEATH (Month, Day, Year)	
				Kent Eccles Soverein					M	05/04/2006	
4. SOCIAL SECURITY NUMBER		5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR	5c. UNDER 1 DAY	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (State or Foreign Country)					
528-46-5759		67	Months	Days	Hours	Minutes	2/10/1939	Utah			
8. STATE OF DEATH		9a. PLACE OF DEATH (Check only one; see instructions on other side)				9c. CITY, TOWN, OR LOCATION OF DEATH					
ALASKA		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				Thorne Bay	
9b. FACILITY NAME (If not institution, give street and number)		Boardwalk Lodge				9c. CITY, TOWN, OR LOCATION OF DEATH				Thorne Bay	
10. MARITAL STATUS		11. SURVIVING SPOUSE (If wife, give maiden name)				12. KIND OF BUSINESS/INDUSTRY				13. WAS DECEDENT EVER IN U.S. ARMED FORCES?	
<input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> UNKNOWN		Lynn Harrach				Construction				<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
14a. RESIDENCE—STATE		14b. CITY, TOWN OR LOCATION		14c. STREET AND NUMBER							
Utah		Bountiful		1253 Oak Ridge Lane							
14d. INSIDE CITY LIMITS OR SETTLED COMMUNITY?		14e. ZIP CODE	15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes—If Yes, specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE—Filipino, Black, Native, White, etc.	17. DECEDENT'S EDUCATION (Specify only highest grade completed)					
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		84010	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES Specify: Caucasian		Specify: 12	Elementary/Secondary (0-12) College (13-5+)					
18. FATHER'S NAME (First, Middle, Last)		19. MOTHER'S NAME (First, Middle, Maiden Surname)									
William H. Soverein		Donna J. Eccles									
20a. INFORMANT'S NAME (Type/Print)		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)				20c. RELATIONSHIP TO DECEDENT					
William Soverein		1394 S. Crespi Ct. #D, West Valley City, UT 84119				Father					
21a. METHOD OF DISPOSITION		21b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)				21c. LOCATION—City or Town, State					
<input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		Russell Brothers Mortuary				Bountiful, Utah					
22a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		22b. NAME AND ADDRESS OF FACILITY				23b. DATE SIGNED (Month, Day, Year)					
Ron Randall		Ketchikan Mortuary Box 8181, Ketchikan, AK 99901									
24. TIME OF DEATH		25. DATE PRONOUNCED DEAD (Month, Day, Year)				26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER?					
21:00 M		May 4, 2006				<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.		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)					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		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)					
a. DUE TO (OR AS A CONSEQUENCE OF): Arteriosclerotic cardiovascular disease and diabetes		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)					
b. DUE TO (OR AS A CONSEQUENCE OF):		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)					
c. DUE TO (OR AS A CONSEQUENCE OF):		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)					
d. DUE TO (OR AS A CONSEQUENCE OF):		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)					
PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I.		28a. WAS AN AUTOPSY PERFORMED?				28b. WERE AUTOPSY FINDINGS CONSIDERED PRIOR TO COMPLETION OF CAUSE OF DEATH?					
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
29a. CERTIFIER (Check only one)		29b. DATE SIGNED (Month, Day, Year)				29c. DATE SIGNED (Month, Day, Year)					
<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.		5/1/2006									
<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.											
29d. SIGNATURE AND TITLE OF CERTIFIER OF CAUSE OF DEATH		29e. LICENSE NUMBER				29f. DATE SIGNED (Month, Day, Year)					
Stephen A. Erickson, Deputy Medical Examiner 4500 South Boniface Parkway, Anchorage, AK 99507		3524				5/1/2006					
30. MANNER OF DEATH		31. IF "MANNER OF DEATH" IS OTHER THAN "NATURAL", ITEMS 31a - 31f MUST BE COMPLETED.									
<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		31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. DESCRIBE HOW INJURY OCCURRED? (Events which resulted in injury)						
		<input type="checkbox"/> Yes <input type="checkbox"/> No									
31e. PLACE OF INJURY—At home, street, career, office, etc. (Specify)		31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
32. RECORDER'S SIGNATURE		33. RECORDING DISTRICT				34. DATE FILED (Month, Day, Year)					

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

Phillip L. Mitchell

STATE REGISTRAR

