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Attorneys for Personal Representative Applicant, Brian L. Belnap

IN THE SECOND JUDICIAL DISTRICT COURT OF WEBER COUNTY

OGDEN DEPARTMENT, STATE OF UTAH

IN THE MATTER OF THE ESTATE OF

GORDON LESLIE BELNAP, A/K/A GORDON L. BELNAP AND GORDON BELNAP,

APPLICATION FOR INFORMAL PROBATE OF WILL AND FOR INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE

Deceased.

Probate No.: 213900390 Judge: Jennifer Valencia

APPLICANT, BRIAN L. BELNAP, STATES AND REPRESENTS TO THE REGISTRAR THAT:

1. Applicant's interest in this matter is that of a person having priority for appointment as personal representative.

2. The decedent, Gordon Leslie Belnap, died on June 11, 2021, at the age of ninety-

one (91) years. See *Certificate of Death* attached hereto as **Exhibit A**.

3. Venue is proper because at the time of death the decedent was domiciled in this

county.

4. The names and addresses of the spouse, children, heirs, and devisees of the

decedent, and the ages of those who are minors, so far as known or ascertainable with reasonable diligence by applicant, are as follows:

NAME	RELATIONSHIP	ADDRESS	AGE (MINORS)	
Sharon F. Belnap	Spouse, Heir, Devisee	1393 E. 5500 S. Ogden, UT 84403	Adult	
Brian L. Belnap	Child, Heir, Devisee Trustee for grandchildren testamentary trust (Utah Code 75-1-201(11))	P.O. Box 625 Eden, UT 84310	Adult	
Brent J. Belnap	Child, Heir, Devisee	1592 Oakcrest Dr. Ogden, UT 84403	Adult	
Ryan Lee Belnap	Devisee	P.O. Box 625 Eden, UT 84310	Adult	
Janet Gee	Devisee	489 Humiston Ave Bay Village, Ohio 44140	Adult	
Ellen Anson	Devisee	660 N. 200 E. Price Utah 84051	Adult	
Susan Schmidt	Devisee	144 W. 525 N. Layton, Utah 84041	Adult	
Nancy Jensen	Devisee	9710 Valley View Drive SE Olympia, Washington 98513	Adult	
Dave Pine	Devisee	13091 Sundance Ave San Diego, CA 92129	Adult	
Nolan Barraclough	Devisee	89 Parliament Canyon Mesquite NV 89027	Adult	
Debbie Barraclough Devisee		89 Parliament Canyon Mesquite NV 89027	Adult	

NAME	RELATIONSHIP	ADDRESS	<u>AGE</u> (MINORS)
Bob Gruhler	Devisee	1389 E. 5500 S. South Ogden, UT 84403	Adult
Annette Heileson	Devisee	1389 E. 5500 S. South Ogden, UT 84403	Adult
Ron Broadstone	Devisee	1390 E. 5500 S. South Ogden, UT 84403	Adult
Belnap Family Organization	Devisee	1592 Oakcrest Dr. Ogden, Utah 84403	Entity

5. No personal representative has been appointed in this state or elsewhere.

6. Applicant has neither received nor is aware of any demand for notice of any probate or appointment proceeding concerning the decedent that may have been filed in this state or elsewhere.

7. The time limit for informal probate and appointment has not expired because not more than three years have passed since the decedent's death.

8. The original of the decedent's will, dated April 22, 2021, was filed with the court's electronic filing system and is now in the possession of the applicant or his attorney. To the best of applicant's knowledge, neither that will, nor any other will of the decedent has been the subject of a previous probate order.

9. Applicant believes that the will which is the subject of this application was validly executed.

10. Having exercised reasonable diligence, applicant is unaware of any instrument

revoking the will which is the subject of this application and believes that such will is the decedent's last will.

11. To the best of applicant's knowledge, the will to which this application relates is not part of a known series of testamentary instruments (other than wills or codicils), the latest of which does not expressly revoke the former.

12. The person whose appointment as personal representative is sought is Brian L. Belnap, whose address is P.O. Box 625, Eden, UT 84310 and is qualified to act as such and has priority because there is no person with a higher or equal priority for appointment.

The person whose appointment as personal representative is sought has priority for appointment as the person nominated in, or pursuant to the exercise of a power conferred by, the decedent's will.

13. Bond is not required under U.C.A. § 75-3-603.

WHEREFORE, APPLICANT REQUESTS THAT:

1. Notice be given as required by law.

2. The decedent's will, dated April 22, 2021, be informally probated.

3. Brian L. Belnap be informally appointed personal representative of the estate of the decedent, to act without bond.

4. Upon qualification and acceptance, letters testamentary be issued.

DATED: 7/20/2021

SMITH KNOWLES, P.C. 1s/David L. Knowles

David L. Knowles Attorneys for Personal Representative Applicant

DATED: 7/20/2021

Brian V. Belnap P.O. Box 625 Eden, UT 84310

VERIFICATION

STATE OF UTAH

: ss

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COUNTY OF Weber)

Applicant, being sworn, says that the facts set forth in the foregoing petition are true,

accurate, and complete to the best of applicant's knowledge and belief.

Brian L. Belnap

SUBSCRIBED AND SWORN to before me this 7 day of Tru _, 2021.



Notary Public

EXHIBIT A Certificate of Death of Gordon Leslie Belnap

CERTIFICATE OF DEATH

State File Number: 2021009689

Gordon Leslie Belnap

DECEDENT INFORMATION

Date of Death: City of Death: Age: 91 Place of Birth: Armed Services: Yes Spouse's Name: Industry/Business: Residence: Mother's Name: Facility or Address:

June 11, 2021 South Ogden Ogden, Utah Sharon Fife Computer Software South Ogden, Utah Mabel Harris 1393 East 5500 South Time of Death: County of Death: Date of Birth: Sex: Marital Status: Usual Occupation: Business Owner Education: Father's Name: Facility Type:

04:35 Weber November 17, 1929 Male Married Master's Degree Arias Guy Belnap Home

INFORMANT INFORMATION

Name:	Sharon F Belnap	Relationship:	Wif
Mailing Address:	1393 East 5500 South, So	uth Ogden, Utah 84403	Per C

DISPOSITION INFORMATION

Method of Disposition: **Burial** Place of Disposition: Lindquist's Washington Heights Memorial Park, Ogden, Utah Date of Disposition: June 19, 2021

FUNERAL HOME INFORMATION

Lindquist Mortuary - Ogden
3408 Washington Boulevard, , Ogden, Utah 84401
Christopher J Battrick

MEDICAL CERTIFICATION

Certifying Physician: R Mark Firth MD, Bridge Utah Medical Group, 1015 East 100 North, Logan, Utah 84321

CAUSE OF DEATH

Metastatic Cancer of Unknown Primary Other significant conditions: Coronary Artery Disease, Diabetes Mellitus 2 Tobacco Use: Non-user Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

Date Registered: June 14, 2021 Date Issued: June 14, 2021

Linda S. Wininger LCSW

State Registrar

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: High Resolution Border, V & R images in top cycloids, and microtext. This document displays the date, seal, and signature of the Utah State Registrar of Vital Records and Statistics.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Brian W. Bennion, MPH **Director/Health Officer County Health** Department

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

Corrections to a vital record may be made by affidavit but an item on a birth record may be corrected by affidavit only once. A court order is required for gender or subsequent changes. This form is not used with a court order. A court order is necessary to make any corrections to a Delayed Birth Certificate or Death Certificate. This affidavit cannot be used to correct medical information. Many changes, including marital status, require more information; please visit our website or contact our office. Please return any copies of the certificate with this completed affidavit and all supporting documentation. If corrected certificates are reissued within 90 days of issuance, the new certificate fee will be waived but affidavit fees may still apply. This affidavit may be mailed with the correct fees and proof of ID.

Mailing Address: Office of Vital Records and Statistics PO Box 141012 Salt Lake City, UT 84114-1012 Physical Address: Office of Vital Records and Statistics 288 North 1460 West Salt Lake City, UT 84116 Contact Info: https://VitalRecords.utah.gov 801-538-6105 vrequest@utah.gov



Affidavit Instructions: Please print or type. Items 1-6: Enter the facts as reported on the current vital record. Item 7: Enter the item number from items 1-6 that will be changed, if applicable. Item 8a: Enter the information as stated on the original record. Item 8b: Enter the correct information as it should be stated. Item 9: Enter the reason the change is necessary. Item 10: Enter the proofs used to support the change. The proofs must match the asserted fact(s) exactly. Proofs must be submitted with the affidavit. Items 11-22: Enter witness information.

Witnesses for Birth Certificate: If the person listed on the record is under 18 years of age, both parents of record MUST sign the affidavit. If only one parent is listed, the second witness MUST be an immediate family member of the listed parent. If the person listed on the record is 18 years of age or older, he/she MUST sign as one of the witnesses. The second witness MUST be their immediate family member. **Witnesses for Death Certificate:** The informant must sign as a witness along with an immediate member of the decedent's family. If adding a spouse, the spouse must sign as a witness. If no immediate family, a person who is knowledgeable of the facts may sign.

		BIRTH	DEATH	STILLB	IRTH		STATE FILE NUMBER:
N AS	1a. FIRST NAME 1b. MIDDLE NAME		1c. LAST NAME				
INFORMATION AS REPORTED ON RECORD	2. SEX 3. DATE OF EVENT 4. PLACE OF OCCURR			CCURREN	ENCE (City and County)		
REPR	5. NAME OF PARENT 1 (Maiden name if applicable) 6. NAME OF PARENT 2			ARENT 2 (N	/laiden name if applicable)		
	7. ITEM NO. 8a. FACTS EXACTLY AS ON ORIGINAL RECORD 8b. CORREC						
STATEMENT OF AMENDMENTS							
WHY IS CHANGE	9.						
NEEDED? DOCU-	10.						
MENTS USED					Subscribed to and Sworn to before me this day of 20		
OATH OF FIRST WITNESS (MUST BE 18 OR OLDER)	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. 11a. SIGNATURE OF WITNESS (Must sign in front of Notary) 11b. PRINTED NAME OF WITNESS				STATE COUNTY		
							NOTARY SIGNATURE
	12. DATE SIGNED	13 AGE OF WITNESS	14. DAYTIME TELEPHONE		15. RÉLATIONSHIP 1	TO 1a	s
	16. ADDRESS OF	WITNESS					E
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	Lbereby certi	fy under penalty of p	periury, that I have per	sonal knowledge	of the above fac	ts	L Subscribed to and Sworn to before me this day of 20
OATH OF SECOND WITNESS (MUST BE 18 OR OLDER)	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. 17a. SIGNATURE OF WITNESS (Must sign in front of Notary) [17b. PRINTED NAME OF WITNESS			STATE COUNTY			
							NOTARY SIGNATURE
	18. DATE SIGNED	19. AGE OF WITNESS	20. DAYTIME TELEPHONE		21. RELATIONSHIP 1	TO 1a	
	22. ADDRESS OF	WITNESS					S
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