

6/11/2024 9:06 AM PAGE: 1 OF 2 FEES: \$15.00 PK AFFIDAVIT OF SURVIVORSHIP - LEGAL EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

Recordation Requested By / Return To: **WFG Lender Services** 2625 Townsgate Rd, Suite 101 Westlake Village, California 91361

## SURVIVORSHIP AFFIDAVIT

STATE OF <u>WYOMING</u> ) SS:
COUNTY OF SHERIDAN )
ROGER LOBACH, being first duly sworn upon oath, deposes and says:
1. I, ROGER LOBACH, being of legal age and being first duly sworn, depose and state as follows:
KIMBERLY R. LOBACH, the decedent in the attached certificate of death or other document witnessing death is the same person as KIMBERLY R. LOBACH named as a party in the Quit Claim Deed dated recorded on APRIL 05, 2021 with the instrument number 2021-767869 in the official records of the SHERIDAN County Recorder.
2. This affidavit is given to terminate the decedent's interest in the following described property located in <a href="SHERIDAN">SHERIDAN</a> County, State of <a href="WYOMING">WYOMING</a> :
Lots 3 and 4, Block 24 of Sheridan Gardens Addition to the City of Sheridan, County of Sheridan, State of Wyoming
4. A certified copy of the death certificate is attached hereto.
Further affiaut sayeth not
AFFLANT HOØER LOBACH
STATE OF Whindam
Acknowledged, subscribed and sworn to before me this 15 day of Narch, 2024 by Roger Lobach
Notary Public Notary Public
SAHRYA MACMILLAN - NOTARY PUBLIC Printed Name: Salvy MacNy MacNy My Commission expires: 16/2025

STATE OF WYOMING

MY COMMISSION EXPIRES JANUARY 6, 2025

COUNTY OF SHERIDAN



# DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

State File Number:

County of Death:

Social Security Number:

Age at the Time of Death:

Decedent:

Kimberly Renee Lobach Name:

Sex: Female Date of Birth: July 25, 1964

Date and Place of Death:

Date of Death: September 07, 2022

City of Death: Dayton

Forest Road 163 Location:

Additional Decedent Information:

Place of Birth: Fort Campbell, Kentucky Residence: Sheridan, Wyoming Marital Status: Married - Roger Lobach

Armed Forces: No

Name of Father: Hector Guerra Name of Mother: Donna Kennedy

Informant: Roger Lobach Relationship: Husband

Disposition:

Method of Disposition: Burial

Sheridan Municipal Cemetery, Sheridan, Wyoming Place of Disposition:

Funeral Home or Facility:

Kane Funeral Home, Sheridan, Wyoming Facility:

Cause of Death:

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

(a) Cardiac Arrest

(b) Coronary Artery Disease

(c) Hyperlipidemia

Other Significant

Sleep Apnea

Conditions:

Manner of Death: Natural Death Time of Death: 08:20 (Actual)

Certifier:

Physician Type:

Name: Christopher Prior, DO

1333 West 5th Street, S 112, Sheridan, WY, 82801 Address:

Date Filed: September 14, 2022

### NO. 2024-792447 AFFIDAVIT OF SURVIVORSHIP

2022-003712

403-88-7727

58 years

Sheridan

Interval:

Years

Years

30 Minutes

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FEES: \$15.00 PK AFFIDAVIT OF SURVIVORSHIP - LEGAL

EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK WFG LENDER SERVICES-RESWARE 2625 TOWNSGATE RD STE 10 **WESTLAKE VILLAGE CA 91361-5729** 



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

DATE ISSUED:

September 15, 2022

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

Guy Beaudoin Deputy State Registrat

