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

# **AFFIDAVIT OF SURVIVORSHIP**

STATE OF WYOMING	)
	) ss
County of Sheridan	)

This Affidavit of Survivorship is made in accordance with WYO. STAT. ANN. § 2-9-102 for the purpose of making a record of the matter of the death of one owner of real property held by the decedent and by the undersigned in joint tenancy.

The undersigned, Kathleen Joan Kalasinsky, having been first duly sworn upon by oath, does depose and states as follows:

- 1. I am the surviving spouse of R.C. Kalasinsky.
- 2. At the time of the death of R.C. Kalainsky, the real property described in this Affidavit was held by R.C. Kalasinky and Kathleen Joan Kalasinsky, husband and wife, as tenants by the entireties with full rights of survivorship.
- 3. The real property to which this Affidavit relates is certain real property situate in Sheridan County, State of Wyoming, described as follows:

Lot 13 of the Summit at Sparrow Hawk, a subdivision of the City of Sheridan, Wyoming. Together with all improvements located thereon or appurtenant thereto.

- 4. R.C. Kalasinsky died on May 23, 2023 in Sheridan, Wyoming. A certified copy of the decedent's Certificate of Death is attached hereto as Exhibit A.
- 5. Title to the parcel of real property was vested in R.C. Kalasinky and Kathleen Joan Kalasinsky, husband and wife, by a Warranty Deed from Garland Enterprises, Inc. to R.C. Kalasinky and Kathleen Joan Kalasinsky, husband and wife, as tenants by the entireties, recorded on August 24, 1995 in Book 375, Page 212, Instrument No. 206095, in the County Clerk and Recorder's Office in Sheridan County, Wyoming.

2024-794075

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6. By reason of the death of said R.C. Kalasinsky, all of his right, title and interest in and to said real property terminated, and title in said property is solely vested in Kathleen Joan Kalasinsky.

Further your affiant saith not.

DATED this 22 day of August, 2024.

Kathleen Joan Kalasinsky

STATE OF WYOMING

) ss.

County of Sheridan

This instrument was signed and sworn to before me on the 22nd day of August, 2024, by Kathleen Joan Kalasinsky.

ROCHELLE GARRIFFA
NOTARY PUBLIC
STATE OF WYOMING

STATE OF WYOMING COMMISSION ID: 97522

MY COMMISSION EXPIRES: 08/14/202

Notary Public

My Commission expires: 8-14-

### (MCERTIFICATIONIOF VITAL RECORDS)

# DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

Relationship:

Decedent: 2023-002006

Name Richard Carlisle Kalasinsky AKA Dick Kalasinsky

Sex: Male Social Security Number: 520-34-0225

Date of Birth: November 22, 1934 Age at the Time of Death 88 years

Date and Place of Death:

Date of Death: May 23, 2023 County of Death: Sheridan

Gity of Death: Sheridan

Location: Memorial Hospital of Sheridan County, 1401, West 5th Street

Additional Decedent Information:

Place of Birth: 'Sheridan, Wyoming' Residence: Sheridan, Wyoming'

Marital Status: Married - Kathleen Joan Hosteng

Armed Forces: Yes

Name of Father:

Name of Mother:

Semily LaToush

Informant: Kathleen Joan Kalasinsky

Disposition:

Method of Disposition: Burial

Place of Disposition: Elks Cemetery, 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:

(a) Cardiopulmonary Arrest

(b) Thromboembolic Episode

(c) Pancreatic Cancer

Other Significant Conditions:

Manner of Death: Natural Death Time of Death: 12:00 (Actual)

Certifier:

Type: Physician

Name: Derék Gilbert, MD

Address: //// // 1401 West 5th Street, Sheridan, WY, 82801

Date Filed: May 26, 2023

EXHIBIT

A



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

DATE ISSUED: May 30, 2023

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

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Interval

Immediate

Immediate

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DAVIS & CANNON LLP POBOX 728

SHERIDAN WY 82801

