



**2016-726076** 4/12/2016 11:00 AM PAGE: 1 OF 4  
BOOK: 559 PAGE: 262 FEES: \$21.00 AO AFFIDAVIT OF SURVIV  
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

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## AFFIDAVIT OF SURVIVORSHIP

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WHEN RECORDED, RETURN TO:  
FIRST AMERICAN TITLE INSURANCE CO.  
1100 SUPERIOR AVENUE, SUITE 200  
CLEVELAND, OHIO 44114  
NATIONAL RECORDING

 HARTMAN  
51265150

WY

FIRST AMERICAN ELS  
DEATH CERTIFICATE COPY





STATE OF WYOMING       )  
                                      ) ss  
COUNTY OF SHERIDAN    )

**AFFIDAVIT OF SURVIVORSHIP**

CHARLES O. HARTMAN, being first duly sworn upon his oath, deposes and states as follows:

1. Affiant is the husband of Lorene C. Hartman, deceased.
2. On the 29<sup>th</sup> day of April, 2013, a conveyance was made, via Quitclaim Deed, from Lorene C. Hartman, who acquired title as Lorene C. Podgornik, and Charles O. Hartman, wife and husband, to Lorene C. Hartman and Charles O. Hartman, wife and husband, and recorded in the Office of the Clerk of Sheridan County, Wyoming on May 6, 2013. The property which is the subject of said Quitclaim Deed is described as follows:

A tract of land located within Lot 5, Block 32 of Sheridan Land Company's Second Addition to the City of Sheridan, Sheridan County, Wyoming, being more particularly described as follows: Beginning at the Northwest corner of said Lot 5; thence along the North line of said Lot 5, S89°59'39"E, 100.00 feet; thence due south, 100.25 feet to a point on the South line of said Lot 5 and on the North line of 8<sup>th</sup> Street; thence along the South line of said Lot 5 and along the North line of 8<sup>th</sup> Street, S89°59'11"W, 100.00 feet to the Southwest corner of said Lot 5; thence along the West line of said Lot 5 and along the East line of Marion Avenue, due North, 100.29 feet to the Point of Beginning.

Property having the address of: 263 W. 8<sup>th</sup> Street, Sheridan, Wyoming 82801.


3. Thereafter, Lorene C. Hartman and Charles O. Hartman, were owners of the above described property as wife and husband.
4. Lorene C. Hartman died in Englewood, Arapahoe County, Colorado, on November 11, 2014. Attached is a copy of the official death certificate of Lorene C. Hartman, certified by Russell Bart, MD, 499 E. Hamden Ave., Englewood, Colorado 80113.



5. By reason of the death of Lorene C. Hartman, Charles O. Hartman became the sole owner of the above-described real estate interests on November 11, 2014.

FURTHER AFFIANT SAYETH NAUGHT.

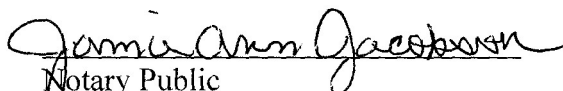
DATED this 26 day of March, 2016.

  
Charles O. Hartman

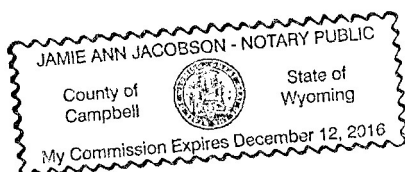
STATE OF WYOMING       )  
  ) ss  
COUNTY OF SHERIDAN   )

The above foregoing AFFIDAVIT OF SURVIVORSHIP was subscribed, sworn to and acknowledged before me by Charles O. Hartman this 26 day of March, 2016.

Witness my hand and official seal.

  
Notary Public

SEAL



STATE OF COLORADO  
COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
HOLD TO LIGHT TO VIEW WATERMARK

STATE OF COLORADO  
CERTIFICATE OF DEATH

STATE FILE NUMBER

2016-726076 4/12/2016 11:00 AM PAGE: 4 OF 4  
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EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

NO. 2016-726076 AFFIDAVIT OF SURVIVORSHIP  
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK  
FIRST AMERICAN 1100 SUPERIOR AVE STE 200  
CLEVELAND OH 44114-9804

FUNERAL DIRECTOR

PHYSICIAN/CORONER

1. DECEDENT'S NAME (First, Middle, Last) Lorene Carman HARTMAN				2. SEX Female		3. DATE OF DEATH (Month, Day, Year) November 11, 2014					
4. SOCIAL SECURITY NUMBER 520-64-7916		5a. AGE - (Years) 60		5b. UNDER 1 YEAR Mos Days Hrs Mins		5c. UNDER 1 DAY Month Day Year November 19 1953		6. DATE OF BIRTH		7. BIRTHPLACE (City and State or Foreign Country) Sheridan, WY	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Assisted Living/Nursing Home <input type="checkbox"/> Hospice <input type="checkbox"/> Decedent's Residence									
9b. FACILITY NAME (If not institution, give street and number) Swedish Medical Center				9c. CITY, TOWN, OR LOCATION OF DEATH Englewood				9d. COUNTY OF DEATH Arapahoe			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) Retail Sales				10b. KIND OF BUSINESS/INDUSTRY Retail				11. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown		12. SPOUSE (If wife, give maiden name) Charles Hartman	
13a. RESIDENCE - STATE Wyoming		13b. COUNTY Sheridan		13c. CITY, TOWN, OR LOCATION Sheridan		13d. STREET AND NUMBER 236 W 8th St					
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 82801		14. WAS DECEDENT OF HISPANIC ORIGIN? (If "Yes", specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify				15. RACE: American Indian, Black, White, etc. (Specify) White		16. EDUCATION: (Specify only highest grade completed) Elementary or secondary (9-12) College (13-16 or 17+) 12	
17. FATHER - NAME (First, Middle, Last) Paul Allan Ross				18. MOTHER - NAME (First, Middle, Maiden) Louise Camen Barthelow				19. INFORMANT - NAME and relationship to deceased Charles Hartman-Husband			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial/Entombment <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Kane Funeral Services				20c. LOCATION - City or Town, State Sheridan, WY			
21a. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Signature: <i>[Signature]</i>				21b. NAME AND ADDRESS OF FACILITY SI Funeral Svc. for: Kane Funeral Service 689 Meridian St Sheridan, WY 82801							
22a. REGISTRAR'S SIGNATURE Signature: <i>[Signature]</i>				22b. DATE FILED (Month, Day, Year) NOV 18 2014							
23. TIME OF DEATH 7:00 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Mid <input type="checkbox"/> November 11 2014				24. DATE AND TIME PRONOUNCED DEAD Month Day Year Time November 11 2014 7:00 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Mid <input type="checkbox"/>				25. WAS CORONER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
TO BE COMPLETED BY SIGNING PHYSICIAN 26a. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Signature: <i>[Signature]</i>				26b. DATE SIGNED (Month, Day, Year) Nov. 14, 2014				26c. NAME, AND MAILING ADDRESS OF SIGNING PHYSICIAN 499 E. Hampden Ave #360 Englewood CO 80113 Russell Bart MD			
27a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place, and due to the cause(s) and manner as stated. Signature: <i>[Signature]</i>				27b. DATE SIGNED (Month, Day, Year)				27c. NAME AND COUNTY			
27d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN SIGNING PHYSICIAN				28. NAME OF ATTENDING PHYSICIAN IF OTHER THAN SIGNING PHYSICIAN				29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined			
30. DID TOBACCO USE CONTRIBUTE TO DEATH <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown				31. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within last year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year				32a. DATE OF INJURY (Month, Day, Year)			
32b. TIME OF INJURY <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Mid <input type="checkbox"/> Yes <input type="checkbox"/> No				32c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No				32d. DESCRIBE HOW INJURY OCCURRED			
32e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)				32f. LOCATION INJURED (Street and Number or Rural Route Number, City, County, State)				33. IMMEDIATE CAUSE - enter only one cause per line for (a), (b), and (c). Do not enter mode of dying (e.g. Cardiac or Respiratory Arrest) alone. Part 1. Conditions if any which gave rise to immediate cause stating the underlying cause last (c). (a) <i>Stroke</i> DUE TO OR AS A CONSEQUENCE OF: (b) DUE TO OR AS A CONSEQUENCE OF: (c) Part 2. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause in Part 1			
34. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				35. IF YES, were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No				Interval between onset and death 2 days			

DATE ISSUED

NOV 18 2014

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

Ronald S. Hyman  
RONALD S. HYMAN  
STATE REGISTRAR



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REV 01/07