

AFFIDAVIT OF SURVIVORSHIP

STATE OF WYOMING)
)
COUNTY OF SHERIDAN)

L. W. Reasoner, also known as Leo W. Reasoner, being first duly sworn according to law, deposes and states:

That he is the surviving spouse of Frances A. Reasoner, also known as Frances Anne Reasoner, who died on the 13th day of December, 1989, at St. John's Lutheran Nursing Home, Billings, Montana, as shown by the certified copy of the Certificate of Death attached hereto and made a part hereof as Exhibit "A".

That the real property situate in Sheridan County, State of Wyoming, described as follows, to-wit:

Lots 15 and 16, Block 14, Sheridan Gardens Addition to the City of Sheridan, Sheridan County, Wyoming;

was vested in the Affiant, L. W. Reasoner, and Frances A. Reasoner, husband and wife, by a Guardian's Deed to them from the Bank of Commerce, Sheridan, Wyoming, Guardian of the Estate of Lillian C. Kirkpatrick, also known as Lillian Carlos Kirkpatrick, Incompetent, the 10th day of July, 1970, and recorded July 16, 1970, in Book 177 of Deeds, Page 410.

That the death of Frances A. Reasoner terminated her previous estate in the said real property under said vesting instrument, thereby vesting said property in the survivor, L. W. Reasoner, this Affiant.

That this Affidavit is made and filed with such Certificate of Death, attached hereto in compliance with Wyoming Statute §2-9-102, 1977, for the purpose of terminating of record the estate held by the decedent, Frances A. Reasoner, to the above described real property.

Further Affiant Sayeth Not.

DATED this 8 day of January, 1990.

L. W. Reasoner
L. W. REASONER

STATE OF WYOMING)
)
COUNTY OF SHERIDAN)

On this 8 day of January, 1990, before me personally appeared L. W. Reasoner, to me personally known to be the person described in and who executed the foregoing instrument and acknowledged that he executed the same as his free act and deed.

WITNESS my hand and official seal

Ben O'Kelly
Notary Public

My Commission expires: July 04, 1992



MONTANA
CERTIFICATE OF DEATH

304

Local File Number

State File Number

1 Frances		(Middle) Anne		(Last) Reasoner		SEX Female	DATE OF DEATH (Month, Day, Year) 3 December 13, 1989
RACE—American Indian, Black, White, etc. (Specify) White		AGE—Last Birthday (Years) 66	UNDER 1 YEAR Months 66	UNDER 1 DAY Hours 66 Minutes 66	DATE OF BIRTH (Month, Day, Year) 6 June 20, 1923		COUNTY OF DEATH Yellowstone
7b. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)							
7c. St. John's Lutheran Nursing Home				7d. Billings			
BIRTHPLACE (City and State or Foreign Country) Unknown Montana		MARITAL STATUS Never Married		SURVIVING SPOUSE (If wife, give maiden surname) Leo W. Reasoner			
SOCIAL SECURITY NUMBER 11520-18-3401		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Housewife		KIND OF BUSINESS/INDUSTRY Homemaker		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or no) NO	
RESIDENCE—STATE Wyoming		COUNTY Sheridan	CITY, TOWN, OR LOCATION Sheridan	STREET NUMBER 1407 Martin Ave.			
INSIDE CITY LIMITS? (Yes or no) Yes		ZIP CODE 82801	ANCESTRY—Mexican, Puerto Rican, Cuban, African, English, Irish-German, Hmong, etc. (Specify) Unknown		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) 1 College (1-4 or 5+) 1		
FATHER'S NAME (First, Middle, Last) Frank Golob				MOTHER'S NAME (First, Middle, Maiden Surname) Katrina Rutala			
INFORMANT'S NAME (Type or Print) Mr. Leo Reasoner				MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1407 Martin Ave., Sheridan, WY 82801			
METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State				PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Monument Hill Cemetery			
SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON IN CHARGE OF DISPOSITION <i>James D. Knostman</i>				MONTANA LICENSE NUMBER (of Licensee) 397			
22. PART I. Enter (1) diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (See instructions on other side) IMMEDIATE CAUSE (Final disease or condition resulting in death) Sudden death DUE TO (OR AS A CONSEQUENCE OF): minutes Sequentially list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last. End Stage Renal Disease DUE TO (OR AS A CONSEQUENCE OF): 3 months Systemic lupus erythematosus and DUE TO (OR AS A CONSEQUENCE OF): years				24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				24a. WAS AN AUTOPSY PERFORMED? (Yes or no) NO			
26. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide				27a. DATE OF INJURY (Month, Day, Year) 12-14-89			
27b. TIME OF INJURY 1:40 P.M.				27c. INJURY AT WORK? (Yes or no) NO			
27d. DATE OF INJURY (Month, Day, Year) 12-14-89				27e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) At home			
27f. LOCATION (Street and Number or Rural Route Number, City or Town, State) At home				27g. DATE OF INJURY (Month, Day, Year) 12-14-89			
28a. TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. <i>James D. Knostman M.D.</i>				28b. TO BE COMPLETED BY CORONER ONLY. On the basis of examination and/or investigation in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated.			
28c. DATE SIGNED (Month, Day, Year) 12-14-89				28d. HOUR OF DEATH 1:40 P.M.			
28e. NAME OF ATTENDING PHYSICIAN (Type or Print) James D. Knostman, M.D.				28f. DATE PRONOUNCED DEAD (Month, Day, Year) December 22, 1989			
28g. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print) James D. Knostman, M.D. 2825 8th Ave. N., Billings, MT 59101				28h. LOCAL REGISTRAR'S SIGNATURE <i>Alva J. Wilson Deputy</i>			
28i. DATE SIGNED (Month, Day, Year) December 22, 1989				28j. DATE PRONOUNCED DEAD (Month, Day, Year) December 22, 1989			

EXHIBIT "A"

CLERK & RECORDER