



**1550 AMERICAN BLVD E STE 200
BLOOMINGTON MN 55425-1116**

TELEPHONE 612-243-8717
FAX 877-326-8784
TOLL-FREE 866-234-0512

Hours (CT): 7:00 am - 7:00 pm M - TH
7:00 am - 5:00 pm F

April 21, 2026

Re: Estate of: BOYD CHILD
Creditor: INTERMOUNTAIN HEALTHCARE MCKAY-DEE HOSPITAL CENTER
Account No: *****9185
Reference No: 92311615

Dear Sir or Madam:

Thank you for the Estate's recent payment of \$317.50 made on 10/29/25. This letter confirms that the account indicated above is now settled in full.

As of the date of this letter, we have received payments totaling \$317.50.

Cordially,
DCM Services, LLC

This company is a debt collector. Calls may be monitored or recorded for quality assurance purposes.

dcm
services
DCM SERVICES, LLC
1550 AMERICAN BLVD E STE 200
BLOOMINGTON MN 55425-1116
866-234-0512



April 21, 2026



The Estate of BOYD CHILD
Attn: JAKE B CRAGUN
880 N SAPPHIRE ST
MORGAN UT 84050-9917





**1550 AMERICAN BLVD E STE 200
BLOOMINGTON MN 55425-1116**

TELEPHONE 612-243-8640

FAX 877-326-8784

TOLL-FREE (877) 326-1533

Hours (CT): 7:00 am – 7:00 pm M – TH
7:00 am – 5:00 pm F

APRIL 20, 2026

JAKE B CRAGUN
880 N SAPPHIRE ST
MORGAN UT 84050

Re: Estate of: BOYD HODSON CHILD
Claimant: See attached claim detail
Case No: 253900648
Account No: See attached claim detail

Dear Sir or Madam:

Enclosed is a Satisfaction and Release of Creditor's Claim.

Thank you for your cooperation in this matter.

Cordially,
DCM Services, LLC

Enclosure

This company is a debt collector. Calls may be monitored or recorded for quality assurance purposes.

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

NOTICE: SEE ATTACHED PAGE(S) FOR CLAIM DETAIL

IN THE PROBATE COURT IN AND FOR WEBER COUNTY

IN RE: Estate of BOYD HODSON CHILD

Claimant: See attached claim detail

Case No: 253900648

Account No: See attached claim detail

SATISFACTION AND RELEASE OF CREDITOR'S CLAIM

The Claimant(s) listed on the attached claim detail has/have received the sum of \$ 2,207.00 as payment in satisfaction of the Claim filed in the above-referenced matter and hereby releases the Estate and Personal Representative from any and all indebtedness relating to the Claim.

Dated: APRIL 20, 2026
C/O DCM SERVICES 1550 AMERICAN BLVD E STE 200

BLOOMINGTON MN 55425-1116

Case Number:
253900648



PF Reference No:
CL2580414



CDR1136945

CLAIM DETAIL

IN RE ESTATE OF: BOYD HODSON CHILD

Claim detail is as follows:

*****4279

INTERMOUNTAIN HEALTHCARE MCKAY-DEE HOSPITAL CENTER

\$807.00

UNSECURED.

THE DECEDENT PURCHASED GOODS AND/OR SERVICES IN THE AMOUNT OF \$807.00, EVIDENCED BY ACCOUNT NUMBER *****4279.

*****4438

INTERMOUNTAIN HEALTHCARE MCKAY-DEE HOSPITAL CENTER

\$1,400.00

UNSECURED.

THE DECEDENT PURCHASED GOODS AND/OR SERVICES IN THE AMOUNT OF \$1,400.00, EVIDENCED BY ACCOUNT NUMBER *****4438.

Claim Balance: \$ 2,207.00