

001
Anderson

FILED AND RECORDED FOR

08-133-0008
Recorded at Request of

Home Abstract
1974 DEC 13 PM 4 01

Plotted at Indexed
Recorded Abstracted
Combyced Buss

260
628603

Dep. Book Page

RUTH EAMES OLSEN
WEBER COUNTY RECORDER
DEPUTY

James C Beardall

Mail tax notice to _____ Address _____

WARRANTY DEED
[CORPORATE FORM]

ANDERSON LUMBER COMPANY, a corporation
organized and existing under the laws of the State of Utah, with its principal office at
Ogden, of County of Weber, State of Utah,
grantor, hereby CONVEYS AND WARRANTS to

AAGE V. NAGEL and NOLA B. NAGEL, husband and wife as joint tenants
with full rights of survivorship and not as tenants in common

of Roy, Utah grantee
TEN DOLLARS and other valuable consideration XXXXXXXXXXXXXXXXXXXXXXXX DOLLARS

the following described tract of land in Weber County,
State of Utah:

All of Lot 8, Park Lane Subdivision No. 6, Roy City, Weber
County, Utah EXCEPT the South 3 feet thereof.

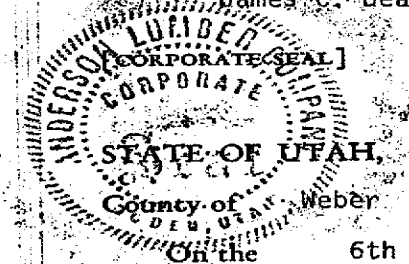
Subject to all easements and restrictions of record.

The officers who sign this deed hereby certify that this deed and the transfer represented
thereby was duly authorized under a resolution duly adopted by the board of directors of the
grantor at a lawful meeting duly held and attended by a quorum.

In witness whereof, the grantor has caused its corporate name and seal to be hereunto affixed
by its duly authorized officers this 6th day of December, A. D. 1974

Attest: *James C Beardall*
James C. Beardall Secretary.

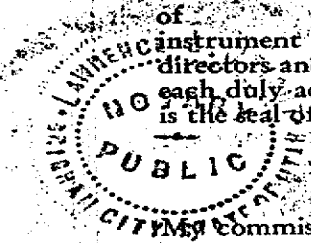
By *E. LeRoy Anderson*
E. LeRoy Anderson President.



} ss.

On the 6th day of December, A. D. 1974
personally appeared before me E. LeRoy Anderson and James C. Beardall
who being by me duly sworn did say, each for himself, that he, the said E. LeRoy Anderson
is the president, and he, the said James C. Beardall is the secretary
of Anderson Lumber Company, and that the within and foregoing
instrument was signed in behalf of said corporation by authority of a resolution of its board of
directors and said E. LeRoy Anderson and James C. Beardall
each duly acknowledged to me that said corporation executed the same and that the seal affixed
is the seal of said corporation.

[Signature]
Notary Public.
My Commission expires November 1, 1976 My residence is Brigham City, Utah.



Return to:

AFFIDAVIT

Nola B. Nagel, being first duly sworn upon an oath, deposes and says that he/she was well and personally acquainted with Aage V. Nagel, one of the Grantees in deed recorded as Entry # 628603 in Book 1072 at Page 231, records of Weber County, Utah; that he/she knows said Aage V. Nagel to be the same person as Aage Voss Nagel whose death certificate is attached hereto. That by reason of said death the joint tenancy on the hereinafter described premise has terminated. 08-133-0008 - VT.

PROPERTY DESCRIPTION:

All of lot 8 Park Lane Sub. No 6
Roy City Weber County, Utah
Except the south 3 feet thereof.

Dated this 1 day of Oct, A.D. 1999

Nola B. Nagel

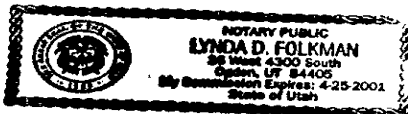
State of Utah)
County of Weber)

On this 19 day of Oct A.D. 1999
personally appeared before me:

NOLA B. NAGEL

E# 1665690 BK2036 PG2684
DOUG CROFTS, WEBER COUNTY RECORDER
01-OCT-99 216 PM FEE \$13.00 DEP MW
REC FOR: NOLA.B..NAGEL

the signer of the within instrument, who duly acknowledged to me that he executed the same.



Lynda D. Folkman
Notary Public

Residing at: Orderville, UT My Commission expires: 4-25-2001

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STATE OF UTAH — DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Access to information on this form is limited under the Utah Statistics Act and Rules

LOCAL FILE NUMBER 29-688-99		STATE FILE NUMBER	
1 NAME OF DECEDENT FIRST MIDDLE LAST Ange Voss NAGEL		2 SEX Male	3a. DATE OF DEATH (Mo. Day, Yr.) July 2, 1999
4 DATE OF BIRTH (Mo. Day, Yr.) Sept. 30, 1932		5 AGE - (Last Birthday) 66	3b. TIME OF DEATH (24hr clock) 01:20
6 BIRTH PLACE (City & State or Foreign Country) Esbjerg, Jerne, Denmark		7 SOCIAL SECURITY NUMBER 529-50-8601	
8a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> 1 Inpatient <input type="checkbox"/> 2 ER/Outpatient <input type="checkbox"/> 3 DOA <input type="checkbox"/> 4 Nursing Home <input type="checkbox"/> 5 Residence <input type="checkbox"/> 6 Other		8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location) McKay-Dee Hospital	
9c. CITY, TOWN OR LOCATION OF DEATH Ogden		9d. COUNTY OF DEATH Weber	
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	
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) Toolmaker Machinist		12b. KIND OF BUSINESS OR INDUSTRY Flameco Barnes	
13a. RESIDENCE - STREET AND NUMBER 4482 South 2250 West		13b. CITY, TOWN OR COMMUNITY Roy	13c. COUNTY Weber
13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	13e. ZIP CODE 84067	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
17 FATHER'S NAME (First, Middle, Last) Olfert Albin Nagel		18. MAIDEN NAME OF MOTHER (First, Middle, Last) Anna Kirstina Voss	
19 NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Nola Nagel (wife) 4482 South 2250 West, Roy, Utah 84067			
20 METHOD OF DISPOSITION <input checked="" type="checkbox"/> 1 Burial <input type="checkbox"/> 2 Donation <input type="checkbox"/> 3 Other		21a. DATE OF DISPOSITION July 6, 1999	21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Hooper Cemetery
22 SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Stephen H. Johnston</i>		23. LICENSEE NUMBER 113589	24. FUNERAL HOME (Name, address and license number) Myers Mortuary 5865 South 1900 West Roy, Utah 84067
25 DATE DECEDENT WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 7/2/99		26. If not certified by medical examiner was death reported to M.E.T? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	
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>Brent E. Wallace M.D.</i>		27c. LICENSE NUMBER 161010	27d. DATE SIGNED (Mo., Day, Yr.) 7/3/99.
28 NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type-Print) Brent E. Wallace M.D. 1915 West 5950 South, Roy, Utah 84067			
29 REGISTRAR'S SIGNATURE <i>Barry E. Nangle</i>		30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)	30b. DATE FILED (Mo., Day, Yr.) July 6, 1999
31 PART 1 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. Anoxic Brain Injury Seizure Hepatic Encephalopathy Cirrhosis of Liver		Approximate Interval Between Onset and Death. 1 wk. 1 wk 10 days. 3 years.	
PART 2 Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part 1. Hepatic Encephalopathy Secondary to Cirrhosis		32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT <input checked="" type="checkbox"/> 1. Probably contributed to the cause of death <input type="checkbox"/> 2. Was the underlying cause of death <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 <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. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)			

E# 1665690 BK2036 P#268

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: **JUL 06 1999**
 County: **WEBER**
 Registrar: *Barry E. Nangle*
 LL 602904
 * 0 0 6 0 2 9 0 4 *



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

The Order of the Court is stated below:

Dated: July 16, 2024
03:25:33 PM

/s/ MARKETIA HESLOP
District Court Clerk



TAYLOR STONE (18660)
VOYANT LEGAL, PLLC
991 Shephard Lane, Suite 210
Farmington, Utah 84025
(801) 951-0500
team@voyantlegal.com

*Attorney for Applicant
Kyle Nagel*

IN THE SECOND DISTRICT COURT – OGDEN
WEBER COUNTY, STATE OF UTAH, PROBATE DIVISION

<p>IN THE MATTER OF THE ESTATE OF NOLA NAGEL Deceased.</p>	<p>LETTERS TESTAMENTARY Probate No. 243900257 Judge: Hon. Reuben J. Renstrom</p>
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1. Kyle Nagel was duly appointed and qualified by the Registrar as Personal Representative of the estate of the above-named decedent, on the 13th day of June, 2024, with all authority pertaining thereto.
2. Administration of the estate is unsupervised.
3. The Letters Testamentary are issued to evidence the appointment, qualification, and authority of the said Personal Representative.

4. The Personal Representative has all rights and authority granted herein and may act as necessary as the appointed Personal Representative.

WITNESS, my electronic signature and the Seal of this Court.

***THE SIGNATURE AND THE SEAL OF THIS COURT ARE LOCATED AT THE TOP OF
THE FIRST PAGE.***