

**AFFIDAVIT OF SURVIVORSHIP**

STATE OF WYOMING       )  
                              ) ss.  
COUNTY OF SHERIDAN    )

Virginia M. Mitchell, being first duly sworn, states as follows:

1. Affiant is the surviving spouse and the surviving tenant of a tenancy by the entireties with respect to the decedent hereinafter referred to; therefore, affiant has an interest in the real estate which is the subject matter of this Affidavit.

2. Affiant states that Charles W. Mitchell died at Sheridan, Wyoming on the 29th day of April, 1992; the facts of said death more fully appear from the Certificate of Death, duly certified by the State Registrar of Vital Statistics, attached hereto as Exhibit "A" and by this reference incorporated herein.

3. Said decedent and this affiant acquired as tenants by the entireties certain real property, by warranty deed, from First Wyoming Bank, N.A., Sheridan dated February 27, 1986, and recorded in the office of the County Clerk of Sheridan County, Wyoming on March 6, 1980, in Book 300 at page 143 of the books and records in said office, which property is more particularly described as follows:

The South 19½ feet of Lot 12 and the North 6 feet of Lot 13, Block 2, of the Original Town of Sheridan, Sheridan County, Wyoming, together with all improvements situate thereon and all appurtenances thereunto appertaining or belonging.

SUBJECT to all restrictions, reservations, easements, covenants and rights-of-way of record.

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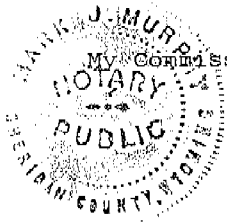
4. This Affidavit is filed for the purpose of establishing the fact of the death of the said Charles W. Mitchell, who was the owner with this affiant of a tenancy by the entireties in the above described property, and to make an official record of the termination of the interest of said decedent in and to said property, pursuant to the provision of W.S. 2-9-102.

Virginia M. Mitchell  
Virginia M. Mitchell

STATE OF WYOMING       )  
                              ) ss.  
County of Sheridan    )

Subscribed and sworn to before me by the aforesaid Virginia M. Mitchell this 6<sup>th</sup> day of May, 1927.

Mark J. Murphy  
Notary Public



My Commission Expires: OCTOBER 1, 2000

STATE OF WYOMING  
DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

LOCAL FILE NUMBER <b>1035</b>		STATE FILE NUMBER	
1. DECEASED NAME (First, Middle, Last) <b>CHARLES ARTHUR WARD MITCHELL</b>		2. SEX <b>Male</b>	3. DATE OF DEATH (Mo., Day, Yr.) <b>April 29, 1992</b>
4. SOCIAL SECURITY NUMBER <b>381-40-8900</b>		5. AGE (Last birthday) <b>51</b>	6. DATE OF BIRTH (Mo., Day, Yr.) <b>May 13, 1940</b>
7a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Other (Specify):			
7b. FACILITY NAME (If not hospital, give street and number) <b>Sheridan Co. Memorial Hospital</b>		7c. CITY, TOWN, OR LOCATION OF DEATH <b>Sheridan</b>	
8. STATE OF BIRTH (If not U.S.A., name country) <b>Michigan</b>		9. SURVIVING SPOUSE (If wife, give maiden name) <b>Virginia Mitchell</b>	
10. MARRIAGE (If married, give date) <b>Married</b>		11. USUAL OCCUPATION (If not, give date) <b>General Contractor</b>	
12. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>		13. STREET AND NUMBER <b>107 Willow St. - P.O. Box 424</b>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? <b>No</b>		15. RACE (Specify) <b>White</b>	
16. DECEASED'S EDUCATION (Specify years or level) <b>12</b>		17. FATHER'S NAME (First, Middle, Surname) <b>Everett Mitchell</b>	
18. MOTHER'S NAME (First, Middle, Surname) <b>Lois Buchanan</b>		19. INTERVIEWER TO DECEASED <b>Wife</b>	
20. MAILING ADDRESS (Street or R.F.D. Number, City or Town, State, ZIP Code) <b>107 Willow St. - P.O. Box 424 Big Horn Wyoming 82833</b>		21. DATE OF BIRTH (Mo., Day, Yr.) <b>4-30-92</b>	
22. PLACE OF BIRTH (City or Town, State, Country) <b>Smith-Terrace Gardens Crematory, Billings, Montana</b>		23. NAME OF FACILITY <b>Ferris Funeral Home</b>	
24. ADDRESS OF FACILITY <b>97 129 S. Main St. Sheridan, WY</b>		25. DATE OF DEATH (Mo., Day, Yr.) <b>4-30-92</b>	
26. HOUR OF DEATH <b>7:40 A.M.</b>		27. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>4-30-92</b>	
28. NAME AND ADDRESS OF CERTIFIER (Physician or Coroner) (Type or Print) <b>Hugh K. Batty, MD 1262 W. 5th St., Sheridan, WY 82801</b>		29. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>4-30-92</b>	
30. PART I: Enter the disease, lesion, or pathological condition that caused death. Do not enter mode of dying, such as cardiac or respiratory arrest, stroke, or heart failure. List only one cause on each line. <b>Cardiac Pulmonary Failure</b>		31. PART II: Enter the conditions contributing to death but not related to cause when in PART I. <b>Pulmonary Metastasis</b>	
32. PART III: Enter the conditions contributing to death but not related to cause when in PART I. <b>Adenocarcinoma Rectum</b>		33. PART IV: Enter the conditions contributing to death but not related to cause when in PART I.	
34. MANNER OF DEATH (Check one) <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending <input type="checkbox"/> Accidental <input type="checkbox"/> Could not be determined		35. DATE OF INJURY (Month, Day, Year) <b>M</b>	
36. TIME OF INJURY (Specify) <b>M</b>		37. PLACE OF INJURY (At home, farm, school, factory, office building, etc. (Specify))	
38. LOCATION (Street and number or Rural Route Number, City or Town, State)		39. LOCATION (Street and number or Rural Route Number, City or Town, State)	

THIS IS TO CERTIFY that this reproduction is a true copy of a record on file in Wyoming Vital Records Services, Cheyenne, Wyoming.

This copy is not valid unless it bears a raised seal and the signature of the Deputy State Registrar is in red.

*Jacqueline M. Caffrey*  
Deputy State Registrar

Date Issued May 13, 1992

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