

## AFFIDAVIT OF SURVIVORSHIP

STATE OF WYOMING     )  
                                  : SS  
COUNTY OF SHERIDAN    )

**Diane L. Marney**, being of lawful age and being first duly sworn upon oath does depose and state the following:

1. That **Scott L. Marney** also known as **Scott Lewis Marney**, died on the 26th day of November, 2003, in Yellowstone County, State of Montana.

2. That at the time of his death, the said **Scott L. Marney** was the owner, along with **Diane L. Marney**, of the following described real property, situate in the County of Sheridan, State of Wyoming, to-wit:

THE EAST 88 FEET OF LOT 30, AND THE EAST 44 FEET OF LOTS 25, 26, 27, 28 AND 29, ALL IN BLOCK 2 OF COFFEEN'S SECOND ADDITION TO THE TOWN, NOW CITY OF SHERIDAN, SHERIDAN COUNTY, WYOMING.

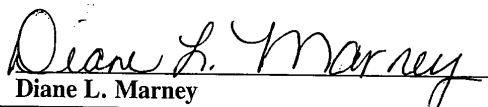
3. That your affiant **Diane L. Marney** and **Scott L. Marney** received title to the above described property, as husband and wife, by that certain Warranty Deed executed by **Sheridan State Bank, a Wyoming corporation**, as Grantor, said Warranty Deed being dated the 14th day of February, 2000, and recorded in Book 412 of Deeds, Page 547 thereof, in the records of the County Clerk and Ex-Officio Register of Deeds, for Sheridan County, State of Wyoming, on the 15th day of February, 2000, as instrument number 339403.

4. That attached hereto is a certified copy of the death certificate of **Scott L. Marney**, also known as **Scott Lewis Marney**.

5. That by reason of the death of said **Scott L. Marney**, all right, title and interest of **Scott L. Marney** in the above described property now vests in **Diane L. Marney**, who by virtue of the interest held as husband and wife, succeeds thereto as the surviving spouse.

6. That this Affidavit is made and given for the express purpose of clearing title to the above referenced property into the name of **Diane L. Marney**, in accordance with the statutes of the State of Wyoming (Section 2-9-102).

Dated this 12<sup>th</sup> day of August, 2004.

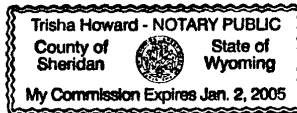
  
**Diane L. Marney**

12<sup>th</sup> Subscribed and sworn to before me, by Diane L. Marney, this  
day of August, 2004.

Trisha Howard

NOTARY PUBLIC

My Commission Expires: Jan. 2, 2005



# CERTIFICATION OF VITAL RECORD

## STATE OF MONTANA

### YELLOWSTONE COUNTY

Local File Number: 1301 MONTANA CERTIFICATE OF DEATH State File Number: \_\_\_\_\_

1. DECEDENT'S NAME (First, Middle, Last) Scott Lewis Mamey		AKA's (If Any)		29. ACTUAL OR PRESUMED DATE OF DEATH (Month/Day/Year) (Spell Month) November 26, 2003	
2. Sex Male	3. SOCIAL SECURITY NUMBER 516-68-2171	4a. Age - last Birthday (Years) 48	4b. Under 1 Year Months Days Hours Minutes	5. DATE OF BIRTH (Month/Day/Year) October 05, 1954	17. COUNTY OF DEATH Yellowstone
14. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Dead on Arrival OTHER: <input type="checkbox"/> Nursing Home/Long term care facility <input type="checkbox"/> Residence <input type="checkbox"/> Hospice <input type="checkbox"/> Other					
15. FACILITY NAME (If not institution, give street and number) Saint Vincent's Healthcare					
16. CITY, TOWN OR LOCATION OF DEATH Billings					
6. BIRTHPLACE (City, and State or Foreign Country) Pomona, Wyoming		9. MARITAL STATUS <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Married but Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE Diane L. Cook	
14. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Supervisor		55. KIND OF BUSINESS/INDUSTRY Highway Construction		8. WAS DECEDENT EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7a. RESIDENCE STATE Wyoming	7b. COUNTY Sheridan	7c. CITY, TOWN, OR LOCATION Sheridan	7d. STREET NUMBER 431 Park St.	7e. ZIP CODE 82801	7f. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input type="checkbox"/> No
51. DECEDENT'S EDUCATION (Specify only the highest diploma or degree received) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade, No Diploma <input type="checkbox"/> High School graduate or GED completed <input type="checkbox"/> Some college but no degree <input type="checkbox"/> Associates degree (e.g., A.A., A.S.) <input type="checkbox"/> Bachelor's Degree (e.g., B.A., B.S.) <input type="checkbox"/> Master's Degree (e.g., M.A., M.S., M.B.A., M.D., M.D.S., D.V.M., LL.B., J.D.)					
52. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is of Spanish/Hispanic/Latino descent. Check the No box if the decedent is not Spanish/Hispanic/Latino.) <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latino (Specify)					
53. DECEDENT'S RACE (Check one or more races to indicate what the decedent considers himself or herself to be). <input type="checkbox"/> White <input type="checkbox"/> Black African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (Specify)					
11. FATHER'S NAME (First, Middle, Last) Robert Gene Mamey		12. MOTHER'S NAME (First, Middle, last name before first marriage) Doris Marie Carter			
13a. INFORMANT'S NAME Diane L. Mamey		13b. RELATION TO DECEDENT Wife		13c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 431 Park St. Sheridan, WY 82801	
18. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Entombment <input type="checkbox"/> Donation <input type="checkbox"/> Other		19. PLACE OF DISPOSITION (Cemetery, crematory, or other place) Cremation or Funeral Gallery		20. LOCATION (City or Town, State) Billings, MT	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON IN CHARGE OF DISPOSITION Robert J. Williams		23. MONTANA LICENSE NO. (or license if applicable) 554		21. NAME AND ADDRESS OF FUNERAL FACILITY Cremation or Funeral Gallery Billings, MT	

**ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH**

24. DATE PRONOUNCED DEAD (Month/Day/Year) November 26, 2003	25. TIME PRONOUNCED DEAD 04:15 AM
26. SIGNATURE OF PERSON PRONOUNCING DEATH (only when applicable) Patricia Cobb MD	27. LICENSE NUMBER 7719
28. DATE SIGNED (Month/Day/Year) December 09, 2003	30. ACTUAL OR PRESUMED TIME OF DEATH 04:15 AM
31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**CAUSE OF DEATH (See instructions and examples)**  
Immediate Cause (final disease or condition resulting in death): ACUTE MYOCARDIAL INFARCTION  
Underlying Cause (Disease or injury that initiated events resulting in death): ACUTE MYOCARDIAL INFARCTION  
Part II Other significant conditions to death but not resulting in the underlying cause given in Part I

37. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	38. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	39. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant but pregnant with 43 days of death <input type="checkbox"/> Not pregnant but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within past year
40. DATE OF INJURY (Month/Day/Year) 11/26/03	41. TIME OF INJURY 3:30	42. PLACE OF INJURY (e.g. Decedent's Home, Construction Site, Restaurant, Wooded Area) Home
43. DESCRIBE HOW INJURY OCCURRED		

44. IF TRAFFIC ACCIDENT SPECIFY  
☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other

45. TO BE COMPLETED BY CERTIFIER: (A certifier can be a MD, PA, APRN, or coroner)  
46. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER)  
Patricia Cobb MD  
47. TITLE  
MD  
48. DATE FILED (Month/Day/Year)  
December 09, 2003

By: Kim Robinson

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

Not Valid Unless Raised Seal is Present

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE