AFFIDAVIT OF SURVIVORSHIP

| STATE OF WYOMING |) |
|--------------------|--|
| County of Sheridan |) SS.) |
| | ARNIERI MILLS, being first duly sworn upon oath, do depose |
| and say: | |

1.

I am one of the surviving children of Catherine M. Harker.

2.

A Warranty Deed between Homer A. Scott and Mildred S. Scott, as the Grantors, and Catherine M. Harker and Sandra A. Mills, Grantees, was recorded March 26, 1991, in the County Clerk and Recorder's Office in Sheridan County, Wyoming, Book 340, Page 310, No. 77851, and includes the following property:

Lot 27, Scott Addition.

A subdivision in Sheridan County, Wyoming, as recorded in Book 1 of Plats, page 124.

3.

A Quitclaim Deed between Catherine M. Harker, as the Grantor, and Catherine M. Harker and Sandra Arnieri Mills, Grantees, was recorded September 3, 1998, in the County Clerk and Recorder's Office in Sheridan County, Wyoming, Book 396, Page 152, No. 295158, and includes the following property:

Lot 28, Scott Addition, a subdivision in Sheridan County, Wyoming, as recorded in Book 1 of Plats, page 124.

4.

On the 11th day of June, 2004, Catherine M. Harker passed away and appended hereto is a certified copy of her death certificate.

By reason of the death of Catherine M. Harker, her right, title and interest in and to said real property terminated and the sole title in said property is now vested in Sandra A. Mills, also known as Sandra Arnieri Mills.

Further your affiant saith not.

Subscribed and sworn to before me this 6th day of August, 2004, by Sandra

Arnieri Mills.

CATTERALL- NOTARY PUBLIC

My Commission Expires May 20, 2006 My Commission expires: May 20, 2006

State of

STATE OF WYOMING

STATE OF WYOMING DEPARTMENT OF HEALTH

| | LOCAL FILE NUMBER 1083 | | CENTIFIC | CATE OF DE | | 1 2 2 | STATE FILE NUMBER |
|--|--|--|-------------------|---|--|-----------------------------|---|
| - 1 | DECEDENT'S LEGAL NAME (include AKA's if any) (First Catherine M. | Middle Lasi) Hark | <u> </u> | | 2. SEX Female | June 11, | No/Day/Yr) (Spell Month) |
| | 4. SOCIAL SECURITY NUMBER | Se. AGE — Last Birthday (Years) | 55 UNDER 1 V | EAR 5c UN | DER I DAY | 6. DATE OF BIRTH (M | |
| - 1 | 520-10-8788 | (Years) 88 | Months | Days Hours | Minutes | April 8 | |
| | 320-10-6766 | 1 20.7 | 7a. PLACE C | OF DEATH (Check only o | one) | April | , 1910 |
| - [| IF DEATH OCCURRED IN A HOSPITAL: | IF DEATH OCCURRED SO | MEWHERE OTH | ER THAN A HOSPITAL: | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | | |
| H | ☐ Inpatient ☐ ER / Outpatient ☐ DOA ☐. 7b. FACILITY NAME (If not institution, give street and number | Hospice Facility (1) | U Nursing Home | / Long Term Care Facilit 7c. CITY, TOWN, OR LI | y Deceden | | Specify) 7d. COUNTY OF DEATH |
| - 1 | | | STATE OF THE | 1 2 6 At | \$3.525 description | Walter Control | 4.0 |
| ا 8 | 8. BIRTHPLACE (City and state or foreign country) | 9. MARITAL STATUS | S AT TIME OF DE | Sheridan | ACTOR SEC. 15 July 2 | HEVIVING SPOUSE III w | Sheridan |
| ਸ । | The state of the s | | | it separated 9: XI Wid | lowed | None | |
| 뿔 | Kansas City, KS 11. EVER IN U.S. 12a. RESIDENCE — | ☐ Married ☐ Divorced | 326 COUNT | ried : Har . D Unik | nown 12c | CITY, TOWN OF LOCATIO | TN) |
| 의 | ARMED FORCES? | The Car | Chori | dan . | | heridan - | 4.: |
| ≨⊦ | TYES 20 NO Wyoming | ************************************** | 281 X11 X | Carry Services | A89 (12) 18 (4) (4) | ZIP CODE AM | 12f INSIDE CITY LIMITS? |
| 밀 | 177 Scott Drive | | SAN | | 92 | 801 | %/ E |
| 교ト | 13. FATHER'S NAME (First, Middle, Last) | 7 2 2 2 | 7 13 No. | I M MOTHER'S NAM | | MARRIAGE (First, Middle, | ¥D YES □NO |
| - 1 | Pete Melneck | | | | man | | |
| | 15a. INFORMANTS NAME 721 337 | 15h RELATIONSHIP TO D | ECEDENT | | | ber, City, State, Zip Code) | 80 (80 for *) |
| - 1 | the state of the s | 156. RELATIONSHIP TO D | 15.9 | | 111. | 17 | dge Way, Scottsdal |
| | Sandy Mills | Daugitter | 7 | ACE OF DISPOSITION | Name of A | spering ki | gge way, AZ 85255 YOR TOWN AND STATE |
| | X D Burlai | lemoval from Wyoming. | 1/a. Pl | netery or crematory) | 22 66 3 | 1 . 1 | 350 |
| - | U Cremation Li Enfombment | Nher 18b. LICENSE N | 0 100 | idan Munic | ipal | 19b. ADDRESS OF FA | |
| -1 | 188. SIGNATURE OF FUNERAL SERVICE LICENSEE | 359 | - P Char | ni on For- | GO F DE | 244 8 0- | ooks St.,Sheridan,W |
| + | | 21. DATE PRONOUNCED I | DEAD (Mo/Day/ | 99 TIL | E PRONOUNCED DE | | 23 WAS CORONER CONTACTED |
| Ι. | 10000000 | | | 1 1 3 1 200 | 300 | | 7 P. 175 E. A |
| - | 8. 4 5.5 (\$20 5 4 | 24 38° 3 8 | | 4 1 | - 300 | 31 Sept 3 7 3 | O YES O NO |
| - 1 | | CAUSE OF DEA | ATH C | A. King | | 1.61 | |
| a | 24. PART I. Enter the chain of events — diseases, injurie | s or complications — that dire | city caused the d | eath. DO NOT enter ten | minal events such as | cardiac | Approximate interval: |
| ı, İ | errest, respiratory arrest, or ventricular fibrillation with if necessary. | | TO ABBREVIATE | Enter only one cause of | on a line. Add addition | au mes // // | Onset to death |
| i. | IMMEDIATE CAUSE (Final disease or | (L) / | <i>.</i> | M 14 | Wa. 2. | 140 . FE. | 35 W ** |
| Sequentially list conditions, leading to the cause listed of Enter the UNDERLYING CA | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | DUE TO (or as a consequence | of) | 1.建作出 | | THE STATE | Mad . |
| | Sequentially list conditions, if any, leading to the cause listed on line a | AL SAL | 1 | 7911 | ع أرصد المد | 11/12 | 381 |
| | (disease or injury that initiated the | DUE TO (or as a consequence | of): | C. F141 | ************************************** | - | Zing of Single |
| | events resulting in death) LAST. | | | and the second second | A | ligi w | |
| | | OUE TO for as a consequence | | the state of the state of | Service Professional | enger | Magazini S. |
| | | DUE TO (or as a consequence | 100 | 1 2111 | The state of | | War L |
| ١,٠ | | e. 500 % | ুক্ত ১৯ | they do | 50. Do | 7 X# . | |
| ١. | PART II. Enter other significant conditions contributing to dea | in his not reciding in the | e C | on Part 1 | * K - | | 25, WAS AN AUTOPSY |
| l' | . Arri III. Ciliai daler significani conuntria contributing to des | er er sor sermed in the fluo | any of cense day | | 38 B | Art in the | PERFORMED? |
| <u>r</u> | 26. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLET | E THE CALLES OF DEATH | 2.20 | 27 DID TOBACCO U | EE CONTRIBUTE | DEATUR | A DYES 15 NO |
| <u> </u> | | E THE CAUSE OF DEATH? | 4,00 | · 1. 10 · 10 · 10 · 10 · 10 · 10 · 10 · | - 2 · 3 · | 30.00 × 30.00 | |
| | O YES BONO | <u>, 18 4 1</u> | <u> </u> | _ □ YES | 8 0 NO □ | J PROBABLY I | J UNKNOWN |
| 2 | 28. IF FEMALE AGED 10-54 Not pregnant within past year | . Not pregnant, but pregr | nant 43 days to 1 | year before castle | 29. N | ANNER OF DEATH | ☐Homicide |
| . [| Pregnant at time of death | Unknown # pregnant wi | | PERMIT | 300 . + J.C | JAccident | Pending investigation |
| Ļ | Not pregnant, but pregnant within 42 days of death | T | 36 | - 10 Mar 5 | St. 133.74 18.17 | 3 Suicide | Could not be determined |
| 3 | 30. DATE OF INJURY (Mo/Day/Yr) | 31. TIME OF INJURY | 32. PLACE C | F INJURY (Decedent's f | home, construction sit | s, forest, etc.) | 33. INJURY AT WORK? |
| | | <u> </u> | 1 | 1800 | AFRICA DE | | DYES ONO |
| 3 | 34. LOCATION OF INJURY (Street and number, City or Town | n, State) | 1901 1987 | 35. IF TRANSPORTA | tor [| J Pedestrian | INTO PACE AT A |
| L | <u> </u> | 1.7 1 9 | 8 8 | ☐ Passenger | T. 18 1 1 2 C | Other (Specify) | |
| 3 | 36. DESCRIBE HOW INJURY OCCURRED, AND IF TRANS | PORTATION INJURY, THE TY | rpe(S) of vehic | LE(S) INVOLVED (Autor | mobile, pickup, motorc | ycle, ATV, bicycle, etc.) | |
| | 36. DESCRIBE HOW INJURY OCCURRED, AND IF TRANS | PORTATION INJURY, THE TY | YPE(S) OF VEHIC | LE(S) INVOLVED (Autor | bobile, pickup, motoro | ycle, ATV, bicycle, etc.) | |
| . 3 | 37a. CERTIFIER (Check only one) PHYSICIAN — To the best of my knowledge, death o | 14 | b. 18.7 | | 41.2% - Wir | and the same | |
| 2 | CORONER — On the basis of examination, and/or in | | | | | and manner stated | |
| | 0) 0 | 1 // | MA | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | AND 15 | W. Y |
| ·L | Signature of Certifier | jun, | 1 11/ | Algorithm of the second | <u> </u> | 点点的 | Property of the second |
| 3 | 67b. DATE CERTIFIED (Mo/Day/Yr) | 37c NAME, TITLE AND ADD | | | | W W X | HT 77% T |
| | 6-15-04 | William Wi | lliams, | M.D., Dr. | 1456 Wes | | t, Sheridan, WY |
| 3 | BE REGISTRAR'S SIGNATURE | 1 1 | | 1 | 71 Y | 1 - | BY REGISTRAR (Mo/Day/Yr) |
| 1, | Mondrew Money | of De | pute | ٠.٠٠٠ | 30.3 | June | 21, 2004 |
| | 242000 | 1 7 | | λ | | 5 3 A | |
| | 2420U9 | | | V-, | | | |
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| | This is a true and exact reproduction of Records Services, Cheyenne, Wyomia | | nie in the of | rice of Vital | | حـــــ | 1 211/1 |
| į | records services, cheyenne, vyyonni | 9. | 15 Tg | % Z* | V 700 | - 1 | unda M. Caffrey |

DATE ISSUED:

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