

AFFIDAVIT OF SURVIVORSHIP

STATE OF WYOMING)
 : SS
COUNTY OF SHERIDAN)

Robert K. Creathbaum, being of lawful age and being first duly sworn upon oath does depose and state the following:

1. That your affiant is the surviving spouse of Maxine E. Creathbaum, also known as Maxine Elizabeth Creathbaum, who died on the 25th day of November, 1980, in the County of Sheridan, State of Wyoming.

2. That at the time of her death, the said Maxine E. Creathbaum was the owner, along with your affiant, Robert E. Creathbaum, as husband & wife and as an estate by the entirety with full right of survivorship, of the following described real property, situate in the County of Sheridan, State of Wyoming, to-wit:

The East 58 1/2 feet of Lot 12, and the East 58 1/2 feet of the North 44 feet of Lot 11, Block 45, Sheridan Land Company's Addition to the Town, now City of Sheridan, Sheridan County, Wyoming.

3. That your affiant and Maxine E. Creathbaum received title to the above described property, as husband and wife and as an estate by the entireties, by that certain Warranty Deed from David L. Hinds and Darlene A. Hinds dated August 31, 1964, recorded in Book 147 of Deeds, Page 60 thereof, in the records of the County Clerk and Ex-Officio Register of Deeds, for Sheridan County, State of Wyoming, on the 31st day of August, 1964.

4. That attached hereto is a certified copy of the death certificate of Maxine E. Creathbaum, also known as Maxine Elizabeth Creathbaum.

5. That by reason of the death of said Maxine E. Creathbaum, all right, title and interest of Maxine E. Creathbaum in the above described property now vests in Robert E. Creathbaum, who by virtue of the interest held as the surviving tenant by the entireties.

6. That this Affidavit is made and given for the express purpose of clearing title to the above referenced property, into the name of Robert E. Creathbaum, in accordance with the statutes

of the State of Wyoming.

Dated this 3rd day of February, 1992.

Robert K. Creathbaum
ROBERT K. CREATHBAUM

Subscribed and sworn to before me by Robert K. Creathbaum,
this 3rd day of February, 1992.

Robert E. Adair
NOTARY PUBLIC

My Commission Expires: May 25, 1995



PHYSICIAN: The law requires that the death certificate be signed within 24 hours after death. W.S. 35-79.18(c)
Penalty for failure to do so. W.S. 35-79.31(b)

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DEPENDENT OF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IS ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

DEC 9 1980

STATE OF WYOMING DIVISION OF HEALTH AND MEDICAL SERVICES CERTIFICATE OF DEATH										198002734
LOCAL FILE NUMBER 217										STATE FILE NUMBER
1. OCCIDENT-NAME FIRST Maxine		MIDDLE Elizabeth		LAST Creathbaum		SEX Female		DATE OF DEATH (Mo., Day, Yr.) November 25, 1980		
2. RACE - (e.g. White, Black, American Indian, etc.) (Specify) White		3. ORIGIN OR DESCENT (e.g. Italian, Mexican, German, Puerto Rican, Cuban, etc.) (Specify) Indian/Irish/Ger.		4. AGE - Last Birthday 64		5. UNDER 1 YEAR WEEKS _____ DAYS _____		6. DATE OF BIRTH (Mo., Day, Yr.) May 5, 1916		
7. PLACE OF DEATH - Hospital or other Institution (Name of inst. in either blue sheet and number) Memorial Hospital				8. HOSPITAL INPATIENT, HOME, OR OTHER (Specify) Inpatient		9. CITY, TOWN OR LOCATION OF DEATH Sheridan		10. COUNTY OF DEATH Sheridan		
11. STATE OF BIRTH (If not in U.S.A. name country) So. Dakota		12. CITIZEN OF WHAT COUNTRY U.S.A.		13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		14. SURVIVING SPOUSE (If wife, give maiden name) Robert Creathbaum		15. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Year or Year)		
16. SOCIAL SECURITY NUMBER 520-56-4774				17. USUAL OCCUPATION (State kind of work done during most of working life, even if retired) Housewife		18. KIND OF BUSINESS OR INDUSTRY Own Home				
19. RESIDENCE-STATE Wyoming		20. COUNTY Sheridan		21. CITY, TOWN OR LOCATION Sheridan		22. STREET AND NUMBER 548 East 2nd Street		23. INSIDE CITY LIMITS (Specify Year or Year) yes		
24. FATHER-NAME FIRST William		MIDDLE Colhoff		LAST Colhoff		25. MOTHER-MAIDEN NAME FIRST Emma		MIDDLE Rowland		
26. INFORMANT-NAME (Type or Print) Mr. Robert Creathbaum				27. MAILING ADDRESS 548 East 2nd Street		28. CITY OR TOWN Sheridan		29. STATE Wyoming		
30. 18b. DATE (Mo., Day, Yr.) 11-29-80		31. 18c. CEMETERY OR CREMATORY NAME Busby Cemetery		32. 18d. LOCATION Busby, Montana		33. 19a. ADDRESS OF FACILITY 244 South Brooks				
34. 19b. FURNERAL SERVICE LICENSEE (Specify) Champion's Funeral Home #1		35. 19c. NAME OF FACILITY Champion's Funeral Home #1		36. 19d. ADDRESS OF FACILITY Sheridan, Wyoming 82801		37. 20a. To the best of my knowledge and belief at the time, date and place and due to the cause(s) stated				
38. 20b. Signature and Title of Certifier Seymour Thickman, M.D.		39. 20c. DATE SIGNED (Mo., Day, Yr.) 11/27/80		40. 20d. HOUR OF DEATH 8:10 A		41. 21a. 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) stated		42. 21b. SIGNATURE AND TITLE OF REGISTRAR Lawrence D. Cohen		
43. 21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Seymour Thickman, M.D.		44. 21d. ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print) 116 W. Brundage		45. 21e. CITY OR TOWN Sheridan, WY		46. 21f. STATE 82801		47. 22. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) November 28, 1980		
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR 1a), 1b), AND 1c)										
PART I (a) Acute myocardial infarction										
DUE TO, OR AS A CONSEQUENCE OF:										
PART II (a) Diabetes mellitus										
DUE TO, OR AS A CONSEQUENCE OF:										
PART III (a) Diabetes mellitus										
DUE TO, OR AS A CONSEQUENCE OF:										
24. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED INVESTIGATION (Specify)										
25. DATE OF INJURY (Mo., Day, Yr.)										
26. HOUR OF INJURY										
27. DESCRIBE HOW INJURY OCCURRED										
28. INJURY AT WORK (Specify Yes or No)										
29. PLACE OF INJURY (At home, farm, street, factory, office building, etc. (Specify))										
30. LOCATION										
31. STREET OR R.F.D. No.										
32. CITY OR TOWN										
33. STATE										

THIS IS TO CERTIFY that this reproduction is a true copy of a record on file in Vital Records Services, Division of Health and Medical Services, Wyoming Department of Health and Social Services, Cheyenne, Wyoming.

Lawrence D. Cohen, M. D.
State Registrar

Date Issued December 19, 1980

By Richard D. Hall
Deputy State Registrar
Vital Records Services

If this copy does not bear a raised seal and the signature of the Deputy State Registrar is not in red, this is not an official certified copy.