STATE OF WYOMING

) SS

**COUNTY OF SHERIDAN)** 



**2022-779110** 6/6/2022 10:05 AM PAGE: 1 OF 4 FEES: \$21.00 PK AFFIDAVIT OF SURVIVORSHIP - LEGAL EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

## **AFFIDAVIT OF SURVIVORSHIP**

Carolyn K. Lake, Mark Howard and Cindy L. Romero being duly sworn upon oath depose and say as follows:

- 1. Affiants are the mother, brother and sister of Karrie L. Espinoza, deceased.
- 2. On the 11<sup>th</sup> day of January, 2001, a conveyance was made from Carolyn K. Lake, Grantor, to Carolyn K. Lake, Mark Howard, Karrie L. Espinoza and Cindy L. Romero, as joint tenants with right of survivorship, by Warranty Deed dated the 11<sup>th</sup> day of January, 2001 and recorded on the 11<sup>th</sup> day of January, 2001 in the Office of the County Clerk of Sheridan County, Wyoming. The property which is the subject of said Warranty Deed was filed of record on January 11, 2001 at Book 420, Page 290, #365660.
- 3. On the 10<sup>th</sup> day of December, 2008, a conveyance was made from Hjorth Investments, LLC, Grantor to Carolyn K. Lake, Mark Howard, Karrie L. Espinoza and Cindy Romero as joint tenants with right of survivorship by Warranty Deed dated the 9<sup>th</sup> day of December, 2008, and recorded on the 10<sup>th</sup> day of December, 2008 in the Office of the County clerk of Sheridan County, Wyoming. The property which is the subject of said Warranty Deed was filed of record on December 10, 2008, at Book 502, Page 0264, #628069.
- 4. Address: 7 Story Brook Lane, Story, Wyoming 82842.

Thereafter, Carolyn K. Lake, Mark Howard, Karrie L. Espinoza and Cindy L. Romero became owners of the property as joint tenants with right of survivorship.

Karrie L. Espinoza died at 223 Meadow Point Drive, Grand Junction, Mesa County, Colorado on the 31<sup>st</sup> day of May, 2020. Attached hereto is a copy of the official death certificate of Karrie L. Espinoza certified

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by the Vital Records Service, State of Colorado, the public authority with which the original death certificate is of record.

By reason of the death of Karrie L. Espinoza, Carolyn K. Lake, Mark Howard and Cindy L. Romero became the remaining owners of the described real estate as joint tenants with right of survivorship on the 31st day of May, 2020.

**FURTHER AFFIANTS SAYETH NAUGHT.** 

By: Carolyn K. Lake

Carolyn K. Lake

The above and foregoing AFFIDAVIT OF SURVIVORSHIP was subscribed, sworn to and acknowledged before me by Carolyn K. Lake this 25 Hday of MARCH , 2022

Witness my hand and official seal.

By: Must Clove K

My commission Expires:

SEAL

NOVEMBER 23, 2024

MARGARET CLARE BROWN COUNTY OF SHERIDAN

STATE OF WYOMING

AY COMMISSION EXPIRES NOVEMBER 23, 2024



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The above and foregoing AFFIDAVIT OF SURVIVORSHIP was subscribed, sworn to and acknowledged before by Mark Howard this 315 day of \_\_MARCH\_\_\_, 2022

Witness my hand and official seal.

1: Man Co

Notary Public

SEAL

My Commission Expires:

MARGARET CLARE BROWN

COUNTY OF SHERIDAN WYOMING

MY COMMISSION EXPIRES NOVEMBER 23, 2024

Witness my hand and official seal.

AMY MALDONADO NOTARY PUBLIC STATE OF COLORADO NOTARY ID 20084028148

NOTARY ID 20084028148
SEALCOMMISSION EXPIRES SEPTEMBER 12, 2024

Bv:

Notary Public

My Commission Expires: 09/12/2024

## STATE OF COLORADO

## CERTIFICATION OF VITAL RECORD

			TS LEGA LYNN	L NAME ESPINOZA		1	n .	OIAI	E FILE INC	DATE OF DEATH MAY 31, 2020	20018650	
SEX		1.0	NUMBE	R AGE-Las	t Birthday (Years)			UNDER 1 DA		F BIRTH (Mo/Day/Ye)	BIRTHPLACE (State or Foreign Country)	
FEMALE	520-8	4-0031				Months	Days H	turs Milm	Minutes OCTOBER		1958 MONTANA	
IF DEATH OCCURRED IN HOSPITAL IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL DECEDENT'S HOME												
Facility Name (if not institution, give street & number)  CITY, TOWN OR LOCATION OF DEATH  223 MEADOW POINT DRIVE  CITY, TOWN OR LOCATION OF DEATH  GRAND JUNCTION  CITY, TOWN OR LOCATION OF DEATH  MESA												
		T AND NUM	BER							APT, NO.	ZIP CODE	INSIDE CITY LIMITS
223 MEADOW POINT DRIVE										1 (1) 1 (1) (1)	81503	YES
						COUNTY				CITY OR TOW GRAND JUN		
DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of wo ASSISTANT MANAGER						working life. D	lo not use rell		KIND OF BUSINESSANDUSTRY GROCERY		DECEDENT'S EDUCATION HIGH SCHOOL GRADUATE OR GED COMPLETED	
DECEDENT OF HISPANIC ORIGIN NO						DECEL White			EDENT'S RAC 0	RACE		
EVER IN US ARMED FORCES MARITAL STATUS AT TIME OF DEATH SPOUSE/PARTNER NAME (If willing gives name prior to first maniage)  MARRIED DAVID ESPINOZA:												
FATHER'S NAME MOTHER'S NAME PRIOR TO FIRST MARRIAGE JOHN HOWARD CAROLYN ULRICH:												
INFORMANT'S RELATIONSHIP TO DECEASED  DAVID ESPINOZA SPOUSE												
NAME OF FUNERAL HOME BROWNS CREMATION SERVICE, INC.					• .	GRAND JUNCTIO				· WA	S CORONER NOTIFIED NO	
METHOD OF DISPOSITION CREMATION				PLACE OF DISPOSITION BROWNS CREMATION SERVICE, INC			ð.	LOCATION - CITY, COUNTY, GRAND JUNCTION MESA				
INJURY AT	WORK		. UF TR	ANSPORTA	TION RELATED, S	PECIFY		DATE OF IN	JURY		TIME OF INJUR	<u> </u>
PLACE OF I	NJURY					<i>'</i> .					El 11 <b>10</b>   11 <b>1</b> 1   <b>11</b> 1   11	
LOCATION OF INJURY (Street & Number, Apt. No., City or Town, County, State, ZipCode)  2022-779110 6/6/2022 10:05 AM PAGE: 4 OF 4												
DESCRIBE		IRY OCCUR	250				- FE	S: \$21.0	0 PK AF	FFIDAVIT OF	SURVIVORS	HIP - LEGAL
DESCRIBE!	MOAA INOC	INT OCCUR	KED	X	il.		. ED.	A SCHUN	К ТНОМР	SON, SHERID	AN COUNTY	' CLERK
WAS DECEI YES	DENT UNI	DER HOSPIC	E CARE		ACTUAL OR PRE 03:54 AM	SUMED TIME	OF DEATH	DATE PRO MAY 31		EAD (MO/DAY/YR)	TIME PRONI 05:30 AM	DUNCED DEAD
MANNER OF DEATH NATURAL							WAS AN AL	MOPSY PERF	OPSY PERFORMED WERE THE C		AUTOPSY FINDINGS CONSIDERED IN DETERMINING AUSE OF DEATH?	
	•					CAI	USE OF	DEATH			······································	
PARTI		<del></del>		<del>:-</del> -	Enter the c				alians-that dire	cily caused the death.		Approximate interval:
IMMEDIATE CAUSE (Final disease or a COMPLICATIONS FROM CHRONIC OBSTRUCTIVE PULMONARY DISEASE Orset to death YEARS												
	NO. 2022-779110 AFFIDAVIT OF SURVIVORSHI											
Sequentially list conditions, if any,												
leading to the cause listed on line a: C EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK Enter the UNDERLYING CAUSE (disease or injury that initiated the												II CLLINK
e	vents resu	ling in death)		•	d			RY WY 82				
PART II Enter other significant conditions contributing to death trut not resulting in the underlying cause given in PART I												
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF PHYSICIAN DATE SIGNED												
CAROLINE DORMAN MD 2754 COMPASS DRIVE STE 377 GRAND JUNCTION CO 81506 JUNE 01, 2020												
TITLE, NAME	E, ADDRE	SS, ZIP COD	E AND C	OUNTY OF	CORONER		= 1/			DAT	E SIGNED	
DATE FILED BY REGISTRAR JUNE 01, 2020												7. *
	<del></del>				<del></del>					<del></del>		



DATE ISSUED JULY 02, 2020

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

REV 01/19

A. ALEX QUINTANA STATE REGISTRAR



