

AFFIDAVIT OF SURVIVORSHIP
PURSUANT TO W.S. § 2-9-109

STATE OF WYOMING)
) ss:
COUNTY OF SHERIDAN)

RITA I. SAMPSON, a single person, and resident of Sheridan County, Wyoming, surviving daughter of SHIRLEY T. SAMPSON, deceased, being of legal age and being first duly sworn, according to law, deposes and states that I make this Affidavit pursuant to W.S. § 2-9-102 on behalf of myself as surviving joint tenant, as hereinafter set forth, of certain real property jointly owned by said decedent and that I make the following statements in connection therewith:

1. That on OCTOBER 21, 1982 Shirley T. Sampson, a single person, and Rita I. Sampson, a single person, as joint tenants with full right of survivorship, received title to the following described real property situate in Sheridan County, Wyoming, to-wit:

The South 62 feet of Lot 6, Block 11, of Atkinson's Addition
to the Town, now City of Sheridan, Sheridan County, Wyoming.

Said Addition is located in the SE1/4NE1/4 of Section 22, Township
56 North, Range 84 West of the Sixth Principal Meridian.

Together with all improvements situate thereon and all appurtenances
thereunto appertaining or belonging.

2. The instrument under which the estate was vested was recorded in the office of the county clerk of Sheridan County, Wyoming on October 21, 1982 in Book 270 at page 270 as instrument no. 854901.

3. Shirley T. Sampson became deceased September 26, 2003, and was at the time of death a resident of Sheridan County, Wyoming. The Shirley T. Sampson, deceased, is one and the same person as Shirley T. Sampson who was named in and whose death terminated her previous joint tenancy estate in the subject property under the vesting instrument; that by reason of the death of said Shirley T. Sampson, and the fact that said property was held by decedent and Rita I. Sampson as joint tenants with full rights of survivorship, the joint estate of the deceased terminated upon death, and all right, title and interest in and to said property passed by operation of law and is now vested solely in the surviving joint tenant, Rita I. Sampson.

4. Attached hereto is a certified copy of the Certificate of Death of said Shirley T. Sampson, duly certified by the State of Wyoming, Department of Health, Deputy State Registrar, Lucinda McCaffrey.

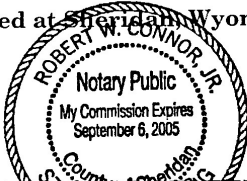
5. This Affidavit is made pursuant to W.S. § 2-9-102 for such effect as may result therefrom by operation of law, and for the express purpose of terminating the joint tenancy in the name of Shirley T. Sampson and Rita I. Sampson, and vesting sole title in the real property above-described in the name of RITA I. SAMPSON, a single person, as the

surviving joint tenant.

6. As per statute in such case made and provided, the death of Shirley T. Sampson is made a matter of record by recording the original of this Affidavit in the office of the county clerk of Sheridan County, Wyoming, in compliance with W.S. § 2-9-102, for such legal effect as may result therefrom by operation of law.

7. Affiant has read the above and foregoing Affidavit and believes the content thereof to be true and correct of the facts recited therein to the best of her knowledge and belief

Dated at Sheridan, Wyoming this 21st day of January, 2005.



Rita I. Sampson
Rita I. Sampson

SUBSCRIBED & SWORN TO BEFORE ME
This 21st day of January, 2005.

Robert W. Connor, Jr.
Notary Public for the State of Wyoming
Residing at Sheridan, Wyoming
My Commission Expires: Sept. 6, 2005

CERTIFICATION OF VITAL RECORD

STATE OF WYOMING

DEPARTMENT OF HEALTH

STATE OF WYOMING
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

2003-002858

TYPE
OR FRONT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

PARENTS

INFORMANT

DISPOSITION

CERTIFIER

CAUSE OF DEATH

OCT -7 2003

VR 2-89
11/99 15M

LOCAL FILE NUMBER 215X03		1. DECEDENT NAME FIRST Shirley		MIDDLE T.		LAST Sampson		2. SEX Female		3. DATE OF DEATH (Mo., Day, Yr.) September 26, 2003	
4. SOCIAL SECURITY NUMBER 520-44-4851		5a. AGE Last Birthday (Years) 63		5b. UNDER 1 YEAR Months Days Hours		5c. UNDER 1 DAY Minutes		6. DATE OF BIRTH (Mo., Day, Yr.) September 22, 1940			
7a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)											
7b. FACILITY NAME (If not institution, give street and number) Memorial Hospital Of Sheridan								7c. CITY, TOWN, OR LOCATION OF DEATH Sheridan		7d. COUNTY OF DEATH Sheridan	
8. MARRED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed				10. SURVIVING SPOUSE (If wife, give maiden name)							
11. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no) No				12a. USUAL OCCUPATION (Give kind of work done during most of working life; omit if retired) Nursing Assistant				12b. KIND OF BUSINESS OR INDUSTRY Health Care			
13a. RESIDENCE - STATE Wyoming		13b. COUNTY Sheridan		13c. CITY, TOWN OR LOCATION Sheridan		13d. STREET AND NUMBER Box 392 1529 N Main					
13e. INSIDE CITY LIMITS? (Specify yes or no) Yes		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify no or yes - if yes, specify Cuban, Mexican, Puerto Rican, Etc.) No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> (Specify)		15. RACE - American Indian, Black, White, Etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12					
17. FATHER'S NAME First Middle Last Roy Lewis Griffin				18. MOTHER'S NAME First Middle Maiden Surname Darlene Fern McKenzie							
19a. INFORMANT NAME (Type or Print) Rita Sampson				19b. RELATIONSHIP TO DECEDENT Daughter							
19c. MAILING ADDRESS: STREET OR R.F.D. NUMBER 615 W. 15th				CITY OR TOWN Sheridan		STATE WY		ZIP CODE 82801			
20a. Burial, Cremation, Removal from State, Other (Specify) Burial		20b. DATE (Mo., Day, Yr.) Sep 29, 2003		20c. CEMETERY OR CREMATORY NAME Sheridan Masonic 8 Cemetery				20d. LOCATION, CITY OR TOWN, STATE 1200 Ash Sheridan Wyoming			
21a. FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature) <i>Thomas W. Remses</i>				21b. NAME OF FACILITY Kane Funeral Home, Inc.		21c. ADDRESS OF FACILITY 809 Sheridan		21d. CITY, TOWN, STATE, ZIP CODE Sheridan, Wyoming 82601			
22a. DATE SIGNED (Mo., Day, Yr.) October 2, 2003				22b. HOUR OF DEATH 10:30 am		22c. SIGNATURE OF CERTIFIER <i>Dr. Hugh Battley M.D.</i>		22d. DATE SIGNED (Mo., Day, Yr.)		22e. HOUR OF DEATH	
22f. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22g. DATE SIGNED (Mo., Day, Yr.)		22h. SIGNATURE OF CERTIFIER		22i. DATE SIGNED (Mo., Day, Yr.)		22j. HOUR OF DEATH	
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print) Dr. Hugh Battley M.D. 1262 West 5th, Sheridan, WY 82801											
25a. REGISTRAR (Signature) <i>Lucinda McCaffrey</i>				25b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 10/3/03							
26. PART I. Enter the disease, injury, or complication that caused death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or near fatal. List only one cause on each line. IMMEDIATE CAUSE (Disease or condition resulting in death) Cardio pulmonary Arrest DUE TO (OR AS A CONSEQUENCE OF): Respiratory Failure DUE TO (OR AS A CONSEQUENCE OF): Bacterial Pneumonia DUE TO (OR AS A CONSEQUENCE OF): CII-Immunocompromise											
27. PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not related to cause given in PART I.											
29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		30a. DATE OF BURIAL (Month, Day, Year)		30b. TIME OF BURIAL		30c. INJURY AT WORK? (Specify yes or no)		30d. DESCRIBE HOW INJURY OCCURRED			
30e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)				30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							

220188

This is a true and exact reproduction of the document on file in the office of Vital Records Services Cheyenne Wyoming.

DATE ISSUED: OCT 22 2003

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Lucinda McCaffrey
Deputy State Registrar

This copy is not valid unless prepared on paper with an engraved border displaying the date, seal and signature of the Deputy State Registrar

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE