AFFIDAVIT OF SURVIVORSHIP

State of Wyoming)
)ss
County of Sheridan)

Randy H. Russell, being first duly sworn upon oath does depose and state as follows:

- That he is the surviving spouse of Barbara Jane Russell, who died September
 3, 2007, in Malheur County, State of Oregon.
- 2. That at the time of her death the said **Barbara J. Russell**, along with your affiant **Randy H. Russell**, husband and wife, as tenants by the entirety, was the owner of the following described property situate in Sheridan County, Wyoming, to-wit:

Lot 1, Block J, Powder Horn Ranch, Planned Unit Development, Phase Two. A subdivision in Sheridan County, Wyoming, filed as Plat #P-38.

- 3. That the said Randy H. Russell and Barbara J. Russell, husband and wife, as tenants by the entirety, received title to the above-described real property by that certain Warranty Deed from Thomas H. Niethammer and Elizabeth M. Niethammer, Trustees, or their successors in trust, under the Thomas H. Niethammer Living Trust, dated August 31, 2000, and any amendments thereto, an undivided one-half interest, and Elizabeth M. Niethammer and Thomas H. Niethammer, Trustees, or their successors in trust, under the Elizabeth M. Niethammer Living Trust, dated August 31, 2000, and any amendments thereto, an undivided one-half interest, as tenants in common, said deed being dated June 20, 2006, and recorded June 21, 2006, in Book 475 of Deeds, at Page 382 thereof, in the Office of the County Clerk in and for Sheridan County, Wyoming.
- 4. That by reason of the death of the said Barbara Jane Russell, and the fact that said property was held by Randy H. Russell and Barbara J. Russell, husband and wife, as tenants by the entirety, all right, title and interest in and to said property above-described is now vested solely in Randy H. Russell.

- 5. That attached hereto is a certified copy of the Certificate of Death of the said **Barbara J. Russell**, duly certified to by Peggy Winslow, County Registrar, Malheur County, State of Oregon.
- 6. That this Affidavit is made pursuant to Wyoming Statute Section 2-9-102 and given for the express purpose of terminating the estate by the entirety in the name of **Barbara J. Russell**, and vesting sole title in the real property above-described in the name of **Randy H. Russell**, as the surviving tenant by the entireties.

Further this affiant sayeth not.

Dated this $\angle 2$ day of October, 2007.

Randy H. Russell

State of Oregon

SS

County of Malhour

The foregoing instrument was acknowledged before me by Randy H. Russell, this _2_ day of October, 2007.

Witness my hand and official seal.



Notary Public

My Commission Expires: 6-30-08

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS

I.D. TAG NO.	CERTIFICATE OF I		STATE FILE NUMBER	
Legal Name First Mid	dle Last	Suffix	2. Death Date	ነ 🛴
Barbara Jai	* * ·	· ·	September 08, 2007	1 /
Sex 4. Age Female 55 yea	5. Social Security Number 11'S 516-56-4066	6. County of I Malheur		
. Birthdate 8. Birthpla	ce	9. Decedent's		A 2
October 23, 1951 Billings	s, Montana	Some o		4
Was Decedent of Hispanic Origin? No.	11. Decedent's Race(s) White	12, W	s Decedent Ever in S. Armed Forces? NO	
3. Residence: Number and Street		14. City/Town		7
3425 Highway 201 5. Residence County	16. State or Foreign Country	Nyssa 17. Zip Code + 4	18. Inside City Limits?	-
Malheur	Oregon	97913	NO	
9. Marital Status at Time of Death	20. Spouse's Name Prior to First Ma	rnage		T ~
Married 1. Usual Occupation	Randy Russell	22. Kind of Business/Industry	# 4 12 40 40 40 40 40 40 10 10 10 10 10 10 10 10 10 10 10 10 10	
Minister		Religion] '(
3. Father's Name		other's Name Prior to First Marriage		7 300
James Coles 5 Informant's Name 26. Te	lephone Number 27. Relationship to Dec	orothy Callihan		H ₂ ≥ .
Randy Russell Not A	vailable Spouse	3425 Highway 201, Nys	sa, OR 97913	
). Place of Death Decedent's Residence	30, Facility Name			1 .
I. Location of Death	32. City/Town or Location		34. Zip Code + 4	1 3
	Nyssa	Oregon	97913	1
	of Disposition Omason Crematory	37. Location Weiser, Ida		1
. Name and Complete Address of Funeral Facili	ty	홍막(경기의 사원들의 1911년 3		10 % ,
Lienkaemper Funeral Chapel, Or Date of Disposition 2 40, Funer	ntario : 78 NW First Avenue, Or al Director's Signature		License Number	4 🔻 🐧
	S/ Gary R Meeker		3-3521	1.
The same of the sa	1 V 1 V 1 V 2 V 2 V 2 V 2 V 2 V 2 V 2 V	J. Date Received 44, Lo	cal File Number	1 7
/S/ Peggy Wins			7-210	-
 Amendment Birthdatecorr. by F. Dir. Aff. 9 	Train, thosaco, yey Moodward, St.	rey sy as a file of the little		
5. Was case referred to Medical Examiner?	47. Autopsy? 48. Were autopsy.	findings available to complete the cause	of death? 49. Time of Death	44.7
No No	No 46. Were autopsy	and a second to conjugate the cause	1500	1 3
D. CAUSE OF DEATH IMMEDIATE CAUSE ↓			Approximate Interval Onset to Death	:
Metastatic breast	cancer		3 years	1 ("
Due to (or as a consequence of) ↓ ;			77 3 3 3 3 3	1 %
b	The second of th			4
Due to (or as a consequence of) ↓ c.				
Due to (or as a consequence of) ↓				7 "
d		and the second s	1	1
. Other significant conditions contributing to dea	M), DUI NOT RESURING IN THE UNGERLAND CAUS	e given Boove.		
. Manner of Death 53. If Female	1	,	bacco use contribute to death?	1
Natural	about 187 Discontillation	No	Sleeven Survey	1000
i. Date of Injury 56. Time of I	njury 57. Place of Injury	V (J l L) (58. Injury at Work? NO	
. Location of Injury			1 1000 0	1
. Describe how injury occurred	7777	61. If transportation	injury specify	3,000
. December from injury coolained		or. a umaportation	go.;, opcoi;	.
. Name and Address of Certifier	2400 11 52	Dovette Idaha 93661		7
Curtis Gedney Name and Title of Attending Physician if Other	than Certifier	Payette, Idaho 83661		18 / 2
Not Available				
Medical Certifier - To the best of my know	ledge, death occurred at the time, da	ate, and 65. Title of Certifier M.D.	66. Date Signed	
place, due to the cause(s) and manner st		M.D. 67. License Number	September 13, 2007	
/S/ Curtis (Gedney	M7760	<u>V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>	
Amendment .				
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THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MALHEUR COUNTY REGISTRAR.

DATE ISSUED:

SEP 2 4 2007 687 COUNTY REGISTRAR MALHEUR COUNTY, OREGON
THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.