



Recording Requested By:

Sherry M. Bohren
1050 West 16th Street
Sheridan, WY 82801

After Recording Mail To:

Amrock - Recording Department
662 Woodward Avenue
Detroit, MI 48226

Mail Tax Statements To:

Sherry M. Bohren
1050 West 16th Street
Sheridan, WY 82801

3122466877
65325977
41899462

Assessor's Parcel No.: 0000002854

AFFIDAVIT OF SURVIVORSHIP

TITLE OF DOCUMENT

I, Sherry M. Bohren, the undersigned, affirm under penalty of perjury under the laws of the State of Wyoming that the following is true and correct:

- (1) I am the surviving joint tenant of Robert L. Snyder
- (2) That Robert L. Snyder and I, heretofore acquired as joint tenancy, title to the following described real estate, situated in Sheridan County, Wyoming:

LOTS 8 AND 9, IN BLOCK 41, OF DOWNER'S ADDITION TO THE CITY OF SHERIDAN,
SHERIDAN COUNTY, WYOMING.

MORE commonly known as: 1050 West 16th Street, Sheridan, Wyoming 82801

Prior Recorded Doc. Ref.: Deed: Recorded September 25, 2009; BK 509, PG 304, Doc. No. 652460

- (3) That said joint tenant died on March 4, 2018, at Sheridan, Sheridan County, Wyoming.
- (4) At the time of death, said joint tenant was a resident of the State of Wyoming, County of Sheridan.
- (5) That a certified copy of the Death Certificate of said decedent is attached hereto and made a part hereof.

In witness whereof, the said Affiant has signed and sealed these presents the day and year first above written.



(Attached to and becoming a part of Affidavit of Survivorship dated:
for Robert L. Snyder.)

3-27-19

WITNESS AFFIANT'S hand this 27 day of March, 2019.

Sherry M. Bohren
Sherry M. Bohren

STATE OF Wyoming)
COUNTY OF Sheridan) ss

Signed and sworn to (or affirmed) before me on 27 day of March,
2019, by Sherry M. Bohren.

Witness my hand and official seal

NOTARY STAMP/SEAL




Cindy Hart
Signature of Acknowledging Officer

Cindy Hart
Printed Name of Acknowledging Officer

Notary Public
Title (Rank) of Acknowledging Officer
MY Commission Expires: 09/30/2020



CERTIFICATION OF VITAL RECORD			
STATE OF WYOMING			
DEPARTMENT OF HEALTH			
CERTIFICATE OF DEATH			
Decedent:		State File Number: 2018-000783	
Name:	ROBERT LOREN SNYDER	Social Security Number:	
Gender:	Male	Age at the Time of Death:	86 years
Date of Birth:	February 04, 1932	County of Death:	Sheridan
Date and Place of Death:			
Date of Death:	March 04, 2018		
City of Death:	Sheridan		
Location:	1050 W. 16th		
Additional Decedent Information:			
Place of Birth:	Basin, Wyoming		
Residence:	Sheridan, Wyoming		
Marital Status:	Divorced		
Armed Forces:	No		
Name of Father:	Carl Snyder		
Name of Mother:	Muriel Taylor		
Informant:	Carolyn Fox	Relationship:	Daughter
Disposition:			
Method of Disposition:	Cremation		
Place of Disposition:	Kane Funeral Service, Sheridan, Wyoming		
Funeral Home or Facility:			
Facility:	Kane Funeral Home, Sheridan, Wyoming		
Cause of Death:			
The immediate cause is listed on the first line followed by any underlying causes.			Interval:
(a) Parkinson's Disease			
Other Significant Conditions:			
Manner of Death:	Natural Death	Time of Death:	12:50 (Actual)
Certifier:			
Type:	Physician		
Name:	Ian Hunter, M.D.		
Address:	1435 Burton, Sheridan, Wyoming, 82801		
Date Filed:	March 12, 2018		

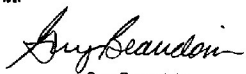


This is a true certification of the document on file in the office of Vital Statistics Services, Cheyenne, Wyoming.

DATE ISSUED: Friday, April 27, 2018

This copy is not valid unless prepared on paper with an engraved border.

1037962


Guy Beaudoin
Deputy State Registrar

