

STATE OF WYOMING )  
 ) ss.  
COUNTY OF SHERIDAN )

2020-759063 6/10/2020 4:03 PM PAGE: 1 OF 2  
FEES: \$15.00 DO AFFIDAVIT OF SURVIVORSHIP - LEGAL  
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

### AFFIDAVIT OF SURVIVORSHIP

Helen M. Armstrong, being of lawful age and having been first duly sworn according to law, on oath depose and state:

1. That by Warranty Deed filed in the office of the County Clerk and Ex-Officio Register of Deeds for Sheridan County, Wyoming, on March 25, 2003, and duly recorded in Book 442 at Page 137, real property was conveyed to Helen M. Armstrong and Dale G. Armstrong, as tenants by the entirety, which was described as follows:

Lot 120 of the Ponderosa Subdivision. A subdivision in Sheridan County, Wyoming, as recorded in Book 2 of Plats, Page 61;

2. Helen M. Armstrong and Dale G. Armstrong, owned said property as tenants by the entirety pursuant to said Warranty Deed.

3. Dale G. Armstrong, one of the Grantees in said Warranty Deed, died in Sun City West, Arizona, on April 27, 2019, and left surviving him as joint tenant, Helen M. Armstrong, who was named as the other Grantee in said Warranty Deed.

4. That the death of said Dale G. Armstrong terminated his previous estate in the real property described in said Warranty Deed, leaving Helen M. Armstrong as the sole surviving joint tenant and sole owner thereof.

5. That attached hereto and made a part hereof is a certified copy of the Certificate of Death of Dale Gene Armstrong; and that Dale Gene. Armstrong named in said Certificate of Death was one and the same person as Dale G. Armstrong named in the Warranty Deed described herein; and that Helen M. Armstrong, undersigned, is one and the same person as Helen M. Armstrong named in said Warranty Deed.

6. That this Affidavit is made pursuant to the provisions of WYO. STAT. § 2-9-102.

DATED this 9 day of June, 2020.

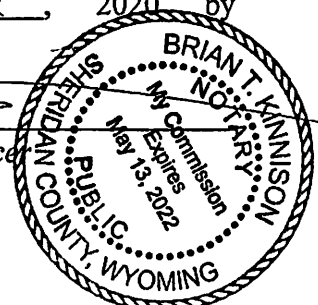
Helen M. Armstrong  
Helen M. Armstrong

This instrument was acknowledged before me on the 9<sup>th</sup> day of June, 2020 by Helen M. Armstrong.

WITNESS my hand and official seal.

My Commission expires: 5-13-22

[Signature]  
Signature of Notarial Officer  
Title: Notary Public



# STATE OF ARIZONA

## CERTIFICATION OF VITAL RECORD

ORIGINAL  
STATE COPY

### STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS CERTIFICATE OF DEATH

State File Number  
102-2019-020481

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>DALE, GENE, ARMSTRONG</b>		2. AKA'S (IF ANY)		3. DATE OF DEATH <b>04/27/2019</b>	
4. SEX <b>MALE</b>	5. SOCIAL SECURITY NUMBER <b>520-48-1489</b>	6. DATE OF BIRTH <b>12/15/1943</b>		7. AGE <b>75 YEARS</b>	
8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH <b>SUN CITY WEST, MARICOPA, 85375</b>					
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS) <b>RESIDENCE - 20202 N 125TH AVENUE</b>					
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>SCOTTS BLUFF, NEBRASKA</b>		11. MARITAL STATUS <b>MARRIED</b>		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) <b>HELEN, , NOLAN</b>	
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP) <b>PO BOX 219, STORY, SHERIDAN, WY, 82842</b>					
14. DECEDENT'S HISPANIC ORIGIN(S): <b>NO, NOT SPANISH/HISPANIC/LATINO</b>		15. DECEDENT'S RACE(S): <b>WHITE</b>		16. EVER IN ARMED FORCES <b>NO</b>	
17. OCCUPATION <b>BRAND INSPECTOR</b>		18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>WAYNE, , ARMSTRONG</b>			
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) <b>BONNIE, , CARROLL</b>		20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>HELEN, , ARMSTRONG</b>			
21. RELATIONSHIP <b>SPOUSE</b>		22. INFORMANT'S MAILING ADDRESS <b>PO BOX 219, STORY, WY, 82842</b>			
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON <b>ADVANTAGE FUNERAL &amp; CREMATION SERVICES - GOLDEN DOOR CHAPEL 11211 MICHIGAN AVENUE, YOUNGTOWN, AZ, 85363</b>		24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON <b>CAITLIN, , WEIR</b>		25. LICENSE NUMBER <b>F1594</b>	
26. METHOD(S) OF DISPOSITION <b>CREMATION</b>		27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY <b>WESTSIDE CREMATORY YOUNGTOWN, AZ, US</b>		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
<b>MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I</b>					
29. A. IMMEDIATE CAUSE OF DEATH <b>ACUTE ON CHRONIC HYPOXIC RESPIRATORY FAILURE</b>				30. APPROXIMATE INTERVAL <b>DAYS</b>	
31. B. DUE TO OR AS A CONSEQUENCE OF: <b>PNEUMONIA, UNSPECIFIED ORGANISM</b>				32. APPROXIMATE INTERVAL <b>WEEKS</b>	
33. C. DUE TO OR AS A CONSEQUENCE OF: <b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>				34. APPROXIMATE INTERVAL <b>YEARS</b>	
35. D. DUE TO OR AS A CONSEQUENCE OF: <b>PULMONARY FIBROSIS</b>				36. APPROXIMATE INTERVAL <b>YEARS</b>	
<b>CAUSE OF DEATH PART II</b>					
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:		38. INJURY? <b>NO</b>		39. INJURY AT WORK? <b>NO</b>	
40. MANNER OF DEATH <b>NATURAL DEATH</b>		41. TIME OF DEATH <b>11:38 PM</b>		42. WAS AN AUTOPSY PERFORMED? <b>NO</b>	
43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?					
<b>CAUSE AND MANNER CERTIFICATION</b>					
TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ABOVE IS CORRECT AND THE DEATH OCCURRED DUE TO THE CAUSE(S) AND MANNER STATED.		44. NAME OF PERSON COMPLETING CAUSE OF DEATH <b>LYNN, MARIE, DIERKS</b>		45. DATE CERTIFIED <b>04/29/2019</b>	
46. CERTIFIER'S ADDRESS <b>275 E GERMANN ROAD #SUITE 110N, GILBERT, AZ, 85297</b>					

Date Registered: 05/01/2019

Date Issued: 05/07/2019

VS-49 Rev. 12/2017



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA.  
Revised 07/2016

*Krystal Colburn*  
**KRYSTAL COLBURN**  
ASSISTANT STATE REGISTRAR

ARIZONA DEPARTMENT  
OF HEALTH SERVICES

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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WILCOX AGENCY  
SHERIDAN WY 82801

J1648727

## WARRANTY DEED

Abigail Louise Johnson, a single person and Andrew Sheridan Johnson, a married man, dealing in his sole and separate property, as joint tenants with right of survivorship, GRANTOR(S), of Sheridan County, State of Wyoming, and Los Alamos County, State of New Mexico for and in consideration of Ten (\$10.00) and more Dollars, in hand paid, receipt whereof is hereby acknowledged, do(es) hereby CONVEY and WARRANT to the GRANTEE(S), Helen M. Armstrong and Dale G. Armstrong, husband and wife, as tenants by the entirety, whose address is 15 Ponderosa, Story, WY 82842, the following described real estate, situate in Sheridan County and State of Wyoming, hereby releasing and waiving all rights under and by virtue of the homestead exemption laws of the State, to-wit:

**Lot 120 of the Ponderosa Subdivision. A subdivision in Sheridan County, Wyoming, as recorded in Book 2 of Plats, Page 61.**

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

Subject to all exceptions, reservations, rights-of-way, easements, covenants, restrictions, and rights of record and subject to any state of facts which would be disclosed by an accurate survey or physical inspection of the premises and subject to building and zoning regulations and city, state and county subdivision laws.

WITNESS our hand(s) this \_\_\_\_ day of February, 2003.

Abigail Louise Johnson

Andrew Sheridan Johnson

State of Wyoming )  
Sheridan )ss  
County of Sheridan )

The foregoing instrument was acknowledged before me by Abigail Louise Johnson, this 21<sup>st</sup> day of February, 2003.

Witness my hand and official seal.



Audrey Koltiska  
Notary Public

My Commission Expires June 25, 2003