

AFFIDAVIT OF SURVIVORSHIPSTATE OF WYOMING)
: S.S.
COUNTY OF SHERIDAN)

Shirley Ann Johnson, presently residing in Sheridan County, Wyoming, at 1260 South Sheridan Avenue, in the city of Sheridan, being first duly sworn according to law, deposes and states:

1. That the affiant, Shirley Ann Johnson, is the surviving spouse of **Ole Frederick Johnson**, also known as **Ole Frederick Johnson, Jr.**, who died at his residence in Sheridan County, Wyoming, on December 11, 2003, as shown by the certified copy of the Certificate of Death attached hereto and made a part hereof by this reference as Exhibit "A."

2. That, as Grantees, the affiant and the Decedent had vested equitable interests in the following real estate as tenants by the entirety at the date of his death according to documents of record, to-wit:

A tract of land situate in the NW¼SW¼ of Section 35, Township 56 North, Range 84 West of the Sixth Principal Meridian, Sheridan, Wyoming, described as follows:

BEGINNING at a point on the West line of Sheridan Avenue which is 1091 feet East and 64 feet South of the West quarter corner of said Section 35;

Thence West 154 feet to a point;

Thence South 170 feet to a point;

Thence East 154 feet to a point on the West line of Sheridan Avenue; and

Thence North along the West line of Sheridan Avenue a distance of 170 feet to the POINT OF BEGINNING.

TOGETHER WITH all improvements situate thereon and all appurtenances thereunto appertaining or belonging.

by virtue of a Warranty Deed dated November 8, 1984, from Glen W. Stambaugh and Lucille A. Stambaugh, husband and wife, of Sheridan County, Wyoming, to the said Ole Frederick Johnson, Jr., and Shirley Ann Johnson, husband and wife (Grantees), as tenants by the entirety, said deed having been recorded in the office of the County Clerk for Sheridan County on November 8, 1984, in Book 304 of Deeds, at Page 304.

3. That the death of Ole Frederick Johnson, Jr., has terminated his previous estate in the above-described property under the above-referenced document, subsequently vesting equity in such property in Decedent's surviving spouse, **Shirley Ann Johnson, a widow**.

4. That this affidavit is made and filed with such Certificate of Death of Ole Frederick Johnson, attached hereto in compliance with Wyoming Statutes §2-9-102 and §2-9-103, for purpose of terminating of record the estate by entirety held by the Decedent, Ole Frederick Johnson, Jr., at the time of his death, to the above-described property in the title thereto.

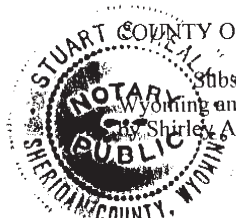
Further affiant sayeth not

DATED this 9 day Sept. ~~August~~, 2005.

Shirley Ann Johnson
Shirley Ann Johnson

STATE OF WYOMING)
: S.S.
COUNTY OF SHERIDAN)

Subscribed and sworn to (or affirmed) before me, Stuart S. Healy, a notary public for the State of Wyoming, and residing in Sheridan County, Wyoming, on this 9th day of September, 2005, at Shirley Ann Johnson.



Commission Expires
Sept. 23, 2006

Stuart S. Healy
Notary Public
Stuart S. Healy

EXHIBIT A TO AFFIDAVIT OF SURVIVORSHIP

CERTIFICATION OF VITAL RECORD

STATE OF WYOMING

DEPARTMENT OF HEALTH

STATE OF WYOMING
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

2003-003786

145K03

TYPE
OF PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

1. LOCAL FILE NUMBER 145K03		2. SEX Male		3. DATE OF DEATH (Mo., Day, Y.) December 11, 2003	
1. DECEDENT-NAME FIRST Ole		MIDDLE Frederick		LAST Johnson	
4. SOCIAL SECURITY NUMBER 516-34-4565		5a. AGE-Last Birthday (Years) 70		5b. UNDER 1 YEAR Months Days Hours	
5c. UNDER 1 DAY Minutes		6. DATE OF BIRTH (Mo., Day, Y.) December 23, 1932			
7a. PLACE OF DEATH (Check only one) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)					
7b. FACILITY NAME (If not institution, give street and number) 1260 S. Sheridan Ave.		7c. CITY, TOWN, OR LOCATION OF DEATH Sheridan		7d. COUNTY OF DEATH Sheridan	
8. STATE OF BIRTH (If not in U.S.A., name country) Montana		9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED? (Specify) Married		10. SURVIVING SPOUSE (If wife, give maiden name) Shirley Ann Barbula	
11. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no) Yes		12a. USUAL OCCUPATION (One kind of usual work done during most of working life, even if retired) Laborer		12b. KIND OF BUSINESS OR INDUSTRY Government	
13a. RESIDENCE - STATE Wyoming		13b. COUNTY Sheridan		13c. CITY, TOWN OR LOCATION Sheridan	
13d. STREET AND NUMBER 1260 S. Sheridan Ave.		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify no or yes - If yes, specify Cuban, Mexican, Puerto Rican, Etc.) No		15. RACE - American Indian, Black, White, Etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary 10-12 College (1-4 or 5+) 12		17. FATHER'S NAME First Middle Last Ole Frederick Johnson		18. MOTHER'S NAME First Middle Maiden Surname Violet Victoria Raden	
19a. INFORMANT-NAME (Type or Print) Shirley Ann Johnson					
19b. RELATIONSHIP TO DECEDENT Wife					
20a. MAILING ADDRESS STREET OR R.F.D. NUMBER CITY OR TOWN STATE ZIP CODE 1260 S. Sheridan Ave. Sheridan WY 82801					
20b. Burial, Cremation, Removal from State, Other (Specify) Burial		20c. DATE (Mo., Day, Y.) Dec 16, 2003		20d. CEMETERY OR CREMATORY-NAME Sheridan Municipal Cemetery	
20e. LOCATION CITY OR TOWN STATE Sheridan Wyoming		21a. FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature) <i>Thomas M. Parnes</i>		21b. NAME OF FACILITY Kane Funeral Home, Inc.	
21c. ADDRESS OF FACILITY 689 Meridian Sheridan, Wyoming 82801		22a. On the basis of my knowledge, ascertained at the time, date and place and due to the cause(s) stated: (Signature and Title) <i>Dr. David E. Brown, M.D.</i>		22b. DATE SIGNED (Mo., Day, Y.) 12-15-2003	
22c. HOUR OF DEATH Early 4 M		22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Seymour J. Friedman, M.D.		22e. DATE RECEIVED BY REGISTRAR (Mo., Day, Y.) 12/23/03	
23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print) Seymour J. Friedman, M.D., 1244 E. Rd. Sheridan, WY 82801					
24. REGISTRAR (Signature) <i>Lucinda McCaffrey</i>					
25. DATE RECEIVED BY REGISTRAR (Mo., Day, Y.) 12/23/03					
PART I. Enter the diseases, injuries, or complications that caused death. Do not enter the mode of dying, such as cardiac arrest or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Myocardial Infarction b. Coronary Artery Disease c. d. e. f. g. h. i. j. k. l. m. n. o. p. q. r. s. t. u. v. w. x. y. z. aa. ab. ac. ad. ae. af. ag. ah. ai. aj. ak. al. am. an. ao. ap. aq. ar. as. at. au. av. aw. ax. ay. az. ba. bb. bc. bd. be. bf. bg. bh. bi. bj. bk. bl. bm. bn. bo. bp. bq. br. bs. bt. bu. bv. bw. bx. by. bz. ca. cb. cc. cd. ce. cf. cg. ch. ci. cj. ck. cl. cm. cn. co. cp. cq. cr. cs. ct. cu. cv. cw. cx. cy. cz. da. db. dc. dd. de. df. dg. dh. di. dj. dk. dl. dm. dn. do. dp. dq. dr. ds. dt. du. dv. dw. dx. dy. dz. ea. eb. ec. ed. ee. ef. eg. eh. ei. ej. ek. el. em. en. eo. ep. eq. er. es. et. eu. ev. ew. ex. ey. ez. fa. fb. fc. fd. fe. ff. fg. fh. fi. fj. fk. fl. fm. fn. fo. fp. fq. fr. fs. ft. fu. fv. fw. fx. fy. fz. ga. gb. gc. gd. ge. gf. gg. gh. gi. gj. gk. gl. gm. gn. go. gp. gq. gr. gs. gt. gu. gv. gw. gx. gy. gz. ha. hb. hc. hd. he. hf. hg. hi. hj. hk. hl. hm. hn. ho. hp. hq. hr. hs. ht. hu. hv. hw. hx. hy. hz. ia. ib. ic. id. ie. if. ig. ih. ii. ij. ik. il. im. in. io. ip. iq. ir. is. it. iu. iv. iw. ix. iy. iz. ja. jb. jc. jd. je. jf. jg. jh. ji. jj. jk. jl. jm. jn. jo. jp. jq. jr. js. jt. ju. jv. jw. jx. jy. jz. ka. kb. kc. kd. ke. kf. kg. kh. ki. kj. kl. km. kn. ko. kp. kq. kr. ks. kt. ku. kv. kw. kx. ky. kz. la. lb. lc. ld. le. lf. lg. lh. li. lj. lk. ll. lm. ln. lo. lp. lq. lr. ls. lt. lu. lv. lw. lx. ly. lz. ma. mb. mc. md. me. mf. mg. mh. mi. mj. mk. ml. mm. mn. mo. mp. mq. mr. ms. mt. mu. mv. mw. mx. my. mz. na. nb. nc. nd. ne. nf. ng. nh. ni. nj. nk. nl. nm. nn. no. np. nq. nr. ns. nt. nu. nv. nw. nx. ny. nz. oa. ob. oc. od. oe. of. og. oh. oi. oj. ok. ol. om. on. oo. op. oq. or. os. ot. ou. ov. ow. ox. oy. oz. pa. pb. pc. pd. pe. pf. pg. ph. pi. pj. pk. pl. pm. pn. po. pp. pq. pr. ps. pt. pu. pv. pw. px. py. pz. qa. qb. qc. qd. qe. qf. qg. qh. qi. qj. qk. ql. qm. qn. qo. qp. qq. qr. qs. qt. qu. qv. qw. qx. qy. qz. ra. rb. rc. rd. re. rf. rg. rh. ri. rj. rk. rl. rm. rn. ro. rp. rq. rr. rs. rt. ru. rv. rw. rx. ry. rz. sa. sb. sc. sd. se. sf. sg. sh. si. sj. sk. sl. sm. sn. so. sp. sq. sr. ss. st. su. sv. sw. sx. sy. sz. ta. tb. tc. td. te. tf. tg. th. ti. tj. tk. tl. tm. tn. to. tp. tq. tr. ts. tu. tv. tw. tx. ty. tz. ua. ub. uc. ud. ue. uf. ug. uh. ui. uj. uk. ul. um. un. uo. up. uq. ur. us. ut. uu. uv. uw. ux. uy. uz. va. vb. vc. vd. ve. vf. vg. vh. vi. vj. vk. vl. vm. vn. vo. vp. vq. vr. vs. vt. vu. vv. vw. vx. vy. vz. wa. wb. wc. wd. we. wf. wg. wh. wi. wj. wk. wl. wm. wn. wo. wp. wq. wr. ws. wt. wu. wv. ww. wx. wy. wz. xa. xb. xc. xd. xe. xf. xg. xh. xi. xj. xk. xl. xm. xn. xo. xp. xq. xr. xs. xt. xu. xv. xw. xx. xy. xz. ya. yb. yc. yd. ye. yf. yg. yh. yi. yj. yk. yl. ym. yn. yo. yp. yq. yr. ys. yt. yu. yv. yw. yx. yy. yz. za. zb. zc. zd. ze. zf. zg. zh. zi. zj. zk. zl. zm. zn. zo. zp. zq. zr. zs. zt. zu. zv. zw. zx. zy. zz.					

DEC 29 2003

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

DATE ISSUED: DEC 30 2003

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