

AFFIDAVIT OF SURVIVORSHIP

THIS AFFIDAVIT OF SURVIVORSHIP is made in accordance with § 2-9-102 of the Wyoming statutes for the purpose of making public record the matter of the death of one owner of real property held by the decedent and the undersigned in joint tenancy or tenancy by the entireties.

I, **Cheryl E. Barker**, having been first duly sworn upon my oath, do depose and state as follows:

1. At the time of the death of Thomas L. Barker, the real property described in this Affidavit was held by Thomas L. Barker and Cheryl E. Barker, husband and wife, as joint tenants with right of survivorship or as tenants by the entireties.

2. The real property to which this Affidavit relates is certain real property situate in Sheridan County, Wyoming, described as follows:

Lot 5 of the Blue Grass Meadows Subdivision, a subdivision in Sheridan County, Wyoming; and

Blue Grass Meadows Minor Subdivision No. 1, a resubdivision of Lot 4, Blue Grass Meadows Subdivision as shown on that certain Certificate of Partial Vacation of Plat dated May 23, 2002, recorded May 28, 2002, in Book 434, Page, 460, records of Sheridan County, Wyoming.

3. Thomas L. Barker died on July 14, 2005, in Sheridan County, Wyoming. A certified copy of the decedent's Death Certificate is attached hereto.

4. Title to the real property was vested in Thomas L. Barker and Cheryl E. Barker, husband and wife, as joint tenants with right of survivorship, or as tenants by the entireties, by a Quitclaim Deed dated December 1, 1982, from Jeffrey L. Cowger and Janice O. Cowger, husband and wife, formerly partners of Green Carpet Sod Company, a partnership, recorded December 2, 1982, in Book 271, Page 255, records of Sheridan County, Wyoming.

5. The estate of Thomas L. Barker, deceased, in the real property was terminated by his death, and title thereto is now vested in Cheryl E. Barker.

FURTHER, your Affiant saith not.

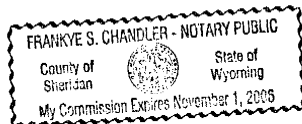
DATED this 12 day of August, 2005.

Cheryl E. Barker
CHERYL E. BARKER

STATE OF WYOMING)
 : ss.
COUNTY OF SHERIDAN)

The foregoing Affidavit of Survivorship was subscribed and sworn to before me this 12 day of August, 2005, by Cheryl E. Barker.

WITNESS my hand and official seal.



Frankye S. Chandler
Notary Public

My commission expires: 11-1-2006

STATE OF WYOMING

DEPARTMENT OF HEALTH

2005-002104

STATE OF WYOMING
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

LOCAL FILE NUMBER 1076

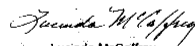
STATE FILE NUMBER

1. DECEASED'S LEGAL NAME (include AKA's if any) (First, Middle, Last) Thomas Langdon Barker		2. SEX Male		3. DATE OF DEATH (Month/Day/Year) (Spell Month) July 14, 2005	
4. SOCIAL SECURITY NUMBER 517-50-6669		5a. AGE - Last Birthday (Years) 62	5b. UNDER 1 YEAR Months _____ Days _____	5c. UNDER 1 DAY Hours _____ Minutes _____	6. DATE OF BIRTH (Month/Day/Year) July 12, 1943
7. PLACE OF DEATH (Check only one) <input type="checkbox"/> Home <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) _____					
8. BIRTHPLACE (City and state or foreign country) 80 Owl Creek Road New York, New York		9. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, last separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE (If wife, give name prior to first marriage) Cheryl Ailyn Elliott	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		12a. RESIDENCE - STATE Wyoming		12b. COUNTY Sheridan	
13. FATHER'S NAME (First, Middle, Last) Arthur Jarret Barker		14. MOTHER'S NAME (First, Middle, Last) Margaret Montgomery Brown		15. MARRIAGE ADDRESS (Street and Number, City, State, Zip Code) 80 Owl Creek Rd Sheridan, Wyoming 82801	
16. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from Wyoming <input type="checkbox"/> Other _____		17a. PLACE OF DISPOSITION (Name of cemetery or crematorium) Family Ranch		17b. LOCATION - CITY OR TOWN AND STATE 80 Owl Creek Road, Sheridan, Wyoming	
18. SIGNATURE OF FINEST (If force license) <i>David E. Berry</i>		19. LICENSE NO. 359		20. ADDRESS OF FACILITY Champion-Fertis F. H. 244 South Brooks, Sheridan, Wyoming	
21. ACTUAL OR PRESUMED TIME OF DEATH 18:00 Actual		22. DATE PRONOUNCED DEAD (Month/Day/Year) July 14, 2005		23. TIME PRONOUNCED DEAD 19:55	
24. CAUSE OF DEATH 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 ventricular fibrillation without showing the etiology. DO NOT abbreviate. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (final disease or condition resulting in death) a. Electrocution DUE TO (or as a consequence of) b. Cardiac Arrhythmia DUE TO (or as a consequence of) c. _____ DUE TO (or as a consequence of) d. _____ PART II Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.					
25. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		26. DID TOXICOLOGY CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PROBABLY <input type="checkbox"/> UNKNOWN			
27. IF FEMALE, AGE AT LAST PREGNANT <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		28. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Accidental <input type="checkbox"/> Could not be determined		29. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
30. DATE OF INJURY (Month/Day/Year) 07/14/2005		31. TIME OF INJURY 18:00		32. PLACE OF INJURY (If decedent's home, residential site, hotel, etc.) Home	
33. LOCATION OF INJURY (Street and number, City or Town, State) 80 Owl Creek Rd Sheridan, Wyoming		34. IS TRANSPORTATION ACCIDENT? SPECIFY <input type="checkbox"/> Driver / Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) _____			
35. DESCRIBE HOW INJURY OCCURRED AND IF TRANSPORTATION INJURY, THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) Moving section of sprinkler pipe came in contact with 220 volt power line.					
36. SIGNATURE OF CORONER (Check only one) <input checked="" 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 type="checkbox"/> CORONER - On the basis of examination, autopsy investigation, or my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. <i>David E. Berry, Deputy Coroner</i>					
37. DATE CERTIFIED (Month/Day/Year) 7/22/2005		38. NAME, TITLE, AND ADDRESS OF REGISTRAR (Type or print) David E. Berry, Deputy Coroner 244 S Brooks, Sheridan, WY 82801		39. DATE RECEIVED BY REGISTRAR (Month/Day/Year) July 22, 2005	

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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: JUL 26 2005


 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