

**AFFIDAVIT AFFECTING TITLE**

The undersigned, pursuant to Wyoming Statutes §§ 34-11-101 and 2-18-103(n), after being first duly sworn states as follows:

1. My name is **Rosemary Higgins**. I am over the age of majority and have personal knowledge of the matters stated herein.

2. On February 19, 2016, Rita Ann Kawamoto, a/k/a Rita A. Kawamoto, a/k/a Rita Kawamoto (the "Decedent"), executed a Transfer on Death Deed (the "Deed") covering the following described lands in Sheridan County, Wyoming:

Tract 13, Beaver Flats Subdivision, a subdivision in Sheridan County Wyoming, as recorded in Book 1 of Plats, Page 172;

TOGETHER WITH all improvements, hereditaments and appurtenances thereunto belong to or appertaining thereto;

SUBJECT TO all exceptions, reservations, rights-of-way, easements, covenants restrictions, and rights of record and subject of any state of facts which would be disclosed by an accurate survey or physical inspection of the premises and subject to building and zoning regulations and city, state and county subdivision laws.

(the "Property")

3. The Deed was recorded on February 24, 2016, as Document 2016-725173, in Book 558 at Page 357, in the office of the County Clerk of Sheridan County, Wyoming.

4. The Decedent died on April 5, 2024. A copy of the death certificate is attached hereto and incorporated hereby.

5. At the time of the Decedent's death, title to the Property was vested in Rita Ann Kawamoto, a/k/a Rita A. Kawamoto, as sole owner, by an Affidavit of Survivorship recorded February 19, 2016, as Document 2016-725120 in Book 558 at Page 317 of the records of Sheridan County, Wyoming.

6. A certificate of clearance issued by the Wyoming Department of Health, which is attached hereto and incorporated hereby, certifies that all medical assistance claims have either been satisfied or do not exist.

7. The Deed names David Scheibal and Rosemary Higgins, as tenants in common, each as a Grantee Beneficiary.

8. The estate of Rita Ann Kawamoto, a/k/a Rita A. Kawamoto, a/k/a Rita Kawamoto, in the Property described above was terminated by her death. Title is now vested in David Scheibal, whose address is 736 Amherst Place, Edwardsville, IL 62025, and Rosemary Higgins, whose address is 506 Beachview Lane, North Barrington, IL 60010-2104, as tenants in common.

Further your affiant sayeth naught.

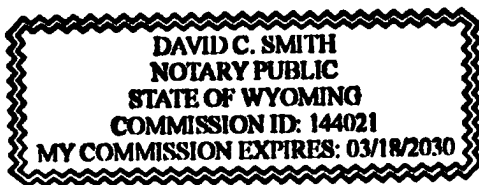
DATED this 22<sup>nd</sup> day of April, 2024.

Rosemary Higgins  
Rosemary Higgins

STATE OF WYOMING     )  
                                      ) ss.  
COUNTY OF SHERIDAN    )

Subscribed, sworn to and acknowledged before me by **Rosemary Higgins**, this 22<sup>nd</sup> day of April, 2024.

WITNESS my hand and official seal.



David Smith  
Notary Public

My commission expires: 3/18/30

# STATE OF WYOMING

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH

#### CERTIFICATE OF DEATH

**Decedent:**

Name: Rita Kawamoto  
Sex: Female  
Date of Birth: [REDACTED]

**State File Number:**

2024-001411

**Social Security Number:**

Age at the Time of Death:

69 years

**Date and Place of Death:**

Date of Death: April 05, 2024  
City of Death: Sheridan  
Location: 7 Place St

**County of Death:**

Sheridan

**Additional Decedent Information:**

Place of Birth: Springfield, Illinois  
Residence: Sheridan, Wyoming  
Marital Status: Widowed  
Armed Forces: No  
Name of Father: James Kuznik  
Name of Mother: Clara LaRocca  
Informant: Rosemary Higgins

2024-791854 5/7/2024 3:45 PM PAGE: 3 OF 5  
FEES: \$24.00 PK AFFIDAVIT - LEGAL  
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

**Relationship:**

Sister

**Disposition:**

Method of Disposition: Cremation  
Place of Disposition: Wyo Cremation Authority, 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) Possible Positional Asphyxia
- (b) Ground Level Fall

**Other Significant Conditions:**

End Stage Pulmonary Edema, O2 Dependent, Very Low Pulmonary Function

**Manner of Death:**

Accident

**Time of Death:**

Approximate 18:21 ±6hrs

**Injury Information:**

Date Of Injury: April 05, 2024 (Actual)  
Injury At Work? No  
Location: 7 Place St, Sheridan, Wyoming  
Description: Ground level fall with facial injury. Possible positional asphyxia.

**Time Of Injury:**

Approximate 18:21 ±8hrs

**Certifier:**

Type: Coroner  
Name: Robert Byrd, Coroner  
Address: 224 South Main Street, Suite 109, Sheridan, WY, 82801

**Date Filed:**

April 12, 2024



\* 0 0 1 4 2 8 6 4 2 \*

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

DATE ISSUED: April 15, 2024

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

*Guy Beaudoin*  
Guy Beaudoin  
Deputy State Registrar

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**CERTIFICATE OF CLEARANCE (CC)**  
**MEDICAL ASSISTANCE CLAIM**  
Transfer on Death Deed (TODD)  
W.S. § 2-18-101 et seq.

DATE: 05/01/2024

1. The undersigned is authorized by W.S. § 2-18-103(n), and other applicable law, to provide this Certificate of Clearance (CC) on behalf of the Wyoming Department of Health, Division of Healthcare Financing (DHCF).

2. The real property covered by this CC is located in Sheridan County, Wyoming, and is legally described as follows:

Tract 13, Beaver Flats Subdivision, a subdivision in Sheridan County, Wyoming.

3. There ☐ is **X is not** a claim or lien that is authorized by the statutes listed in W.S. §§ 42-4-206, 207 against the following decedent:

<b>Decedent's Full Name:</b>	<b>Date Of Birth:</b>	<b>Date of Death:</b>	<b>Amount of Claim:</b>
Rita Kawamoto	07/15/1954	04/05/2024	\$0.00

4. There ☐ is **X is not** a claim or lien that is authorized by the statutes listed in W.S. §§ 42-4-206, 207 against the following predeceased spouse(s) of the decedent:

<b>Predeceased Spouse Full Name:</b>	<b>Date of Birth:</b>	<b>Date of Death:</b>	<b>Amount of Claim:</b>
Timothy Randall Kawamoto	11/17/1946	12/23/2015	\$0.00

5. This CC certifies that (check only one box)

☒ All medical assistance claims have either been satisfied or do not exist, or

☐ The above-listed medical assistance claim(s) and/or lien(s) has/have been duly executed and recorded and is/are pending satisfaction by the sale of the real property described in Paragraph 2 above, or by other agreement between DHCF and the TODD grantee or their legal representative. Accordingly, DHCF is authorized to issue this CC to aid in effectuating said sale or agreement.

Wyoming Department of Health Division of Healthcare Financing:

By:

Sheila McInerney  
TPL & Estate Recovery  
Specialist Division of  
Healthcare Financing

STATE OF WYOMING )  
 ) ss.  
COUNTY OF LARAMIE )

This instrument was acknowledged before me on May 1, 2024,  
by Sheila McInerney, as TPL & Estate Recovery Specialist for the Wyoming Department of  
Health, Division of Healthcare Financing.

Brandi Morris  
(Signature of Notary Public)

My commission expires:

1-21-29  
(month/day/year)

