

The Order of the Court is stated below:

Dated: April 11, 2024  
11:08:09 AM

/s/ RACHELLE JOHNSON  
District Court Clerk



1WILFORD N. HANSEN, JR. (1352)  
UTAH REGIONAL LEGAL SERVICES, P.C.  
123 East 100 North, First Floor  
Post Office Box 67  
Payson, Utah 84651-0067  
Telephone: (801) 465-9288  
Facsimile: (801) 465-1917  
Email: [wnhansen@earthlink.net](mailto:wnhansen@earthlink.net)

*Attorney for Applicant*

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IN THE FOURTH JUDICIAL DISTRICT COURT  
UTAH COUNTY, STATE OF UTAH  
PROVO DEPARTMENT

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In the Matter of the Estate of

JULIE LYNN LLEWELLYN REECE,

Deceased.

LETTERS TESTAMENTARY

Civil No. 243400363

Judge Anthony Howell

- 
1. CHRISTOPHER REECE, was duly appointed as Personal Representative of the estate of the Decedent by the Court, with all authority pertaining thereto.
  2. Administration of the estate is unsupervised.

These Letters are issued to evidence the appointment, qualification, and authority of said personal representative.

SIGNED AND SEALED BY THE COURT ON THE DATE FIRST INDICATED ABOVE

3980

SECURITY TITLE NO 28221 2240

# WARRANTY DEED

Louis E. Hug & Grace L. Hug, Husband & Wife

Grantor, S, of Tyler, Texas hereby CONVEY.S AND WARRANTS to <sup>James Elton Reece aka</sup> James D. Reece & Julie L. Reece, Husband & Wife as joint tenants with full rights of survivorship & not as tenants in common.

Grantee, S, of Payson, Utah for the sum of Ten dollars and other valuable considerations--- DOLLARS the following described tract of land in Utah County, State of Utah, to-wit:

Commencing Northeast Corner of Block 38, Plat "A", Payson City Survey; West 1.31 chains; South 120.5 feet; East 1.31 chains; North 120.5 feet to beginning.

Subject to deed restrictions and easements of record.

PH 644 38  
20777-73

WITNESS THE HAND.S of said Grantor.S this 30th day of

JANUARY, A. D. 19.76

Signed in the presence of

*Louis E. Hug*  
*Grace L. Hug*

STATE OF TEXAS  
County of HENDERSON

On the 30th day of JANUARY, A. D. 19.76, personally appeared before me, a Notary Public in and for the State of Utah, Louis E. Hug & Grace L. Hug, Husband & Wife

the signer.S of the above instrument, who duly acknowledged to me that they executed the same.

My commission expires June 1, 1977

Residing at Chandler



*Payson*

FIRST SECURITY BK UT. N.A.

UTAH COUNTY RECORDER  
1976 FEB 20 PM 3:07

SECURITY TITLE & ASS. CO.

3980

BOOK 1460 PAGE 399



# STATE OF UTAH — DEPARTMENT OF HEALTH

## STATE OF UTAH — DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Notice to Registrars:  
This form is limited under  
the Vital Statistics Act  
and Rules.

LOCAL FILE NUMBER **18-0989**

STATE FILE NUMBER

1. NAME OF DECEDENT FIRST: <b>James</b> MIDDLE: <b>Elton</b> LAST: <b>REECE</b>			2. SEX <b>Male</b>	3a. DATE OF DEATH (Mo., Day, Yr.) <b>February 20 2004</b>	3b. TIME OF DEATH (24 hr. clock) <b>1150</b>
4. DATE OF BIRTH (Mo., Day, Yr.) <b>January 26, 1938</b>		5. AGE - Last Birthday <b>66</b>	6. BIRTHPLACE (City & State or Foreign Country) <b>Payson, Utah</b>	7. SOCIAL SECURITY NUMBER <b>528-54-7888</b>	
8a. PLACE OF DEATH (check only) <input checked="" type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA			8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY <b>University Hospital</b>		
9a. CITY, TOWN, OR LOCATION OF DEATH <b>Salt Lake City</b>			9b. COUNTY OF DEATH <b>Salt lake</b>		
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 type="checkbox"/> 3. Widowed <input checked="" type="checkbox"/> 2. Married <input type="checkbox"/> 4. Divorced		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired) <b>publisher</b>
13a. RESIDENCE - STREET AND NUMBER <b>753 South 1000 East</b>			13b. CITY, TOWN OR COMMUNITY <b>Salt Lake City</b>	13c. COUNTY <b>Salt Lake</b>	13d. STATE <b>Utah</b>
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, Am Indian (tribe may be entered), Japanese, etc. (Specify) <b>white</b>		16. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17+)	
17. FATHER'S NAME (First, Middle, Last) <b>Clark George Reece</b>			18. MAIDEN NAME OF MOTHER (First, Middle, Last) <b>Ferol Elton</b>		
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT <b>Julie Reece (wife) 280 East 100 North Payson, UT 84651</b>					
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 <b>Feb. 24, 04</b>		21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) <b>Payson City Cem.</b>	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>		23. LICENSEE NUMBER <b>22-112739-0902</b>		24. FUNERAL HOME (Name and address) <b>Walker Mortuary (101155) 587 S. 100 W. Payson, Utah 8465</b>	
25. DATE DECEDENT WAS LAST EXTENDED BY CERTIFYING PHYSICIAN <b>February 20 2004</b>		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 M.E. CASE NO. _____ HR. _____ 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>[Signature]</i>		27c. LICENSE NUMBER <b>357548-1205</b>		27d. DATE SIGNED (Month, Day, Year) <b>February 20 2004</b>	
28. NAME AND ADDRESS OF PERSON WHO CERTIFIES THE CAUSE OF DEATH (Item 31) (Type/Print) <b>Michael Pulsipher M.D. 50 North Medical Drive Salt lake City, Utah 84132</b>					
29. REGISTRAR'S SIGNATURE <i>[Signature]</i>		30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) <b>March 02, 2004</b>		30b. DATE FILED (Mo., Day, Yr.)	
31. PART I. ENTER THE DISEASE, 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>Respiratory Failure</u> DUE TO (OR AS A CONSEQUENCE OF): <b>2 1/2 hours</b> b. <u>Multisystem Organ Failure - Renal failure / pneumonia</u> DUE TO (OR AS A CONSEQUENCE OF): <b>5 days</b> c. <u>Hemolytic Uremic Syndrome - TTP &amp; heparinella</u> DUE TO (OR AS A CONSEQUENCE OF): <b>5</b> d. <u>CHD other BUT for AMI</u> <b>3 m</b>  PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.					
32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: <input checked="" type="checkbox"/> 1. Probably contributed to the cause of death. <input type="checkbox"/> 5. NON USER <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"/> 6. UNKNOWN IF USER <input type="checkbox"/> 4. Is unknown in relation to the cause of death.		33a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
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 Purpose or Accident <input type="checkbox"/> 6. Pending Investigation		35a. DATE OF INJURY (Mo., Day, Yr.)		35b. TIME OF INJURY (24 Hour Clock)	
35c. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		35d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (specify)		35e. If motor vehicle accident specify if decedent was driver, passenger or pedestrian.	
35f. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY should be entered in item 31)					

USE PERMANENT BLACK INK

UDH-BVR  
Form 12,  
Rev. 12/96

ENT 33258:2004 Pg 2 of 2

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: **March 03, 2004**

*Barry E Nangle*

County **Salt Lake**

Barry E. Nangle  
DIRECTOR OF VITAL RECORDS

Registrar

*Patti Parry*

By

*Ellen Freeman*



LL01345813

