ENT 94308: 2015 PG 1 of 4

Jeffery Smith

Utah County Recorder

2015 Oct 15 03:39 PM FEE 22.00 BY CLS

RECORDED FOR First American - Orem Center!

ELECTRONICALLY RECORDED

Recording Requested by: First American Title Insurance Agency, LLC 346 West Center Street Orem, UT 84057 (801)762-0011

AFTER RECORDING RETURN TO: John Seegrist and Dione Seegrist 2701 South Day Lilly Drive Saratoga Springs, UT 84045

SPACE ABOVE THIS LINE (3 1/2" X 5") FOR RECORDER'S USE

## WARRANTY DEED

Escrow No. **395-5736803** (**RD**)

A.P.N.: **66:128:0317** 

**Kyle Dickson and Jennie Dickson, husband and wife**, Grantor, of **Saratoga Springs**, **Utah** County, State of **Utah**, hereby CONVEY AND WARRANT to

**John Seegrist and Dione Seegrist, joint tenants**, Grantee, of **Saratoga Springs**, **Utah** County, State of **UT**, for the sum of Ten Dollars and other good and valuable considerations the following described tract(s) of land in **Utah** County, State of **Utah**:

LOT 317, PLAT 3, STILLWATER SUBDIVISION, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE AND OF RECORD IN THE UTAH COUNTY RECORDER'S OFFICE.

Subject to easements, restrictions and rights of way appearing of record or enforceable in law and equity and general property taxes for the year **2015** and thereafter.

ENT 94308: 2015 PG 2 of 4

A.P.N.: 66:128:0317

Warranty Deed - continued

File No.: **395-5736803** (RD)

Witness, the hand(s) of said Grantor(s), this		
FILE A		
Kyle Dickson  Jennie Dickson		
STATE OF Webshe )ss.		
County of Lances ter )		
on Ochobar 14/2-615 , before me, the undersigned Notary Public, personally appeared <b>Kyle Dickson and Jennie Dickson</b> , 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 to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that 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.		
WITNESS my hand and official seal.		
My Commission Expires: Notary Public		

ENT **94308:2015** PG 3 of 4

A.P.N.: **66:128:0317** Warranty Deed - continued

File No.: **395-5736803** 

(RD)

Witness, the hand(s) of said Grantor(s), this	·
Kyle Dickson	Jennie Dickson
STATE OF) )ss.	
County of)	
the basis of satisfactory evidence) to be the perso instrument and acknowledged to me that he/she/she/she/she/she/she/she/she/she/s	Diekson, personally known to me (or proved to me on on(s) whose name(s) is/are subscribed to the within they executed the same in his/her/their authorized in the instrument the person(s) or the entity upon behalf ment.
WITNESS my hand and official seal.	PLEASE SEE ATTACHED NOTAN
My Commission Expires:	Notary Public 1914)13

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMEN	T
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CIVIL CODE § 1189

\$0500000000000000000000000000000000000	A CONTRACTOR OF THE PROPERTY O
A notary public or other officer completing this certificate is attached, and no	ficate verifies only the identity of the individual who signed the the truthfulness, accuracy, or validity of that document.
State of California  County of	PARAMVIR · MOHAN, NOTARY PUBLIC  Here Insert Name and Title of the Officer  DICKSON  Name(s) of Signer(s)
subscribed to the within instrument and acknowledge	ry evidence to be the person(s) whose name(s) is/are whedged to me that he/she/they executed the same in his/ner/their signature(s) on the instrument the person(s), acted, executed the instrument.
	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
PARAMVIR MOHAN COMM. #2105953 NOTARY PUBLIC - CALIFORNIA SAN JOAQUIN COUNTY My Comm. Expires APRIL 5, 2019	Signature Signature of Notary Public
Place Notary Seal Above	PTIONAL ————
Though this section is optional, completing th	is information can deter alteration of the document or nis form to an unintended document.
Description of Attached Document  Title or Type of Document: WARRANTY  Number of Pages: Signer(s) Other Ti	DEG Document Date: 10/14/28/5 nan Named Above:
Capacity(ies) Claimed by Signer(s) Signer's Name: ☐ CNNIC DICKSon ☐ Corporate Officer — Title(s): ☐ Partner — ☐ Limited ☐ General ☑ Individual ☐ Attorney in Fact ☐ Trustee ☐ Guardian or Conservator ☐ Other: ☐ Signer Is Representing:	Signer's Name:  Corporate Officer — Title(s):  Partner — Limited General Individual Attorney in Fact Guardian or Conservator Other: Signer Is Representing:
(*) T. S.	AN EN ANTANES AND CONTROL OF AN ENTRANCE AND A

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