

14045593 B: 11387 P: 2088 Total Pages: 7
11/23/2022 11:25 AM By: kkennington Fees: \$40.00
Rashelle Hobbs, Recorder, Salt Lake County, Utah
Return To: HIGHLAND TITLE
6622 S 1300 ESALT LAKE CITY, UT 84121

WHEN RECORDED RETURN TO:

Sani Malicevic
4240 South 615 East
Salt Lake City, UT 84107

PERSONAL REPRESENTATIVE'S DEED

This Deed, made by RODNEY WAYNE LEGG, as personal representative of the estates of WILFORD DUANE LEGG AND RENA JOAN LEGG AKA RENA LEGG, deceased, of Salt Lake County, State of Utah, as Grantor to SANI MALICEVIC, **GRANTEE**, hereunder, whose address is 4240 South 615 East – Salt Lake City, Utah 84107;

Whereas, Grantor is the qualified personal representative of WILFORD DUANE LEGG AND RENA JOAN LEGG AKA RENA LEGG, said estates filed as Probate Number: 223900184 and Probate Number: 213902567 in Salt Lake County, Utah.

Therefore, for valuable consideration received, Grantor sells and conveys to Grantee the following described real property in Salt Lake County, State of Utah:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

Parcel No. 15-24-477-021

also known by street and number as: 2624 South West Temple – South Salt Lake, Utah 84115 with all appurtenances.

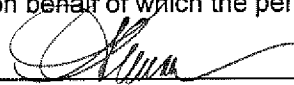
WITNESS, the hand of said grantor this 22nd day of November, 2022.

Rodney Wayne Legg Personal Representative
RODNEY WAYNE LEGG

State of Utah

County of Utah

On this 22nd day of November, 2022, personally appeared before me, the undersigned Notary Public, personally appeared RODNEY WAYNE LEGG who is the Personal Representative of the Estates of WILFORD DUANE LEGG AND RENA JOAN LEGG AKA RENA LEGG, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged before me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.



Notary Public

My commission expires: August 04, 2026

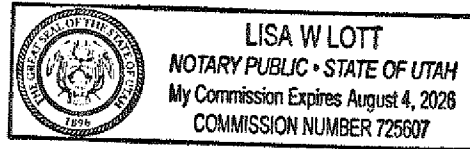


EXHIBIT "A" LEGAL DESCRIPTION

File No.: 57118

All of Lot 1, Block 2, SOUTHGATE PARK, PLAT "C", according to the official plat thereof on file and of record in Book "F" of Plats, at Page 105, recorded in the Office of the Salt Lake County Recorder.

Together with and subject to a certain Agreement between Charles E. Hill, Martha Alice Nye and Horace Wonnocott, dated March 22, 1923, recorded in Book "3-T" of Miscellaneous, Pages 561 and 562, records of Salt Lake County, Utah.

Parcel No. 15-24-477-021

FEB 23 2022

SALT LAKE COUNTY

By _____ Deputy Clerk

In the District Court of Utah

3rd Judicial District SLC County

Court Address 450 South State PO Box 18100 SLC Utah 84114-1860

In the Matter of the Estate of

Wilford Duane Legg
Deceased

Letters of Administration

223900184

Case Number

Faust

Judge

1. The appointed personal representative is: Rodney Wayne Legg (name).

2. The personal representative is:

not supervised.

supervised. The personal representative may not make any distribution of the estate or exercise the following powers without prior order of the court:

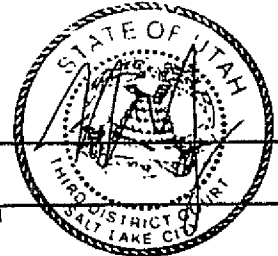
Feb. 23, 2022

Date

Signature ▶

AM

Printed Name of Clerk or Registrar



I CERTIFY THAT THIS IS A TRUE COPY OF
AN ORIGINAL DOCUMENT ON FILE IN THE
THIRD DISTRICT COURT, SALT LAKE
COUNTY, STATE OF UTAH.

DATE: 2-25-2022

AM
DEPUTY COURT CLERK

STATE OF UTAH — DEPARTMENT OF HEALTH

Access to information on this form is limited under the Utah Statistics Act and Rules 100-1-10

18-4697

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

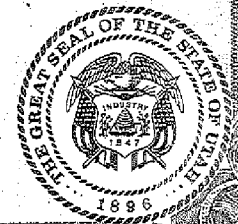
LOCAL FILE NUMBER		STATE FILE NUMBER	
1. NAME OF DECEDENT FIRST MIDDLE LAST Wilford Duane LEGG		2. SEX Male	3a. DATE OF DEATH (Mo., Day, Yr.) November 10, 1997
3b. TIME OF DEATH (24hr. clock) 0800		4. DATE OF BIRTH (Mo., Day, Yr.) Feb. 2, 1940	
5. AGE (Last Birthday) 57	6. BIRTHPLACE (City & State or Foreign Country) Salt Lake City, Utah	7. SOCIAL SECURITY NUMBER 528-52-7063	
8a. PLACE OF DEATH (Check one only)			
<input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA <input type="checkbox"/> 4. Nursing Home <input checked="" type="checkbox"/> 5. Residence <input type="checkbox"/> 7. Other		8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location) 2624 South West Temple	
9. SURVIVING SPOUSE (If wife give maiden name) Rena Joan Ferguson		10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	
11. MARITAL STATUS <input type="checkbox"/> 1. Never Married <input checked="" type="checkbox"/> 2. Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced		12. DECEDEES USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) Supervisor	
13a. RESIDENCE - STREET AND NUMBER 2624 South West Temple		13b. CITY, TOWN OR COMMUNITY Salt Lake City	13c. COUNTY Salt Lake
13d. STATE Utah		14. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	
15. RACE - Black, White, Am. Indian (Tribe may be entered), Japanese, etc. (Specify) White		16. EDUCATION (Specify only highest grade completed) Elementary or Secondary (9-12) College (13-15 or 17, +) 10	
17. FATHER'S NAME (First, Middle, Last) Joseph Wilford Legg		18. MAIDEN NAME OF MOTHER (First, Middle, Last) Margaret Melba Curtis	
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Rena Legg (wife) 2624 South West Temple, Salt Lake City, Utah 84115			
20. METHOD OF DISPOSITION <input type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other <input checked="" type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal		21a. DATE OF DISPOSITION Nov. 13, 1997	21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Redwood Memorial Estates
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Stirling D. Rushman</i>		23. LICENSEE NUMBER 115386	24. FUNERAL HOME (Name, address and license number) Memorial Estates Mortuary 92-103536 5850 South 900 East SLC, Utah 84121
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 10/22/97		26. If not certified by medical examiner, was death reported to M.E.? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No If yes, enter the date and hour reported: M.E. Case No. HOUR MO. DAY YEAR	
27a. CERTIFIER <input checked="" type="checkbox"/> 1. CERTIFYING PHYSICIAN 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 type="checkbox"/> 2. MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner as stated.			
27b. SIGNATURE AND TITLE OF CERTIFIER <i>William F. Reilly MD</i>		27c. LICENSE NUMBER 4473	27d. DATE SIGNED (Mo., Day, Yr.) 11/12/97
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Type Print) William Reilly MD 333 South 900 East, Salt Lake City, Utah			
29. REGISTRAR'S SIGNATURE <i>Thomas J. Jankovic MD</i>		30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)	30b. DATE FILED (Mo., Day, Yr.) November 12, 1997
31. 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. Hepatic Failure DUE TO (OR AS A CONSEQUENCE OF): b. Metastatic Carcinoma of Colon DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ Approximate Interval Between Onset and Death: a. 2 mo b. 3 yrs			
PART II: Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I Bone Metastasis		32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT <input type="checkbox"/> 1. Probably contributed to the cause of death. <input checked="" type="checkbox"/> 5. NON-USER <input type="checkbox"/> 2. Was the underlying cause of death. <input type="checkbox"/> 6. UNKNOWN IF USER <input type="checkbox"/> 3. Did not contribute to the cause of death. <input type="checkbox"/> 4. Is unknown in relation to the cause of death.	
34. MANNER OF DEATH <input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Undetermined if injured Purposely or Accidentally <input type="checkbox"/> 6. Pending investigation		35a. DATE OF INJURY (Mo., Day, Yr.)	35b. TIME OF INJURY (24 Hour Clock)
35c. LOCATION (Street or rural route number, city or town, county and state.)		35d. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	35e. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)
35f. If motor vehicle accident specify if decedent was driver, passenger or pedestrian.			
35g. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)			

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued: **NOV 13 1997**
County - Salt Lake
Registrar *Thomas J. Jankovic MD*
L029449

Barry E Nangle
Barry E. Nangle
DIRECTOR OF VITAL RECORDS
By

Ellen Freeman



WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES. ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.

NOV 04 2021

SALT LAKE COUNTY

By _____ Deputy Clerk

In the District Court of Utah

3rd Judicial District SLC County

Court Address 450 South State P.O. Box 1860
Salt Lake City, Utah 84114-1860

In the Matter of the Estate of

Rena Joan Leagy
Deceased,

Letters Testamentary

213902567

Case Number

Robert P. Faust

Judge

- 1. The will of the decedent was admitted to probate. The appointed personal representative is:

Rodney Wayne Leagy (name).

- 2. The personal representative is:

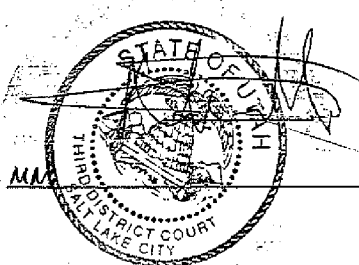
not supervised.

supervised. The personal representative may not make any distribution of the estate or exercise the following powers without prior order of the court:

11-4-21
Date

Signature

Printed Name of Clerk or Registrar



I CERTIFY THAT THIS IS A TRUE COPY OF AN ORIGINAL DOCUMENT ON FILE IN THE THIRD DISTRICT COURT, SALT LAKE COUNTY, STATE OF UTAH.
DATE 11-4-2021
[Signature]
DEPUTY COURT CLERK

CERTIFICATE OF DEATH

State File Number: 2021016617

Rena Joan Legg

DECEDENT INFORMATION

Date of Death:	September 26, 2021	Time of Death:	02:00 (Found)
City of Death:	Salt Lake City	County of Death:	Salt Lake
Age:	80	Date of Birth:	February 14, 1941
Place of Birth:	Murray, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:		Usual Occupation:	Homemaker
Industry/Business:	Own Home	Education:	9th Through 12th Grade
Residence:	Salt Lake City, Utah	Father's Name:	Alvin Carl Ferguson
Mother's Name:	Eleanor Lillian Johnson	Facility Type:	Home
Facility or Address:	2624 South West Temple		

INFORMANT INFORMATION

Name:	Rodney Wayne Legg	Relationship:	Son
Mailing Address:	1139 East Matthew Ave, Salt Lake City, Utah 84121		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Redwood Memorial Estates, West Jordan, Utah
Date of Disposition:	October 5, 2021

FUNERAL HOME INFORMATION

Funeral Home:	Redwood Memorial Mortuary
Address:	6500 South Redwood Road, West Jordan, Utah 84123
Funeral Director:	Reanne Lindhorst

MEDICAL CERTIFICATION

Certifying Physician: Russell P Maxwell MD, The Salt Lake Clinic, 389 South 900 East, Salt Lake City, Utah 84102

CAUSE OF DEATH

Ventricular Fibrillation [Onset: 5 Minutes]
 Due to (or as a consequence of): Hypertension [Onset: 30 Years]
 Due to (or as a consequence of): Hyperlipidemia [Onset: 30 Years]
 Due to (or as a consequence of): Atherosclerosis [Onset: 20 Years]
 Other significant conditions: Emphysema, History Of Stroke
 Tobacco Use: Probably Contributed
 Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: September 30, 2021
Date Issued: October 8, 2021

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. 07/2



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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE