



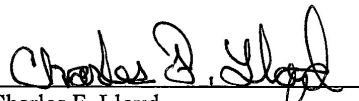
STATE OF WYOMING)
) ss.
 COUNTY OF SHERIDAN)

AFFIDAVIT OF SURVIVORSHIP

The undersigned, being of lawful age and having been first duly sworn, according to law, on oath depose and state;

1. That the undersigned Affiant was the husband of Elizabeth Ann Lloyd (aka Elizabeth A. Lloyd), deceased.
2. That Elizabeth A. Lloyd held an ownership interest of record as a joint tenant in that land described in that Quitclaim Deed recorded on September 4, 2001, in Book 426 at Page 508 in the Sheridan County Clerk's office.
3. That this Affidavit of Survivorship is recorded to affect the above-described real property and to demonstrate and confirm, of record, the divesting of any interests held by Elizabeth Ann Lloyd, as a joint tenant in the above-described property, as of the date of her death on June 9, 2006, as shown on the death certificate attached hereto.
4. That the death of Elizabeth Ann Lloyd terminated her previous estate leaving her joint tenant, Charles F. Lloyd, as the sole owner thereof upon her death as the surviving joint tenant.
5. That Elizabeth Anne Lloyd named therein as Decedent is the same Elizabeth A. Lloyd as is referenced in said Quitclaim Deed, and that the undersigned is the same surviving spouse and tenant referenced in the Quitclaim Deed described.
6. That this Affidavit is made pursuant to the provisions of WYO. STAT. §2-9-102.


FURTHER AFFIANTS SAYETH NAUGHT.


 Charles F. Lloyd

STATE OF Wyoming)
) ss.
 COUNTY OF Sheridan)

The foregoing Affidavit was subscribed, sworn to and acknowledged before me by Charles F. Lloyd, this 23 day of June, 2015.

Witness my hand and official seal.


 Notary Public

My Commission Expires: April 10, 2018



STATE OF WYOMING

DEPARTMENT OF HEALTH

DEATH CERTIFICATE

Decedent:

Name: Elizabeth Ann Lloyd
Gender: Female
Date of Birth: October 22, 1915

State File Number: 2006-001742

Social Security Number: 520-32-3667
Age at the Time of Death: 90 years

Date and Place of Death:

Date of Death: June 09, 2006
City of Death: Sheridan

County of Death: Sheridan

Additional Decedent Information:

Place of Birth: Buffalo, Wyoming
Residence: Sheridan, Wyoming
Marital Status: Widowed
Name of Father: Earl D. Hawkey
Maiden Name of Mother: Lexie Fowler
Informant: Charles Lloyd

Relationship: Son

Disposition:

Method of Disposition: Burial
Place of Disposition: Elks Cemetery, Sheridan, Wyoming

Cause of Death:

The immediate cause is listed on the first line followed by any underlying causes.

- (a) CHF
(b) CAD

Other Significant Conditions: Pneumonia, Anemia

Interval:

Not Recorded

Manner of Death: Natural Death

Time of Death: 23:16

Certifier:

Name: William M. Williams, M.D.
Address: 1456 W 5th St, Sheridan, Wyoming

Date Filed: June 15, 2006



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EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

NO. 2015-720178 AFFIDAVIT OF SURVIVORSHIP

EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK
WILCOX AGENCY
SHERIDAN WY 82801

310714

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

DATE ISSUED: July 05, 2006

Brent D. Sherard, M.D., M.P.H.
Director and State Health Officer

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