



AFFIDAVIT OF SURVIVORSHIP

STATE OF ARIZONA)
County of Navajo) ss.

GILMAN ANDERSON states as follows:

1. I am over the age of eighteen and I have personal knowledge of the information contained in this Affidavit.
2. I was married to KAREN LOU ANDERSON, who is now deceased, as evidenced by the certified Certificate of Death attached as **Exhibit A**.
3. KAREN and I owned two parcels of real property in Sheridan County, Wyoming as joint tenants with rights of survivorship. The legal description of the real property is as follows:

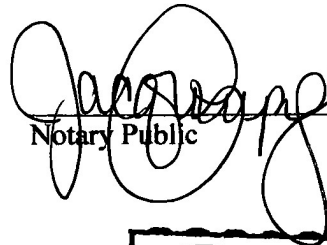
Lots 86 and 87 of Ponderosa Subdivision, excepting that portion of Lot 87 described as follows: Commencing at the Southeasterly corner of Tract 87, thence Westerly along the lot line dividing Lot 87 and 88, 20 feet to a point, thence Northerly to the Northeasterly corner of said Lot 87 and thence along the Easterly line of said Lot 87 to the point of beginning.
Together with all improvements situate thereon and all appurtenances thereunto appertaining or belonging.
This conveyance is made subject to all reservations, restrictions, easements, rights-of-way and covenants of record.
4. The recording information of the subject property is as follows: Book 498, Page 0780, recorded on August 15, 2008 at 3:40 PM, having recording number 618832.
5. I am the sole surviving join tenant named in said real property.


GILMAN ANDERSON

10/26/23
DATE

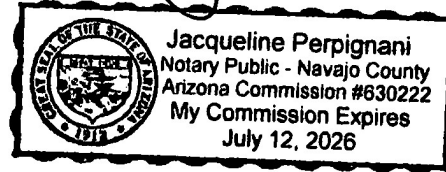


Subscribed, sworn to and acknowledged before me by GILMAN ANDERSON, who is
personally known to me or has satisfactorily proven to me this 26 day of October, 2023.



Notary Public

My Commission Expires:
7/12/2026



STATE OF ARIZONA

CERTIFICATION OF VITAL RECORD

ORIGINAL
STATE COPY

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS CERTIFICATE OF DEATH

State File Number
102-2023-048652

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|---|---|---------------------------------------|---------------------------------------|
| 1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) KAREN, LOU, ANDERSON | | 2. AKA'S (IF ANY) | 3. DATE OF DEATH 09/11/2023 |
| 4. SEX FEMALE | 5. SOCIAL SECURITY NUMBER 351-40-8753 | 6. DATE OF BIRTH 01/22/1948 | 7. AGE 75 YEARS |

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| 8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH RIO VERDE, MARICOPA, 85263 |  2023-788533 10/30/2023 2:16 PM PAGE: 3 OF 3 BOOK: PAGE: FEES: \$18.00 PK AFFIDAVIT OF SURVIVORSHIP EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK |
| 9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS) RESIDENCE - 18809 E CHINLE DRIVE | |

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| 10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO, ILLINOIS | 11. MARITAL STATUS MARRIED | 12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) GILMAN, RAYMOND, ANDERSON |
| 13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP) 18809 E CHINLE DRIVE, RIO VERDE, MARICOPA, AZ, 85263 | | |

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| 14. DECEDENT'S HISPANIC ORIGIN(S): NO, NOT SPANISH/HISPANIC/LATINO | 15. DECEDENT'S RACE(S): WHITE | 16. EVER IN ARMED FORCES NO |
| 17. OCCUPATION BUSINESS OWNER | | |

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| 18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX) TED, HAMILTON | 19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) MARGARET, BROWZOWSKI |
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| 20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX) DEREK, JAMES, CROUTCH | 21. RELATIONSHIP SON |
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| 22. INFORMANT'S MAILING ADDRESS 18809 E CHINLE DRIVE, RIO VERDE, AZ, 85263 | | |
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| 23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON MESSINGER FOUNTAIN HILLS MORTUARY 12065 N SAGUARO BOULEVARD, FOUNTAIN HILLS, AZ, 85268 | 24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON CIPRIANA, KRIER | 25. LICENSE NUMBER FDL-01754 |
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| 26. METHOD(S) OF DISPOSITION CREMATION | 27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY PARADISE MEMORIAL CREMATORY, INC., SCOTTSDALE, AZ, US | 28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY |
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| MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I | |
| 29. A. IMMEDIATE CAUSE OF DEATH CARDIOPULMONARY ARREST | 30. APPROXIMATE INTERVAL 10 MINUTES |
| 31. B. DUE TO OR AS A CONSEQUENCE OF: ISCHEMIC MYOCARDIAL DYSFUNCTION | 32. APPROXIMATE INTERVAL ONE YEAR |
| 33. C. DUE TO OR AS A CONSEQUENCE OF: NO. 2023-788533 AFFIDAVIT OF SURVIVORSHIP EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK ERICK ANDERSON P O BOX 1558 OVERGAARD AZ 85933 | 34. APPROXIMATE INTERVAL |
| 35. D. DUE TO OR AS A CONSEQUENCE OF: | 36. APPROXIMATE INTERVAL |

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| CAUSE OF DEATH PART II | | | |
| 37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: | 38. INJURY? NO | 39. INJURY AT WORK? | 40. MANNER OF DEATH NATURAL DEATH |
| | 41. TIME OF DEATH 08:14 | 42. WAS AN AUTOPSY PERFORMED? NO | 43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? |

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| CAUSE AND MANNER CERTIFICATION | | |
| TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ABOVE IS CORRECT AND THE DEATH OCCURRED DUE TO THE CAUSE(S) AND MANNER STATED. | 44. NAME OF PERSON COMPLETING CAUSE OF DEATH STACEY, SULLIVAN | 45. DATE CERTIFIED 09/11/2023 |
| 46. CERTIFIER'S ADDRESS 16838 E PALISADES BOULEVARD #C153, FOUNTAIN HILLS, AZ, 85268 | | |

Date Registered: 09/18/2023

Date Issued: 10/05/2023

VS-49 Rev. 12/2017



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA.
Revised 07/2016

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

KRYSTAL COLBURN
ASSISTANT STATE REGISTRAR

ARIZONA DEPARTMENT
OF HEALTH SERVICES