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BOOK: 582 PAGE: 402 FEES: \$15.00 PK AFFIDAVIT OF SURVIVORSHIP
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

STATE OF WYOMING)
) ss.
COUNTY OF SHERIDAN)

AFFIDAVIT OF SURVIVORSHIP

Gayla Ann Herman, 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 December 26, 2006, and duly recorded in Book 480 at Page 465, real property was conveyed to Robert Carl Herman and Gayla Ann Herman, as tenants by the entirety, which was described as follows:

Lots 16, 17 and 20, Block B, Powder Horn Ranch, Planned Unit Development, Phase One. A subdivision in Sheridan County, Wyoming, filed as Plat #P-36;

2. Robert Carl Herman and Gayla Ann Herman, owned said property as tenants by the entirety pursuant to said Warranty Deed.

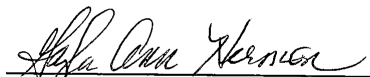
3. Robert Carl Herman, one of the Grantees in said Warranty Deed, died in Los Angeles, California, on June 25, 2017, and left surviving him as joint tenant, Gayla Ann Herman, who was named as the other Grantee in said Warranty Deed.

4. That the death of said Robert Carl Herman terminated his previous estate in the real property described in said Warranty Deed, leaving Gayla Ann Herman 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 Robert Carl Herman; and that Robert Carl Herman named in said Certificate of Death was one and the same person as Robert Carl Herman named in the Warranty Deed described herein; and that Gayla Ann Herman, undersigned, is one and the same person as Gayla Ann Herman named in said Warranty Deed.

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

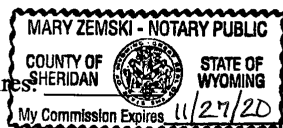
DATED this 12 day of August, 2019.


Gayla Ann Herman

This instrument was acknowledged before me on the 12th day of August, 2019 by Gayla Ann Herman.

WITNESS my hand and official seal.


Signature of Notarial Officer
Title: Notary Public



My Commission expires:

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

3201719029569

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS (9-1-1997 8/00)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) ROBERT		2. MIDDLE CARL		3. LAST (Family) HERMAN	
AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 01/19/1944		5. AGE Yrs. Mths. Ds. 73	
9. BIRTH STATE/FOREIGN COUNTRY CALIFORNIA		10. SOCIAL SECURITY NUMBER 552-62-4116		11. EVER IN U.S. ARMY? FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SDP* (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 06/25/2017		8. HOUR (24 Hours) 1102	
13. EDUCATION - Highest Level/Degree (see worksheet on back) SOME COLLEGE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED BUSINESS OWNER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) BAIL BOND		19. YEARS IN OCCUPATION 50	
20. DECEDENT'S RESIDENCE (Street and number, or location) 464 FANTASY STREET		21. CITY PALMDALE		22. COUNTY/PROVINCE LOS ANGELES	
23. ZIP CODE 93551		24. YEARS IN COUNTY 73		25. STATE/FOREIGN COUNTRY CALIFORNIA	
26. INFORMANT'S NAME, RELATIONSHIP GAYLA HERMAN, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 464 FANTASY STREET, PALMDALE, CA 93551			
28. NAME OF SURVIVING SPOUSE/SDP - FIRST GAYLA		29. MIDDLE ANN		30. LAST (BIRTH NAME) COLLINS	
31. NAME OF FATHER/PARENT - FIRST THOMAS		32. MIDDLE KEITH		33. LAST HERMAN	
34. NAME OF MOTHER/PARENT - FIRST MARY		35. MIDDLE ETHEL		36. LAST (BIRTH NAME) WINNEMANN	
37. DATE OF DISPOSITION mm/dd/yyyy 07/06/2017		40. PLACE OF FINAL DISPOSITION RESIDENCE OF GAYLA HERMAN 424 FANTASY STREET, PALMDALE, CA 93551		43. LICENSE NUMBER -	
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		47. DATE mm/dd/yyyy 07/03/2017	
44. NAME OF FUNERAL ESTABLISHMENT WILLIE O. SEN MURPHY FUNERALS AND CREMATIONS		45. LICENSE NUMBER FD1067		46. SIGNATURE OF LOCAL REGISTRAR JEFFREY GUNZENHAUSER, MD	
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> SVCP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Time Interval Between Onset and Death <input type="checkbox"/> Death Reported to Coroner <input checked="" type="checkbox"/> Referral Number	
104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 464 FANTASY STREET		106. CITY PALMDALE	
107. CAUSE OF DEATH Enter the chain of events - disease, injury, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without stating the etiology. DO NOT ABBREVIATE. (A) PROSTATE CANCER (B) _____ (C) _____ (D) _____ 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since _____ Decedent Last Seen Alive _____ (A) mm/dd/yyyy (B) mm/dd/yyyy 06/15/2017 06/24/2017 115. SIGNATURE AND TITLE OF CERTIFIER RICHARD W KLING M.D. 116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE RICHARD W KLING M.D. 44215 15TH ST WEST SUITE 109, LANCASTER, CA 93534 117. DATE mm/dd/yyyy 07/03/2017 118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK 119. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) 120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK 121. INJURY DATE mm/dd/yyyy 122. HOUR (24 Hours) 123. PLACE OF INJURY (Street and number, or location, and city, and zip) 124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) 125. LOCATION OF INJURY (Street and number, or location, and city, and zip) 126. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE mm/dd/yyyy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
129. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.# CENSUS TRACT	

NO. 2019-751838 AFFIDAVIT OF SURVIVORSHIP

EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

WILCOX AGENCY

SHERIDAN WY 82801

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CALOSANG01

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF LOS ANGELESThis is a true certified copy of the record filed in the County of Los Angeles
Department of Public Health if it bears the Registrar's signature in purple ink.

DATE ISSUED

Health Officer and Registrar
JUL - 5 2017

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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