

AFFIDAVIT OF SURVIVORSHIP

State of Wyoming)
)ss
County of Sheridan)

Lisa M. Curtis, being first duly sworn upon oath does depose and state as follows:

1. That she is the surviving spouse of Michael Howard Curtis, who died December 25, 2005, in Sheridan County, State of Wyoming.

2. That at the time of his death the said Michael H. Curtis, along with your affiant Lisa M. Curtis, husband and wife, as an estate by the entireties with full right of survivorship, was the owner of the following described property situate in Sheridan County, Wyoming, to-wit:

Lots 6 and 7, Block 5 of the Town of Lodore, Sheridan County, Wyoming.

3. That the said Michael H. Curtis and Lisa M. Curtis, husband and wife, as an estate by the entireties with full right of survivorship, received title to the above-described real property by that certain Warranty Deed from Merle Ellis and Ida J. Ellis, husband and wife, said deed being dated August 10, 1979, and recorded October 11, 1984, in Book 288 of Deeds, at Page 551 thereof, in the Office of the County Clerk in and for Sheridan County, Wyoming.

4. That by reason of the death of the said Michael Howard Curtis, and the fact that said property was held by Michael H. Curtis and Lisa M. Curtis, husband and wife, as an estate by the entireties with full right of survivorship, all right, title and interest in and to said property above-described is now vested solely in Lisa M. Curtis.

5. That attached hereto is a certified copy of the Certificate of Death of the said Michael Howard Curtis, duly certified to by Lucinda McCaffrey, Deputy State Registrar, Division of Health and Medical Services, State of Wyoming.

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 entireties in the name of Michael H. Curtis, and vesting sole title in the real property above-described in the name of Lisa M. Curtis, as the surviving tenant by the entirety.

Further this affiant sayeth not.

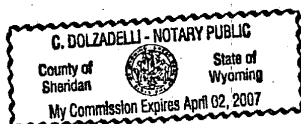
Dated this 24 day of August, 2006.

Lisa M Curtis
Lisa M. Curtis

State of Wyoming)
)ss
County of Sheridan)

24 The foregoing instrument was acknowledged before me by Lisa M. Curtis, this day of August, 2006.

Witness my hand and official seal.



C. Dolzadelli
Notary Public

My Commission Expires: 4-2-07

CERTIFICATION OF VITAL RECORD

STATE OF WYOMING

DEPARTMENT OF HEALTH

2005-003743

STATE OF WYOMING
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

LOCAL FILE NUMBER 1139

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) Michael Howard Curtis		2. SEX Male		3. DATE OF DEATH (Mo/Day/Yr) (Spell Month) December 25, 2005	
4. SOCIAL SECURITY NUMBER 348-50-7582		5a. AGE — Last Birthday (Years) 49	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo/Day/Yr) October 07, 1956
7a. PLACE OF DEATH (Check only one) <input type="checkbox"/> IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER / Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home / Long Term Care Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) 					
7b. FACILITY NAME (if not institution, give street and number) 11 Piney Avenue		7c. CITY, TOWN, OR LOCATION OF DEATH Story		7d. COUNTY OF DEATH Sheridan	
8. BIRTHPLACE (City and state or foreign country) Casper, Wyoming		9. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced		10. SURVIVING SPOUSE (if wife, give name prior to first marriage) Lisa Leslie	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		12a. RESIDENCE — STATE Wyoming		12b. COUNTY Sheridan	
12c. STREET AND NUMBER 11 Piney Ave		12d. CITY, TOWN OR LOCATION Story		12e. ZIP CODE 82842	
13. FATHER'S NAME (First, Middle, Last) David George Curtis		14. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Ruth Joan Fortenberry		15. MAILING ADDRESS (Street and Number, City, State, Zip Code) 11 Piney Ave., Story, Wyoming 82842	
15a. INFORMANT'S NAME Lisa Curtis		15b. RELATIONSHIP TO DECEDENT Wife		15c. ADDRESS OF FACILITY 244 South Brooks, Sheridan, Wyoming	
16. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Removal from Wyoming <input type="checkbox"/> Entombment <input type="checkbox"/> Other		17a. PLACE OF DISPOSITION (Name of cemetery or crematory) Quiet Rest Cemetery		17b. LOCATION — CITY OR TOWN AND STATE Story, WY	
18a. SIGNATURE OF FUNERAL SERVICE LICENSEE (or person making arrangements) Mark J Ferries		18b. LICENSE NO. 448		18c. ADDRESS OF FACILITY Champion-Ferries F. H.	
20. ACTUAL OR PRESUMED TIME OF DEATH 01:00 Approximate		21. DATE PRONOUNCED DEAD (Mo/Day/Yr) December 25, 2005		22. TIME PRONOUNCED DEAD 06:00	
23. WAS CORONER CONTACTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
<p>24. PART I. Enter the chain of events — diseases, injuries or complications — that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator facilitation without knowing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.</p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cardiovascular Collapse DUE TO (or as a consequence of) b. Hypertension DUE TO (or as a consequence of) c. DUE TO (or as a consequence of) d. DUE TO (or as a consequence of)</p> <p>Approximate Interval: Onset to death</p>					
<p>PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Alcoholism</p>					
26. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PROBABLY <input type="checkbox"/> UNKNOWN			
28. IF FEMALE AGED 15-54 <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death		29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined			
30. DATE OF INJURY (Mo/Day/Yr)		31. TIME OF INJURY		32. PLACE OF INJURY (Decedent's home, construction site, forest, etc.)	
34. LOCATION OF INJURY (Street and number, City or Town, State)		35. IF TRANSPORTATION ACCIDENT, SPECIFY: <input type="checkbox"/> Driver / Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
36. DESCRIBE HOW INJURY OCCURRED, AND IF TRANSPORTATION INJURY, THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.)					
37a. CERTIFIER (Check only one) <input type="checkbox"/> PHYSICIAN — To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input checked="" type="checkbox"/> CORONER — 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 stated.					
Signature of Certifier: Mark J Ferries					
37b. DATE CERTIFIED (Mo/Day/Yr) December 30, 2005		37c. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or print) Mark J Ferries, Coroner 244 S Brooks, Sheridan, WY 82801			
38a. REGISTRAR'S SIGNATURE Andrew Manosch, Deputy		38b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 30, 2005			

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This is a true certification of the document on file in the office of Vital Records Services, Cheyenne, Wyoming.

DATE ISSUED: JAN 4 2006

Lucinda McCaffrey
Deputy State Registrar

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE