

RECORDED JUNE 15, 1987 BK 311 PG 532 NO. 986118 RONALD L. DAILEY, COUNTY CLERK

AFFIDAVIT OF SURVIVORSHIP

STATE OF WYOMING       )  
                              ) ss.  
County of Sheridan     )

I, Carolyn A. Badgett, being first duly sworn  
upon oath, do depose and say:

1.

That I am the surviving spouse of Mark D. Badgett.

2.

That on the 7th day of May, 1956, Elna H. Barker  
and John Barker, her husband, made, executed and delivered  
their Warranty Deed unto Mark D. Badgett and Carolyn A.  
Badgett, husband and wife, as an estate by the entireties  
with right of survivorship, conveying unto them the follow-  
ing described real property, to-wit:

Lot number Twelve (12) in Block number  
Two (2) of Murray and Marley Addition  
to the Town, now City, of Sheridan,  
Wyoming, as said lot is surveyed,  
platted and recorded, together with  
all improvements situate thereon and  
all appurtenances thereunto appertaining.

3.

That said Warranty Deed was thereafter filed of  
record on December 29, 1956, in Book 108, page 418, in the  
office of the Sheridan County Clerk and Recorder.

3.

That on April 4, 1987, Mark D. Badgett passed away  
and that appended hereto is a certified copy of his death  
certificate.

6.

That the effect of the above-described conveyance  
was to create in Mark D. Badgett and Carolyn A. Badgett an  
estate by the entirety and to the survivor of them and that  
by the reason of the death of Mark D. Badgett, his right,  
title and interest in and to said property has terminated

and that by reason of the right of survivorship the sole title in said real property is now vested in Carolyn A. Badgett.

Further affiant saith not.

Carolyn A. Badgett  
CAROLYN A. BADGETT

Subscribed and sworn to before me this 27<sup>th</sup> day of May, 1987, by Carolyn A. Badgett.



Janet Catterall  
Notary Public  
My commission expires: May 20, 1990

15540

STATE OF COLORADO

01495

## CERTIFICATE OF DEATH

(PHYSICIAN OR CORONER)

XC 17 248 274 520-28-38-48

STATE FILE NUMBER

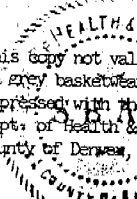
DECEASED - NAME FIRST: Mark, MIDDLE: Dolan, LAST: Badgett		SEX: Male	DATE OF DEATH (MONTH, DAY, YEAR): April 4, 1987
RACE (White, Black, American Indian, etc.): White	ORIGIN OR DESCENT (Hispanic, Mexican, Indian, etc.): American	AGE (LAST BIRTHDAY (Year, Month, Day)): 55	DATE OF BIRTH (MONTH, DAY, YEAR): Dec. 17, 1931
CITY, TOWN OR LOCATION OF DEATH: Denver		COUNTY OF DEATH: Denver	
HOSPITAL OR OTHER INSTITUTION (Name (if not an author, give street and number)): VA Medical Center		IF HOSP. OR INST. (Indicate OCA, OP, etc.): Inpatient	
STATE OF BIRTH (if not in U.S.): Wyoming	CITIZEN OF WHAT COUNTRY: USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Indicate): Married	SURVIVING SPOUSE (if wife, give maiden name): Carolyn Barker
SOCIAL SECURITY NUMBER: 520-28-3848	USUAL OCCUPATION (Give kind of work done during most of working life, except at present): Med. Mach. Tech	KIND OF BUSINESS OR INDUSTRY: V.A. Hospital	
RESIDENCE - STATE: Wyoming	COUNTY: Sheridan	CITY, TOWN OR LOCATION: Sheridan 82801	STREET AND NUMBER: 165 W. Montana
FATHER - NAME (FIRST, MIDDLE, LAST): Mark Brook Badgett		MOTHER - NAME (FIRST, MIDDLE, LAST (MAIDEN)): Edith Cora Blaney	
INFORMANT - NAME (Indicate to Decedent): VA Medical Center Records		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 1055 Clermont St., Denver, CO 80220	
BURIAL, CREMATION, REMOVAL (Specify): Removal		DATE (Month, Day, Year): Apr 7, 1987	
CEMETERY OR CREMATORY - NAME AND LOCATION: Sheridan Municipal Cemetery Sheridan Wyoming		CITY OR TOWN, STATE, ZIP: Sheridan, WY 82801	
FUNERAL DIRECTOR (Name, Address, City, State, Zip): Bob Mitchell, Colorado Mortuary Services, 1350 Simms-Lakewood CO 80401		CITY OR TOWN, STATE, ZIP: Lakewood, CO 80401	
21a. PHYSICIAN TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT 9:05 PM ON THE DATE AND PLACE AND DUE TO THE CAUSE(S) STATED: Mark Ammons MD.		22a. CORONER - ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT ON THE DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.	
DATE SIGNED (Month, Day, Year): April 6, 1987		DATE SIGNED (Month, Day, Year):	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print): Mark Ammons, M.D., 1055 Clermont St., Denver, CO 80220		DATE RECEIVED BY REGISTRAR (Month, Day, Year): APR 10 1987	
23. PART IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).)			
(a) Cardiac arrhythmias			
(b) DUE TO, OR AS A CONSEQUENCE OF: Myocardial ischemia after bypass grafting			
(c) DUE TO, OR AS A CONSEQUENCE OF: coronary artery disease with recent posterior-lateral myocardial infarction			
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1 (a)			
ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED, PENDING INVESTIGATION		DATE AND HOUR OF INJURY (Mo., Day, Yr., Hr.)	
28a. INJURY AT WORK (Yes or No)		28b. PLACE OF INJURY - At home, farm, street, factory, office building, etc.	
28c. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		28d. DESCRIBE HOW INJURY OCCURRED	
28e. AUTOPSY (Yes or No): Yes		28f. WAS CASE REFERRED TO CORONER (Yes or No): No	

STATE OF COLORADO

United States of America

I hereby certify this document is a true and correct copy of the record in my custody. Issued in Denver, this 8th day of June A.D. 1987.

This copy not valid unless prepared on grey basketweave paper and impressed with the raised seal of Dept. of Health & Hospital, City & County of Denver, Colo.



Franklyn Judson, M.D., Director  
Public Health Department

Essie J. Cook  
Deputy Registrar Vital Statistics

PENALTY BY LAW if any person alters, uses, attempts to use, or furnishes to another for deceptive use any vital statistics certificate.