

AFFIDAVIT OF SURVIVORSHIP

STATE OF WYOMING)
 : ss.
COUNTY OF SHERIDAN)

Mary Ann Fiedor, being first duly sworn upon her oath,
deposes and states as follows:

1. She is a resident of Sheridan County, State of Wyoming,
and she is the surviving spouse of John Michael Fiedor, who died
on April 18, 1990, in Sheridan County, Wyoming.

2. Under the date of November 18, 1968, William F. Welch
and Lorene W. Welch, husband and wife, made, executed and
delivered unto John Michael Fiedor and Mary Ann Fiedor, husband
and wife, it being the intention to create an estate by the
entireties, a Warranty Deed, which deed was recorded on December
4, 1968, in Book 169 at Page 10, in the Office of the County
Clerk and Ex-Officio Register of Deeds of Sheridan County,
Wyoming, said deed covering the following described real estate
in the County of Sheridan, State of Wyoming:

The West one-third (69.6 feet) of Lot 8, Held
Addition to the Town, now City, of Sheridan,
Sheridan County, Wyoming, together with all
improvements situate thereon and all appur-
tenances thereunto belonging.

3. The effect of the Warranty Deed referred to in Para-
graph 2, above, was to create in John Michael Fiedor and Mary Ann
Fiedor a tenancy by the entireties with full right of survivor-
ship in and to such parcel of real estate.

4. Attached hereto, marked Exhibit "A" and by this
reference made a part hereof is a certified copy of the Official
Death Certificate of John Michael Fiedor, certified to by Lucinda
McCaffrey, Deputy State Registrar for the State of Wyoming,
evidencing the fact that John Michael Fiedor died in the City of
Sheridan, Sheridan County, Wyoming, on April 18, 1990.

5. Upon the death of John Michael Fiedor, his estate by
the entireties in and to such parcel of real estate described

above terminated, and this Affiant became the sole owner in fee simple of such parcel of real estate.

6. This Affidavit is made and filed herein pursuant to the provisions of Section 2-9-102 of the Wyoming Statutes (1977).

DATED this 14 day of May, 1990.

Mary Ann Fiedor
Mary Ann Fiedor

Subscribed, sworn to and acknowledged before me this 14th day of May, 1990, by Mary Ann Fiedor.



John F. Aron
Notary Public

My Commission expires: October 19, 1992

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STATE OF WYOMING
DIVISION OF HEALTH AND MEDICAL SERVICES
CERTIFICATE OF DEATH

LOCAL FILE NUMBER 72		STATE FILE NUMBER	
1. DECEASED NAME: FIRST JOHN		2. SEX Male	
3. SOCIAL SECURITY NUMBER 520 46 4955		4. DATE OF DEATH (Mo., Day, Yr.) April 18, 1990	
5. MIDDLE MICHAEL		6. DATE OF BIRTH (Mo., Day, Yr.) June 16, 1940	
7. PLACE OF DEATH (Choose only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Long-term care facility <input type="checkbox"/> Home <input type="checkbox"/> Other (Specify):		8. UNDER 1 YEAR Months: 49 Days: 0	
9. FACILITY NAME (If not institution, give street and number) VA Medical Center		10. CITY, TOWN OR LOCATION OF DEATH Sheridan	
11. COUNTY OF DEATH Sheridan		12. SURVIVING SPOUSE (If wife, give maiden name) Mary Ann Kukuchka	
13. STATE OF BIRTH (If not in U.S.A., name country) Wyoming		14. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify year or no) Yes		16. USUAL OCCUPATION (Give kind of work done during most of working life, or at last) Carpenter	
17. KIND OF BUSINESS OR INDUSTRY Construction		18. DECEASED'S EDUCATION (Specify only highest grade completed) 1	
19. RESIDENCE - STATE Wyoming		20. CITY, TOWN OR LOCATION Sheridan	
21. STREET AND NUMBER 775 Harrison St		22. RACE - American Indian, Black, White, Etc. (Specify) White	
23. FATHER'S NAME Edward Fiedor		24. MOTHER'S NAME Agnes Belish	
25. INFORMANT NAME (Type or Print) VA Records		26. RELATIONSHIP TO DECEASED Belish	
27. MARITAL ADDRESS VA Medical Center		28. STREET OR RFD. NUMBER Sheridan WY	
29. CITY OR TOWN Sheridan		30. STATE WY	
31. ZIP CODE 82801		32. DATE (Mo., Day, Yr.) 04-21-90	
33. FUNERAL SERVICE LICENSEE OF Funeral Acting 306 Champion Funeral Home		34. ADDRESS OF FACILITY 244 S. Brooks; Sheridan, WY 82801	
35. SIGNATURE AND TITLE [Signature]		36. DATE SIGNED (Mo., Day, Yr.) April 20, 1990	
37. HOUR OF DEATH 11:20 P M		38. DATE SIGNED (Mo., Day, Yr.) April 25, 1990	
39. NAME AND ADDRESS OF CERTIFIER (Physician or Coroner) (Type or Print) SEYMOUR THICKMAN, M.D. VA Medical Center, Sheridan, WY		40. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) April 25, 1990	
41. IMMEDIATE CAUSE (Final disease or condition resulting in death) Metastatic Adenocarcinoma, site of origin pancreas		42. DUE TO (OR AS A CONSEQUENCE OF): a. [Blank] b. [Blank] c. [Blank]	
43. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in Part I) [Blank]		44. AUTOPSY (Specify yes or no) No	
45. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Could not be determined		46. DATE OF INJURY (Month, Day, Year) [Blank]	
47. TIME OF INJURY [Blank]		48. INJURY AT WORK? (Specify yes or no) [Blank]	
49. PLACE OF INJURY (In home, farm, school, factory, office building, etc. (Specify)) [Blank]		50. LOCATION (Street and Number or Rural Route Number, City or Town, State) [Blank]	



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

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.

Jacqueline McCaffrey
Deputy State Registrar

Date Issued April 30, 1990

EXHIBIT "A"