

D LAND TITLE
Case No. MISC02

Combining 1-S27-1, 1-S27-2 and 1-S27-3

CORRECTION WARRANTY DEED

RONALD K. CRANE and LEILA CRANE aka LEILA H. CRANE

grantor(s) of SALINA, County of SEVIER, State of Utah, hereby
CONVEY(s) and WARRANT(s) to

RONALD K. CRANE and LEILA H. CRANE, husband and wife, as joint tenants

grantee(s) of: 165 NORTH 400 WEST, SALINA, UT 84654
for the sum of: TEN (\$10.00) DOLLARS and other good and valuable consideration
the following described tract of land in SEVIER County, State of Utah:

Commencing 8.95 chains East of the Southwest corner of Section 24, Township 21 South,
Range 1 West, Salt Lake Base and Meridian; running thence North 227.40 feet; thence
West 199.98 feet; thence Southeasterly 304.27 feet, more or less to beginning. Situate in Lot 2,
Block 5, Plat "B" SALINA CITY SURVEY.

Subject to easements and rights-of-way of record or enforceable in law and equity.

This CORRECTION WARRANTY DEED is given to correct that certain WARRANTY DEED
recorded in Book 433, Page 101, records of Sevier County, Utah, in which the description
contained an error.

WITNESS the hand(s) of said grantor(s) this 17th day of APRIL, 2002

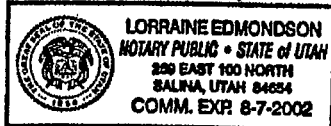
Ronald K. Crane
RONALD K. CRANE
Leila Crane
LEILA CRANE aka
Leila H. Crane
LEILA H. CRANE

00309272 Bk00435 Pg00515-00515

JAYRENE B NIELSEN RECORDER SEVIER COUNTY
2002 APR 25 09:46 AM FEE \$11.00 BY AEB
REQUEST: D LAND TITLE

STATE OF Utah)
County of Sevier)

On the 17 day of April, 2002 personally appeared
before me RONALD K. CRANE and LEILA CRANE aka LEILA H. CRANE the signer(s)
of the within instrument, who duly acknowledged to me that they executed the same.



Lorraine Edmondson
Notary Public

Commission Expires:
Residing In: Salina, Ut.

387 North Main, P.O. Box 727
Richfield, Utah 84701
(801) 896-6426

D LAND TITLE

120 North Main, P.O. Box 10
Manti, Utah 84642
(801) 835-2241

74 Dec

When recorded Mail to:
Salina City
c/o Ms. Sheri Westbrook
P O Box 69
Salina, Utah 84654

File # 5403-R
4-39-36

00336918 BK00533 Pg00731-00733
JAYRENE B NIELSEN RECORDER SEVIER COUNTY
2005 DEC 23 09:44 AM FEE \$0.00 BY JRN
REQUEST: SALINA CITY

AFFIDAVIT

The undersigned, **LEILA H. CRANE** being on oath first duly sworn deposes and says:

1. That pursuant to the terms of that certain Joint Tendency listed on Correction Warranty Deed recorded April 25, 2002 as Entry No. 309272 in Book 435 at Page 515, Official Sevier County Records the following is applicable:

2. A copy of the Death Certificate of Ronald K. Crane as the grantor in the joint tendency is attached hereto.

3. That I know of my own personal knowledge that Ronald K. Crane, the descendent named in the attached certified copy of Death Certificate, he is one and the same person as which is named in favor of the Joint Tendency reserved in the Correction Warranty Deed listed above on the following described property in the County of Sevier, State of Utah:

Commencing 8.95 chains East of the Southwest corner of Section 24, Township 21 South, Range 1 West, Salt Lake Base and Meridian; running thence North 227.40 feet; thence West 199.98 feet; thence Southeasterly 304.27 feet, more or less to beginning. Situated in Lot 2, Block 5, Plat "B" SALINA CITY SURVEY. Containing 0.52 acre.

4. That this affidavit is given to support the recorded legal Joint Tendency to the above described property.

This affidavit is made and executed this 21 day of DECEMBER, 2005.

Leila H. Crane
LEILA H. CRANE

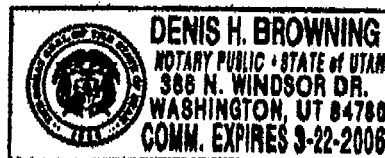
STATE OF UTAH

COUNTY OF SEVIER

On this 21ST day of DECEMBER 2005, personally appeared before me **LEILA H. CRANE**, the signer of the foregoing instrument, who duly acknowledged to me that she executed the same.

Denis H. Browning
NOTARY PUBLIC
Residing in: *Washington County*

My commission expires: 3-22-2006



STATE OF UTAH - DEPARTMENT OF HEALTH

Access to information on this form is limited under the Privacy Act and Rules.

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

LOCAL FILE NUMBER 21-167

STATE FILE NUMBER

1. NAME OF DECEDENT RONALD KENNETH CRANE			2. SEX Male	3a. DATE OF DEATH (Mo., Day, Yr.) June 4, 2004	3b. TIME OF DEATH (24 hr. clock) 0440
4. DATE OF BIRTH (Mo., Day, Yr.) May 20, 1935		5. AGE - Last Birthday 69	6. BIRTHPLACE (City & State or Foreign Country) Salina, Utah	7. SOCIAL SECURITY NUMBER 529-48-7223	
8a. PLACE OF DEATH (check only one) <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DCA			8b. ALL OTHER LOCATIONS: <input type="checkbox"/> 4. Nursing Home <input checked="" type="checkbox"/> 5. Residence (any)		9. SURVIVING SPOUSE (If wife, give maiden name) Leila Hampton
6c. CITY, TOWN, OR LOCATION OF DEATH Salina			6d. COUNTY OF DEATH Sevier		10. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location) 165 North 400 West
10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			11. MARITAL STATUS <input type="checkbox"/> 1. Never Married <input type="checkbox"/> 3. Widowed <input checked="" type="checkbox"/> 2. Married <input type="checkbox"/> 4. Divorced		12. DECEDECENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired) Bus & Truck Driver
13a. RESIDENCE - STREET AND NUMBER 165 North 400 West			13b. CITY, TOWN OR COMMUNITY Salina	13c. COUNTY Sevier	13d. STATE Utah
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		13f. ZIP CODE 84654	14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify) <input type="checkbox"/> 1. Mexican <input type="checkbox"/> 2. Cuban <input type="checkbox"/> 3. Puerto Rican <input type="checkbox"/> 4. Other (Specify)		15. RACE - Black, White, American Indian (the may be entered), Japanese, etc. (Specify) Caucasian
17. FATHER'S NAME (First, Middle, Last) Kenneth S. Crane			18. MAIDEN NAME OF MOTHER (First, Middle, Last) B. Eunice Bjerregaard		
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Leila H. Crane (wife) 165 North 400 West Salina, Utah 84654					
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 June 10, 2004		21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Pioneer Cemetery	21c. LOCATION - City or Town, State Salina, Utah
22. SIGNATURE BY FUNERAL SERVICE LICENSEE <i>[Signature]</i>			23. LICENSE NUMBER 111865	24. FUNERAL HOME (Name and address) SPRINGER TURNER FUNERAL HOME	
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN June 1, 2004			26. If not certified by medical examiner, was death reported to M.E.? (If yes, enter the date and hour reported) <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		27. Mailing Address 150 East Main Salina, Utah 84654
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>[Signature]</i>			27c. LICENSE NUMBER 371521204	27d. DATE SIGNED (Month, Day, Year) 6-8-04	
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print) Kerry Blackham D.O. 310 West Main Street Salina, Utah 84654					
29. REGISTRAR SIGNATURE <i>[Signature]</i>			30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) JUN 08 2004	30b. DATE FILED (Mo., Day, Yr.) JUN 08 2004	
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. <u>Congestive heart failure</u> DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ DUE TO (OR AS A CONSEQUENCE OF): PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I. CAD DM2					
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: **AUG 11 2004**

County: **Sevier**
Registrar: **Robert Reynolds, M.D., M.P.H., M.P.A., M.P.S.C.P.**

[Signature]
Barry E. Nangle

Barry E. Nangle
DIRECTOR OF VITAL RECORDS

By: *[Signature]*

00336918 Bk0533 P300732

SDH-BVFRHS 98 (9/98)

LLO1446974



* 0 1 4 4 6 9 7 4 *



WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES.

STATE OF UTAH - DEPARTMENT OF HEALTH - OFFICE OF VITAL RECORDS AND STATISTICS
AFFIDAVIT TO AMEND A RECORD

THIS AFFIDAVIT FORM CAN ONLY BE USED TO MAKE CORRECTIONS ON **DEATH AND FETAL DEATH RECORDS 1989 TO THE PRESENT**

INSTRUCTIONS

- 1. **DO NOT WRITE IN THE FIRST SECTION.** Items 1a through 8a, have been completed by our office according to the information on the original record, even if incorrect. Corrections and missing information are NOT to be entered in these spaces.
- 2. **LIST UNDER ITEM 8b,** opposite each of the incorrect items, the correct information as it should have been stated at the time of death. Please type or print neatly. If adding a name, include the full name, including any middle name. If additional corrections are required, contact our office to prepare a revised affidavit.
- 3. **ITEMS 9 and 10** are generally completed by our office.
- 4. **READ THE AFFIDAVIT. IT IS BINDING UNDER PENALTY OF PERJURY.** Two different persons who have personal knowledge of the accuracy of the desired correction(s) must complete the supporting oaths (Items 11 through 15, and 16 through 20). The affidavit may be made by the person alleging the error exists, such as the funeral director, family member, etc. However, one of the witnesses **must be the informant.** The relationship of the witness to the registrant must be stated, such as "mother," "father," "wife," "sunt," "physician," etc. Requests to correct the marital status should be referred to the state office.
- 5. **THE SIGNATURES MUST BE NOTARIZED.** Do not sign the affidavit except in front of a notary. The signatories assume complete responsibility for the correctness of the amended information.
- 6. **DO NOT WRITE IN SPACES 21 OR 22.** (This is reserved for the State Registrar)
- 7. **WHEN PROPERLY COMPLETED AND SIGNED,** return this form to the Office of Vital Records and Statistics, 288 North 1460 West, P O Box 141012, SLC, UT 84114-1012. If acceptable for registration, it will be filed and become a permanent part of the original record.

FEES: If the affidavit is completed within one year of the date of death, there is no fee for filing it. However, there is a \$5.00 fee for the search of the record which includes a certified copy of the amended death certificate. If it is filed after one year, there is a \$20.00 fee for registration of the affidavit which includes a certified copy of the amended certificate.

IF THE APPLICANT DOES NOT RESPOND TO A WRITTEN REQUEST FROM THIS OFFICE WITHIN 90 DAYS, THE OFFICE WILL RETAIN ALL MONIES PAID.
 21-67 DEATH FETAL DEATH 2004 005856

LOCAL CERTIFICATE NUMBER		<input checked="" type="checkbox"/> DEATH <input type="checkbox"/> FETAL DEATH		STATE CERTIFICATE NUMBER	
INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE	1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME		
	RONALD		KENNETH		CRANE
	2. SEX	3. DATE OF EVENT	4. PLACE OF OCCURRENCE - City and County		
	Male	June 4, 2004	165 North 400 West Salina, Utah		
	5. NAME OF FATHER		6. MAIDEN NAME OF MOTHER		
Kenneth S. Crané		B. Eunice Bjerregaard			

MAKE NO CORRECTIONS ABOVE THIS LINE

STATEMENT OF AMENDMENTS	7. ITEM NUMBER	8a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD	8b. FACTS AS THEY SHOULD HAVE BEEN STATED ON THE ORIGINAL AT THE TIME OF OCCURRENCE
	7	529-48-7223	529-40-7223

AMENDED
2 of 2

9. Correct Social Security Number

10. PROOFS USED TO AMEND RECORD

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 & Sworn to before me this 1st day of July 2004	
	11. SIGNATURE OF WITNESS	12. DATE SIGNED	Notary Public <i>Mitzi Crane</i> My Commission expires 1-27-2007	
	<i>Lula Crane</i>	7-1-04	NOTARY PUBLIC MITZI CRANE	
	13. AGE OF WITNESS	14. RELATIONSHIP OF WITNESS TO THE PERSON WHOSE RECORD IS BEING AMENDED		
	10	wife		
15. ADDRESS OF WITNESS (Street, City, State, Zip)				
165 N. 400 W Salina UT 84654				
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 & Sworn to before me this 1st day of July 2004	
	16. SIGNATURE OF WITNESS	17. DATE SIGNED	Notary Public <i>Mitzi Crane</i> My Commission expires 1-27-2007	
	<i>Melanie Olsen</i>	7-1-04	NOTARY PUBLIC MITZI CRANE	
	18. AGE OF WITNESS	19. RELATIONSHIP OF WITNESS TO THE PERSON WHOSE RECORD IS BEING AMENDED		
	33	Daughter		
20. ADDRESS OF WITNESS (Street, City, State, Zip)				
315 W. Center Gunnison UT 84634				
UDOH-OVRS REV. 01/01	21. DATE RECEIVED		22. OFFICE OF THE STATE OR LOCAL REGISTRAR	
	JUL 20 2004		<i>Barry E Nangle ME</i>	

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: AUG 11 2004

County: Salt Lake
 Registrar: Robert Remondy, MCA

Barry E Nangle

00336918 Bk00533 Ps00733

Barry E. Nangle
 DIRECTOR OF VITAL RECORDS

By *D. Jensen*

LL01446975



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

The Order of the Court is stated below:

Dated: March 22, 2024
03:48:48 PM

/s/

TAMARA CARTER
District Court Clerk



DAVID A. VAN DYKE (#7784)
VAN DYKE LEGAL SERVICES, P.L.L.C.
P.O. Box 194
Teasdale, Utah 84773
Telephone: (435) 491-0491
Facsimile: (888) 599-2841
Email: dave@vandykelegal.com
Attorney for APPLICANT

IN THE SIXTH JUDICIAL DISTRICT COURT OF THE STATE OF UTAH
IN AND FOR THE COUNTY OF SEVIER
845 East 300 North, Richfield, Utah 84701

IN THE MATTER OF THE ESTATE OF:

LETTERS TESTAMENTARY

UNA LEILA HAMPTON CRANE

CASE No.: 243600017

DECEASED.

JUDGE: MARVIN D. BAGLEY

1. MELANIE OLSEN was duly appointed and qualified as the Personal Representatives for the estate of UNA LEILA HAMPTON CRANE by the court with all authority pertaining thereto, on March 19, 2024.
2. MELANIE OLSEN, as Personal Representative for the Estate of UNA LEILA HAMPTON CRANE, shall be entitled to act individually in all matters related to the Decedent's Estate.
3. Administration of the estate is unsupervised. These letters are issued to evidence the appointment, qualification, and authority of the Personal Representative.

IN ACCORDANCE WITH RULE 10(E) OF THE UTAH RULES OF CIVIL PROCEDURE, THIS ORDER DOES NOT BEAR THE HANDWRITTEN SIGNATURE OF THE COURT, BUT INSTEAD DISPLAYS THE ELECTRONIC SIGNATURE OF THE COURT AT THE TOP OF THE FIRST PAGE OF THIS ORDER.

***** END OF ORDER *****

The Order of the Court is stated below:

Dated: March 19, 2024
10:55:10 AM

/s/ MARVIN D. BAGLEY
District Court Judge



DAVID A. VAN DYKE (#7784)
VAN DYKE LEGAL SERVICES, P.L.L.C.
P.O. Box 194
Teasdale, Utah 84773
Telephone: (435) 491-0491
Facsimile: (888) 599-2841
Email: dave@vandykelegal.com
Attorney for APPLICANT

**IN THE SIXTH JUDICIAL DISTRICT COURT OF THE STATE OF UTAH
IN AND FOR THE COUNTY OF SEVIER
845 East 300 North, Richfield, Utah 84701**

IN THE MATTER OF THE ESTATE OF:	:	STATEMENT OF INFORMAL PROBATE OF
	:	ESTATE AND INFORMAL APPOINTMENT OF
UNA LEILA HAMPTON CRANE	:	PERSONAL REPRESENTATIVE
	:	
DECEASED.	:	CASE No.: 243600017
	:	
	:	JUDGE: MARVIN D. BAGLEY
	:	

Upon consideration of the Verified Application for Informal Probate for Intestacy and for Informal Appointment of Personal Representative filed by Melanie Olsen on February 29, 2024 the Registrar finds that:

1. The Application is complete.
2. The Applicant has made the oath and/or affirmation that the statements contained in the Application are true to the best of the Applicant's knowledge.
3. The Applicant appears, from the Application, to be an interested person as defined by the Utah Uniform Probate Code.

4. The Decedent, Una Leila Hampton Crane, died on February 13, 2024, at the age of 86 years.

5. On the basis of the statements in the Application, venue is proper in this, Sevier County, State of Utah.

6. Any required notice has been given or waived.

7. On the basis of the statements in the Application no Personal Representative/Administrator has been appointed in this state or elsewhere.

8. On the basis of the statements in the Application, the estate to which the Application relates, nor any other will of the Decedent has been the subject of a previous probate order in this State.

9. It appears from the Application that the time limit for informal probate and appointment has not expired.

10. The Decedent died intestate.

11. The Application does not indicate the existence of a possible un-revoked testamentary instrument which may relate to property subject to the laws of this state, and which is not filed for probate in this court.

12. Based on the statements in the Application, the persons whose appointment as Personal Representative/Administrator is sought is qualified to act as the Personal Representative/Administrator and has priority entitling said persons to the appointment.

13. A Bond is not required.

14. Notice of Petition, Proof of Posting, and Proof of Mailing was filed on March 5, 2024.

15. The applicable time period within which no action can be taken on an application for informal probate and appointment has elapsed.

16. There has been no objection filed as to the Application.

THEREFORE:

1. The estate of the Decedent, Una Leila Hampton Crane, is hereby informally Probated/Administered.

2. That Melanie Olsen is hereby appointed as the Personal Representative/Administrator of the estate of the Decedent, Una Leila Hampton Crane, to act without Bond.

3. Upon qualification and acceptance, letters testamentary shall be issued to the Personal Representative/Administrator of the estate of the Decedent, Una Leila Hampton Crane.

IN ACCORDANCE WITH RULE 10(E) OF THE UTAH RULES OF CIVIL PROCEDURE, THIS ORDER DOES NOT BEAR THE HANDWRITTEN SIGNATURE OF THE COURT, BUT INSTEAD DISPLAYS THE ELECTRONIC SIGNATURE OF THE COURT AT THE TOP OF THE FIRST PAGE OF THIS ORDER.

***** **END OF ORDER** *****

CERTIFICATE OF SERVICE

I hereby certify that I caused a true and correct copy of the foregoing **STATEMENT OF INFORMAL PROBATE OF ESTATE AND INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE** to be sent on this the 18th day of March, 2024 by the method indicated below:

PERSON SERVED

SERVICE MADE BY

Heather Mangum
P.O. Box 358
Gunnison, Utah 84634

- U.S. Mail, Postage Pre-Paid
- Court's Electronic Filing System
- Email: heatheranne_31@yahoo.com

Jason Crane
45 West 200 South
Salina, Utah 84654

- U.S. Mail, Postage Pre-Paid
- Court's Electronic Filing System
- Email:

CERTIFICATE OF SERVICE

I hereby certify that I caused a true and correct copy of the foregoing Letters Testamentary to be sent on this the 21st day of March 2024 by the method indicated below:

PERSON SERVED

SERVICE MADE BY

Heather Mangum P.O. Box 358 Gunnison, Utah 84634	<input type="checkbox"/>	U.S. Mail, Postage Pre-Paid
	<input type="checkbox"/>	Court's Electronic Filing System
	<input checked="" type="checkbox"/>	Email: heatheranne_31@yahoo.com
Jason Crane 45 West 200 South Salina, Utah 84654	<input checked="" type="checkbox"/>	U.S. Mail, Postage Pre-Paid
	<input type="checkbox"/>	Court's Electronic Filing System
	<input type="checkbox"/>	Email:
Joshua Ronald Crane P.O. Box 412 Salina, Utah 84654	<input type="checkbox"/>	U.S. Mail, Postage Pre-Paid
	<input type="checkbox"/>	Court's Electronic Filing System
	<input checked="" type="checkbox"/>	Email: joshieicloud@icloud.com
Crystal Fay Marroquin 108 18 th Street Snyder, Oklahoma 73566	<input type="checkbox"/>	U.S. Mail, Postage Pre-Paid
	<input type="checkbox"/>	Court's Electronic Filing System
	<input checked="" type="checkbox"/>	Email: sunshyne0118@gmail.com
Chrystal Mecham 3587 South Toolson Drive Magna, Utah 84044	<input type="checkbox"/>	U.S. Mail, Postage Pre-Paid
	<input type="checkbox"/>	Court's Electronic Filing System
	<input checked="" type="checkbox"/>	Email: chrystalmecham@yahoo.com
Jamie Sorensen P.O. Box 142 Mayfield, Utah 84643	<input type="checkbox"/>	U.S. Mail, Postage Pre-Paid
	<input type="checkbox"/>	Court's Electronic Filing System
	<input checked="" type="checkbox"/>	Email: jamiecrane11@gmail.com
April Mickelsen Crane 62 East 400 North Monroe, Utah 84754	<input type="checkbox"/>	U.S. Mail, Postage Pre-Paid
	<input type="checkbox"/>	Court's Electronic Filing System
	<input checked="" type="checkbox"/>	Email: aprilcrane83@gmail.com
Kristy Van Dyke 201 North 900 East Fremont, Utah 84747	<input type="checkbox"/>	U.S. Mail, Postage Pre-Paid
	<input type="checkbox"/>	Court's Electronic Filing System
	<input checked="" type="checkbox"/>	Email: kristyvandyke85@gmail.com
Brent Lee Crane 183 North 400 West Salina, Utah 84654	<input type="checkbox"/>	U.S. Mail, Postage Pre-Paid
	<input type="checkbox"/>	Court's Electronic Filing System
	<input checked="" type="checkbox"/>	Email: kernraider@gmail.com
Melanie Olsen 315 West Center P.O. Box 2 Gunnison, Utah 84643	<input type="checkbox"/>	U.S. Mail, Postage Pre-Paid
	<input type="checkbox"/>	Court's Electronic Filing System
	<input checked="" type="checkbox"/>	Email: mojoosen@gmail.com

/s/ David A. Van Dyke