

STATE OF WYOMING)
 : ss.
County of Sheridan)



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FEES: \$18.00 SM AFFIDAVIT OF SURVIVORSHIP - LEGAL
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

AFFIDAVIT OF SURVIVORSHIP
CONCERNING OWNERSHIP OF REAL ESTATE

NORMA D. COOPER, after being duly sworn upon oath, does depose and say:

1. This Affidavit is made in compliance with Wyoming Statutes, Sec. 2-9-102 to establish the termination of a tenancy by the entireties due to the death of one of the tenants.

2. Affiant is the surviving spouse of WILLIAM J. COOPER who died on October 2, 2021. A certified copy of the Death Certificate of the said WILLIAM J. COOPER is attached hereto as Exhibit A.

3. At the time of the death of the said WILLIAM J. COOPER, he and the undersigned Affiant were owners, as tenants by the entireties, of an interest in certain real estate which is located in Sheridan County, Wyoming, and which is more particularly described as follows:

Lot 2, Block 6, Walling's Addition to the Town of Dayton, Sheridan
County Wyoming.

4. The Affiant and WILLIAM J. COOPER acquired their interest in the above described property by means of a Warranty Deed which is dated April 26, 2016, and which was recorded in the office of the County Clerk and Recorder of Sheridan County, Wyoming, on April 29, 2016, in Book 559 of Deeds at page 516.

5. Due to the death of the said William J. Cooper, the Affiant has become the sole owner of the above described property.



FURTHER AFFIANT SAYETH NOT.

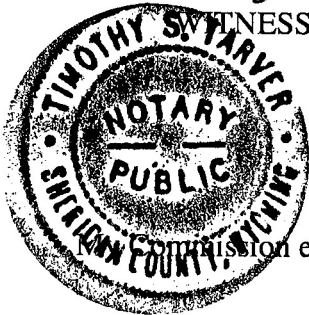
DATED this 26th day of January, 2022.

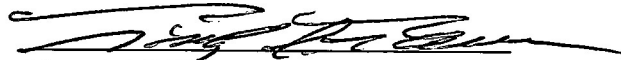

Norma D. Cooper

STATE OF WYOMING)
 : ss.
County of Sheridan)

The above and foregoing Affidavit of Survivorship was subscribed, sworn to and
acknowledged before me by Norma D. Cooper this 26th day of
January, 2022.

WITNESS my hand and official seal.




Notarial Officer

Commission expires: March 10, 2025

STATE OF COLORADO

CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

STATE FILE NUMBER 1052021034401

DECEDENT'S LEGAL NAME

WILLIAM JAMES COOPER

NOV 3 0 2021

DATE OF DEATH

OCTOBER 02, 2021

SEX MALE	SOCIAL SECURITY NUMBER 504-64-7210	AGE-Last Birthday (Years) 71	UNDER 1 YEAR Months Days	UNDER 1 DAY Hours Minutes	DATE OF BIRTH (Mo/Day/Yr) FEBRUARY 27, 1950	BIRTHPLACE (State or Foreign Country) SOUTH DAKOTA
IF DEATH OCCURRED IN HOSPITAL INPATIENT			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL			
Facility Name (If not Institution, give street & number) SWEDISH MEDICAL CENTER			CITY, TOWN OR LOCATION OF DEATH ENGLEWOOD		COUNTY OF DEATH ARAPAHOE	
RESIDENCE - STREET AND NUMBER 614 BROADWAY STREET					APT. NO.	ZIP CODE 82836
RESIDENCE STATE WYOMING					COUNTY SHERIDAN	CITY OR TOWN DAYTON
DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) WASTE WATER TREATMENT OPERATOR				KIND OF BUSINESS/INDUSTRY PUBLIC UTILITIES		DECEDENT'S EDUCATION BACHELOR'S DEGREE
DECEDENT OF HISPANIC ORIGIN NO				DECEDENT'S RACE White		
EVER IN US ARMED FORCES NO		MARITAL STATUS AT TIME OF DEATH MARRIED		SPOUSE/PARTNER NAME (If wife give name prior to first marriage) NORMA DARLENE RICHARDS		
FATHER'S NAME BILLY COOPER				MOTHER'S NAME PRIOR TO FIRST MARRIAGE MYRTLE GREGG		
INFORMANT'S NAME HEIDI JUSTUS				INFORMANT'S RELATIONSHIP TO DECEASED CHILD		
NAME OF FUNERAL HOME OLINGER HAMPDEN MORTUARY				CITY AND STATE OF FUNERAL HOME DENVER COLORADO		WAS CORONER NOTIFIED YES
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION COLORADO CREMATORY SERVICES			LOCATION - CITY, COUNTY, STATE WHEAT RIDGE JEFFERSON COLORADO	
INJURY AT WORK		IF TRANSPORTATION RELATED, SPECIFY		DATE OF INJURY		TIME OF INJURY
PLACE OF INJURY						
LOCATION OF INJURY (Street & Number, Apt. No., City or Town, County, State, Zip Code)						
DESCRIBE HOW INJURY OCCURRED						
WAS DECEDENT UNDER HOSPICE CARE		ACTUAL OR PRESUMED TIME OF DEATH 10:53 MIL		DATE PRONOUNCED DEAD (MO/DAY/YR) OCTOBER 02, 2021		TIME PRONOUNCED DEAD 10:53 MIL
MANNER OF DEATH NATURAL		WAS AN AUTOPSY PERFORMED NO		WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH?		
CAUSE OF DEATH						
PART I IMMEDIATE CAUSE (Final disease or condition resulting in death)		Enter the chain of events - diseases, injuries, or complications that directly caused the death.				Approximate interval: Onset to death
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)		a. STROKE				DAYS
		b. CARDIAC ARREST				DAYS
		c. N/A				N/A
		d. N/A				N/A
PART II Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I N/A						
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF PHYSICIAN ZACHARY NORMAN MD 499 E HAMPDEN AVENUE STE 350 ENGLEWOOD CO 80113				DATE SIGNED OCTOBER 06, 2021		
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF CORONER				DATE SIGNED		
DATE FILED BY REGISTRAR OCTOBER 06, 2021						

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NO. 2022-775977 AFFIDAVIT OF SURVIVORSHIP
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK
TIM TARVER PO BOX 6284
SHERIDAN WY 82801

DATE ISSUED OCTOBER 11, 2021

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.

A. ALEX QUINTANA
STATE REGISTRAR

REV 01/19

* 0 1 0 5 1 4 7 4 6 *

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE