

## AFFIDAVIT OF SURVIVORSHIP

State of Wyoming )  
                              )ss  
County of Sheridan )

**Lola M. Deming**, being first duly sworn upon oath does depose and state as follows:

1. That she is the surviving spouse of Curtis C. Deming, who died April 3, 1992, in Sheridan County, State of Wyoming.

2. That at the time of his death the said Curtis C. Deming, along with your affiant Lola M. Deming, 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:

**Lot 3C of the Country Club Addition to the City of Sheridan, Sheridan County, Wyoming.**

3. That the said Curtis C. Deming and Lola M. Deming, husband and wife, as an estate by the entireties with full right of survivorship, received title to the above described property by that certain Warranty Deed from Gary G. Goodwin and Joan M. Goodwin, husband and wife, said deed being dated April 15, 1965, and recorded April 15, 1965, in Book 149 of Deeds, at Page 463 thereof, in the Office of the County Clerk in and for Sheridan County, State of Wyoming.

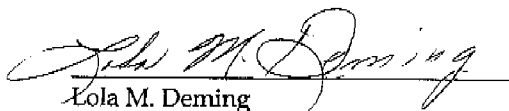
4. That by reason of the death of the said Curtis C. Deming, and the fact that said property was held by Curtis C. Deming and Lola M. Deming, husband and wife, as an estate by the entireties with full right of survivorship, all right, title and interest in and to said property above-described is now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

5. That attached hereto is a certified copy of the Certificate of Death of the said Curtis C. Deming, 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 Curtis C. Deming, and vesting sole title in the real property above-described in the name of Lola M. Deming, as the surviving tenant by the entireties.

Further this affiant sayeth not.

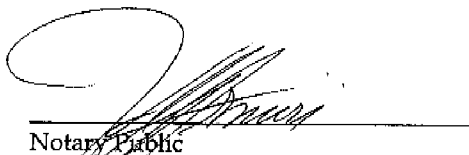
Dated this \_\_\_\_ day of September, 2001.

  
Lola M. Deming

State of Wyoming )  
                          )ss  
County of Sheridan )

The foregoing instrument was acknowledged before me by Lola M. Deming, this  
17th day of September, 2001.

Witness my hand and official seal.

  
Notary Public

My Commission Expires Oct 23, 2004

STATE OF WYOMING  
DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

TYPE  
ON PRINT  
OR  
PERMANENT  
BLACK  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

LOCAL FILE NUMBER <b>50</b>		STATE FILE NUMBER	
1. DECEASED NAME <b>CURTIS</b>		2. SEX <b>MALE</b>	
3. DATE OF DEATH (Mo., Day, Yr.) <b>APRIL 3, 1992</b>		4. SOCIAL SECURITY NUMBER <b>516 16 9247</b>	
5. AGE-Last Birthday (Mo., Day, Yr.) <b>72</b>		6. UNDER 1 YEAR Months Days Hours	
7. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOME <input type="checkbox"/> HOSPITAL <input type="checkbox"/> NURSING HOME <input type="checkbox"/> OTHER (Specify)		8. DATE OF BIRTH (Mo., Day, Yr.) <b>MAY 27, 1919</b>	
9. FACILITY NAME (If not institution, give street and number) <b>VA MEDICAL CENTER</b>		10. CITY, TOWN, OR LOCATION OF DEATH <b>SHERIDAN</b>	
11. COUNTY OF DEATH <b>SHERIDAN</b>		12. SURVIVING SPOUSE (If wife, give maiden name) <b>LOLA M. MC GHEE</b>	
13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		14. USUAL OCCUPATION (Give title of work done during most of working life, omit if retired) <b>PODIATRIST</b>	
15. KIND OF BUSINESS OR INDUSTRY <b>MEDICINE</b>		16. RESIDENCE - STATE <b>WYOMING</b>	
17. COUNTY <b>SHERIDAN</b>		18. CITY, TOWN OR LOCATION <b>SHERIDAN</b>	
19. STREET AND NUMBER <b>246 EAST MOUNTAIN VIEW DRIVE</b>		20. INSIDE CITY LIMITS (Specify yes or no) <b>YES</b>	
21. WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify yes or no) <b>YES</b>		22. USUAL OCCUPATION (Give title of work done during most of working life, omit if retired) <b>PODIATRIST</b>	
23. KIND OF BUSINESS OR INDUSTRY <b>MEDICINE</b>		24. WAS DECEASED OF INSURANCE ORIGIN? (Specify yes or no - if yes, specify Cuban, Mexican, Puerto Rican, Etc.) <b>NO</b>	
25. RACE - American Indian, Black, White, Etc. (Specify) <b>WHITE</b>		26. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (11-14 or 15+) <b>5</b>	
27. FATHER'S NAME First Middle Last <b>RAYMOND WILSON DEMING</b>		28. MOTHER'S NAME First Middle Maiden Name <b>ADA MAE BROWNFIELD</b>	
29. INFORMANT NAME (Type or Print) <b>LOLA M. DEMING</b>		30. RELATIONSHIP TO DECEASED <b>SPOUSE</b>	
31. MAILING ADDRESS STREET OR R.F.D. NUMBER CITY OR TOWN STATE ZIP CODE <b>246 EAST MOUNTAIN VIEW DRIVE SHERIDAN WYOMING 82801</b>		32. LOCATION CITY OR TOWN STATE <b>SHERIDAN, WYOMING</b>	
33. BURIAL, CREMATION, REMOVAL FROM STATE, Other (Specify) <b>BURIAL</b>		34. DATE (Mo., Day, Yr.) <b>04-07-92</b>	
35. CEMETERY OR CREMATORY NAME <b>SHERIDAN MUNICIPAL CEMETERY</b>		36. ADDRESS OF FACILITY <b>244S. BROOKS: SHERIDAN, WY. 82801</b>	
37. FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Type or Print) <b>CHAMPION FUNERAL HOME</b>		38. ADDRESS OF FACILITY <b>244S. BROOKS: SHERIDAN, WY. 82801</b>	
39. TO THE BEST OF MY KNOWLEDGE, I HAVE COMPLETED ALL THE DATA, DATE AND PLACE AND DATE OF THE DECEASED'S DEATH <b>APRIL 3, 1992</b>		40. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, I HAVE DETERMINED THAT THE DECEASED DIED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. <b>11:08 A M</b>	
41. DATE SIGNED (Mo., Day, Yr.) <b>4/3/92</b>		42. HOUR OF DEATH <b>11:08 A M</b>	
43. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>GARY P. ROMBERG M. D.</b>		44. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print) <b>VA MEDICAL CENTER, SHERIDAN, WY 82801</b>	
45. REGISTRAR (Type or Print) <b>DEPUTY</b>		46. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>APRIL 7, 1992</b>	
47. Enter the disease, injury, or conditions that caused death. Do not enter the mode of dying, such as cardiac arrest, or respiratory arrest, or heart failure. List only one cause on each line. <b>METASTATIC ADENOCARCINOMA OF THE PROSTATE</b>		48. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>18 MONTHS</b>	
49. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>METASTATIC ADENOCARCINOMA OF THE PROSTATE</b>		50. DUE TO (OR AS A CONSEQUENCE OF) <b>18 MONTHS</b>	
51. SEQUENTIAL CAUSE (If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated series resulting in death) LAST <b>NONE</b>		52. DUE TO (OR AS A CONSEQUENCE OF) <b>NONE</b>	
53. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined		54. DATE OF INJURY (Month, Day, Year) <b>NONE</b>	
55. TIME OF INJURY <b>NONE</b>		56. INJURY AT WORK? (Specify yes or no) <b>NONE</b>	
57. DESCRIBE HOW INJURY OCCURRED <b>NONE</b>		58. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) (Specify) <b>NONE</b>	
59. LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>NONE</b>		60. LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>NONE</b>	

APR 10 1992

VR 2-89  
2/91 15M

THIS IS TO CERTIFY that this reproduction is a true copy of a record on file in Wyoming Vital Records Services, Cheyenne, Wyoming.

This copy is not valid unless it bears a raised seal and the signature of the Deputy State Registrar is in red.

Date Issued April 13, 1992

*Quinn M. Caffrey*  
Deputy State Registrar

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