



2023-786329 6/28/2023 3:59 PM PAGE: 1 OF 2
FEES: \$15.00 PK AFFIDAVIT OF SURVIVORSHIP - LEGAL
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

STATE OF WYOMING)
) ss
COUNTY OF SHERIDAN)

AFFIDAVIT OF SURVIVORSHIP

Sandra Berlin, being of lawful age and having been first duly sworn according to law, on oath depose and state:

1. That by Warranty Deed filed in the office of the County Clerk and Ex-Officio Register of Deeds for Sheridan County, Wyoming, on April 6, 2021, and duly recorded as Warranty Deed No. 2021-767946, real property was conveyed to Rodney G. Pearce and Sandra Berlin, as joint tenants with rights of survivorship, which was described as follows:

Lot 5, of Woodland Creek Estates Subdivision, City of Sheridan in Sheridan County Wyoming recorded March 1 2016 Book W of Plats Page 71

2. Rodney G. Pearce and Sandra Berlin each owned, as joint tenants with rights of survivorship, said property pursuant to said Warranty Deed.
3. Rodney G. Pearce, one of the Grantees in said Warranty Deed, died on September 6, 2021, and left surviving, Sandra Berlin, who was named as the other Grantee in said Warranty Deed.
4. That the death of Rodney G. Pearce terminated his previous estate in the real property described in said Warranty Deed, leaving Sandra Berlin as the sole surviving tenant and sole owner thereof.
5. That attached hereto and made a part hereof is a certified copy of the Certificate of Death of Rodney G. Pearce; and he is one and the same as referenced above.
6. That this Affidavit is made to confirm and record ownership of the property described herein, to Sandra Berlin, as Grantee of that Warranty Deed described above, as of the date thereof and made pursuant to the provisions of WYO. STAT. § 2-9-102.

DATED this 28 day of June, 2023.

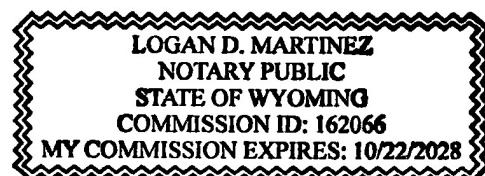
Sandra Berlin
Sandra Berlin

This instrument was acknowledged before me on the 28th day of June, 2023 by Sandra Berlin.

WITNESS my hand and official seal.

Logan D. Martinez
Signature of Notarial Officer
Title: Notary Public

My Commission expires: 10-22-28



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

OFFICE OF VITAL STATISTICS
COUNTY OF PLACER

AUBURN, CALIFORNIA 95603

CERTIFICATE OF DEATH

3202131003083

1. NAME OF DECEDENT - FIRST (Given)
2. MIDDLE
3. LAST (Family)
RODNEY GIBSON
4. DATE OF BIRTH m/d/yyyy
02/08/1948
5. AGE y:m:d
73
6. SEX
M
7. DATE OF DEATH m/d/yyyy
09/06/2021
8. HOUR (24 hour)
0950
9. BIRTH STATE/FORIGIN COUNTRY
CA
10. SOCIAL SECURITY NUMBER
561-74-4493
11. EVER IN U.S. ARMED FORCES?
NO
12. MARITAL STATUS (at time of death)
MARRIED
13. DECEDENT'S RACE - Up to 2 races may be listed (see worksheet on back)
CAUCASIAN
14. US WAS DECEDENT HISpanic/Latino/Asian?
NO
15. US WAS DECEDENT NATURALIZED CITIZEN?
YES
16. DECEDENT'S PLACE - Up to 2 places may be listed (see worksheet on back)
MORTGAGE COMPANY
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED
LENDER
18. USUAL RESIDENCE (Street and number, or location)
4838 CAVITT RANCH PLACE
19. COUNTY/PROVINCE
PLACER
20. ZIP CODE
95746
21. YEARS IN COUNTRY
23
22. STATE/FORIGIN COUNTRY
CA
23. INFORMANT'S NAME, RELATIONSHIP
GRANITE BAY
24. NAME OF SURVIVING SPOUSE/SPO - FIRST
RONDA PEARCE, WIFE
25. NAME OF SURVIVING SPOUSE/SPO - MIDDLE
KAY
26. NAME OF SURVIVING SPOUSE/SPO - LAST
KELLER
27. NAME OF SURVIVING SPOUSE/SPO - FIRST
PEARCE
28. NAME OF SURVIVING SPOUSE/SPO - MIDDLE
KAY
29. NAME OF SURVIVING SPOUSE/SPO - LAST
KELLER
30. LAST BIRTH NAME
KELLER
31. NAME OF MOTHER/PARENT - FIRST
GERALD
32. NAME OF MOTHER/PARENT - MIDDLE
GIBSON
33. NAME OF MOTHER/PARENT - LAST
KATHERINE
34. BIRTH STATE
CO
35. LAST BIRTH NAME
PEARCE
36. LAST BIRTH NAME
KELLER
37. LAST BIRTH NAME
KELLER
38. BIRTH STATE
TX
39. PLACE OF FINAL DISPOSITION
LAKEVIEW MEMORIAL LAWN
40. PLACE OF FINAL DISPOSITION (Street and number, or location)
1201 FORREST ST, FOLSOM, CA 95630
41. TYPE OF DISPOSITION
BURIAL
42. SIGNATURE OF EXAMINER
VICTOR V SEMENYUK
43. LICENSE NUMBER
EMB9477
44. NAME OF FUNERAL ESTABLISHMENT
MILLER FUNERAL HOME
45. SIGNATURE OF LOCAL REGISTRAR
ROBERT LEE OLDHAM, MD
46. LICENSE NUMBER
FD467
47. DATE
09/16/2021

101. PLACE OF DEATH
102. COUNTY
103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)
SUTTER ROSEVILLE MEDICAL CENTER
104. CITY
ROSEVILLE
105. COUNTY
PLACER
106. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)
1 MEDICAL PLAZA DR
107. CAUSE OF DEATH
Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT restate terminal events such as cardiac arrest, respiratory arrest, or circulatory failure without showing the diagnosis. DO NOT abbreviate.
108. EXAMINER'S SIGNATURE
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