



STATE OF WYOMING)
 : ss.
County of Sheridan)

AFFIDAVIT OF SURVIVORSHIP
CONCERNING OWNERSHIP OF REAL ESTATE

Jacqueline C. Austin, after being duly sworn upon oath, does depose and say:

1. This Affidavit is made in compliance with Wyoming Statutes, Sec. 2-9-102 to establish the termination of a joint tenancy due to the death of one of the tenants.

2. Affiant is the personal representative of the Estate of Jean Ostermyer, Probate No. 2025-CV-90, who died on November 28, 2024. A certified copy of the Death Certificate of said Jean Ostermyer is attached hereto as Exhibit A.

3. Larry Ostermyer died on August 7, 2008. A certified copy of the Death Certificate of the said Larry Ostermyer is attached hereto as Exhibit B.

4. At the time of the death of the said Jean Ostermyer, she and Larry Ostermyer were the record owners, as joint tenants with right of survivorship, of an interest in certain real estate which is located in Sheridan County, Wyoming, and which is more particularly described as follows:

Home located at 1436 N. Gould St, Sheridan, WY, which is described as follows:

South 40.6' of Lot 2, Amended Plat Block 15, Sheridan Land Company's Second Addition, Sheridan, Sheridan County, Wyoming

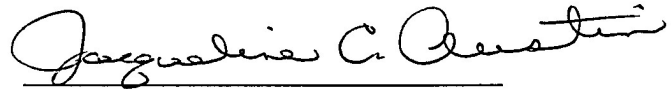
4. Jean Ostermyer and Larry Ostermyer acquired their interest in the above-described property by means of a Warranty Deed which is dated February 18, 1977 and

which was recorded in the office of the County Clerk and Recorder of Sheridan County, Wyoming, in Book 220 at page 581, Instrument No. 703338 on February 25, 1977.

5. Due to the death of the said Larry Ostermyer, Jean Ostermyer became the sole owner of the above-described property.

FURTHER AFFIANT SAYETH NOT.

DATED this 23 day of September, 2025.

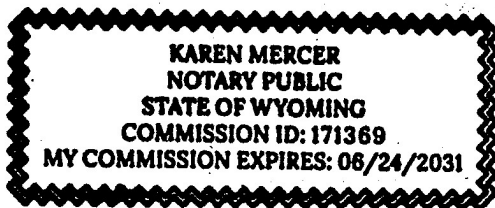


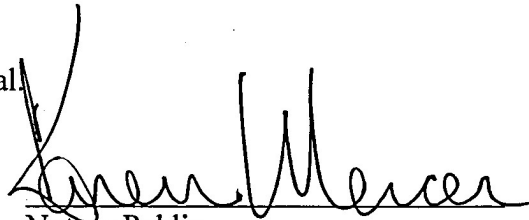
Jacqueline C. Austin, Personal
Representative of the
Estate of Jean Ostermyer

STATE OF WYOMING)
 : ss.
County of Sheridan)

The above and foregoing Affidavit of Survivorship was subscribed, sworn to and acknowledged before me by Jacqueline C. Austin this 23 day of September, 2025.

WITNESS my hand and official seal.




Notary Public

STATE OF WYOMING

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Decedent:
Name: Jean F. Ostermyer
Sex: Female
Date of Birth: January 16, 1948
State File Number: 2024-004801
Social Security Number: 520-58-3744
Age at the Time of Death: 76 years

Date and Place of Death:
Date of Death: November 28, 2024
City of Death: Sheridan
Location: 1436 N Gould St
County of Death: Sheridan

Additional Decedent Information:

Place of Birth: Sheridan, Wyoming
Residence: Sheridan, Wyoming
Marital Status: Widowed
Armed Forces: No
Name of Father: Cecil N Lupton
Name of Mother: Dora F. Delapp
Informant: Kim Ostermyer
Relationship: Son

Disposition:

Method of Disposition: Cremation
Place of Disposition: Wyo Cremation Authority, 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) Failure to Thrive

Interval:

Years

Other Significant Conditions: Uncontrolled Diabetes Mellitus Type II, Hypertension, Hyperlipidemia

Manner of Death: Natural Death
Time of Death: Approximate 21:50 ±6hrs

Certifier:

Type: Coroner
Name: Robert Byrd, Coroner
Address: 1604 North Main St, Sheridan, WY, 82801
Date Filed: December 13, 2024

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 FEES: \$21.00 1H AFFIDAVIT OF SURVIVORSHIP - LEGAL
 EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

EXHIBIT

A

* 0 0 1 5 1 0 9 6 9 *

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

DATE ISSUED: December 16, 2024

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

Kyndra Herrera
 Deputy State Registrar

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF MONTANA
CERTIFICATION OF VITAL RECORD

YELLOWSTONE COUNTY

CERTIFICATION OF A DEATH CERTIFICATE

FILE #: 200856-005993

FULL NAME OF DECEASED: Larry Gale Ostermyer

SEX: Male

DATE OF DEATH: August 07, 2008

PLACE OF DEATH: BILLINGS

RACE: White

DATE OF BIRTH: January 11, 1943

BIRTHPLACE: Oto, Iowa

MOTHER'S NAME: Ruth Kelsheimer

FATHER'S NAME: Leo Ostermyer

MARITAL STATUS: Married

SPOUSE: Jean Ostermyer

SOCIAL SECURITY NUMBER: 493-54-0042

VETERAN OF ARMED FORCES: Yes

RESIDENCE: Sheridan, Wyoming

FUNERAL FACILITY: Smith Funeral Chapel

PLACE OF DISPOSITION: Smith Crematory
Billings

METHOD OF DISPOSITION: Cremation

MANNER OF DEATH: Accident

DATE FILED: September 11, 2008

CAUSE OF DEATH:

ONSET:

a. BRAINSTEM HEMORRHAGE

DAY

b. ACUTE BILATERAL SUBDURAL HEMATOMA

DAY

c. ACCIDENTAL FALL

DAY

OTHER SIGNIFICANT CONDITIONS:

ANTICOAGULATED FOR ATRIAL FIBRILLATION

DESCRIBE HOW INJURY OCCURRED:

FELL

DATE AND TIME OF INJURY: August 06, 2008 2:00 PM

PLACE OF INJURY: Home

LOCATION OF INJURY: 1436 NORTH GOULD, Sheridan, Wyoming 82801

NAME AND ADDRESS OF CERTIFIER:

Brian Ragel, PO Box 35001, Billings

DATE ISSUED: September 11, 2008 BY: *[Signature]*



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EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

NO. 2025-802259 AFFIDAVIT OF SURVIVORSHIP
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK
LEININGER LAW LLC P O BOX 2045
SHERIDAN WY 82801

EXHIBIT

B

181162

This certifies that this document is a true replication
of the original information on file with the Department
of Public Health and Human Services.

[Signature]
Clerk and Recorder

Not Valid Unless Raised Seal is Present

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE