



AFFIDAVIT OF SURVIVORSHIP

State of Wyoming)
)ss
County of Sheridan)

Todd A. Atter , being first duly sworn upon oath does depose and state as follows:

1. That he is a surviving heir of **Norman T. Atter**, who died August 2, 2014, in Johnson County, State of Wyoming.

2. That at the time of his death the said **Norman T. Atter**, along with your affiant, **Todd A. Atter**, joint tenants with right of survivorship, were the owners of the following described property situate in Sheridan County, Wyoming, together with all improvements thereon, to-wit:

Lots 4, 6, 7, 8, and 9, Pleasant Valley Subdivision, a subdivision in Sheridan County, Wyoming.

3. That the said **Norman T. Atter** and **Todd A. Atter**, joint tenants with right of survivorship, received title to the above-described real property by that certain Warranty Deed from **Norman T. Atter** and **Todd A. Atter**, dated **October 14, 2008**, and recorded July 31, 2014 in Book 548 of Deeds, at Page 321, Instrument No. 2014-713790 in the Office of the County Clerk in and for Sheridan County, State of Wyoming.

4. That by reason of the death of the said **Norman T. Atter**, and the fact that said property was held by **Norman T. Atter** and **Todd A. Atter**, joint tenants with right of survivorship, all right, title and interest in and to said property above-described is now vested solely in **Todd A. Atter**:

5. Attached hereto is a certified copy of the Certificate of Death of **Norman T. Atter**, duly certified to by **James McBride**, Deputy State Registrar, Department of Health, State of Wyoming.

6. That this Affidavit is made pursuant to Wyoming Statute §2-9-102 and given for the express purpose of terminating the joint tenancy in the name of **Norman T. Atter**, and vesting sole



title in the real property above-described in the name of **Todd A. Atter**, as the surviving joint
tenant.

Further this affiant sayeth not.

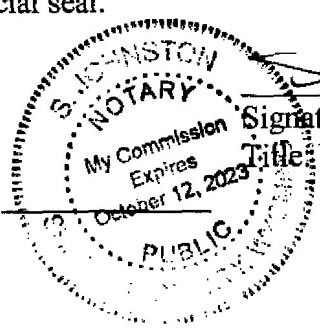
Dated this 7th day of March, 2022.

Todd A. Atter
Todd A. Atter

State of Wyoming)
)ss
County of Sheridan)

The foregoing instrument was signed and sworn to before me by Todd A. Atter, this 7th
day of March, 2022.

Witness my hand and official seal.



[Signature]
Signature of Notarial Officer
Title: Notary Public

My Commission Expires:

STATE OF WYOMING

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Decedent: **State File Number:** 2014-002413
Name: Norman Thomas Atter
Gender: Male **Social Security Number:** 474-24-2195
Date of Birth: May 22, 1928 **Age at the Time of Death:** 86 years

Date and Place of Death:
Date of Death: August 02, 2014 **County of Death:** Johnson
City of Death: Buffalo
Location: Johnson County Memorial Hospital 497 West Lott

Additional Decedent Information:

Place of Birth: Buffalo, Wyoming
Residence: Sheridan, Wyoming
Marital Status: Married - Dolores Dopel
Armed Forces: No
Name of Father: Lee Atter
Name of Mother: Jean Finger
Informant: Todd Atter



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 EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

Relationship: Son

Disposition:
Method of Disposition: Cremation
Place of Disposition: Smith Crematory, Billings, Montana

Funeral Home or Facility:
Facility: Champion-Ferries F. H., Sheridan, Wyoming

Cause of Death:
The immediate cause is listed on the first line followed by any underlying causes.
 (a) Dehydration **Interval:** 5 days
 (b) Dementia **Interval:** 7 years

Other Significant Conditions:

Manner of Death: Natural Death **Time of Death:** 05:55 (Actual)

Certifier:
Type: Physician
Name: Mark Schueler, MD
Address: 497 West Lott, Buffalo, Wyoming, 82834
Date Filed: August 08, 2014

NO. 2022-777042 AFFIDAVIT OF SURVIVORSHIP
 EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK
 SHERIDAN COUNTY TITLE INSURANCE AG 23 S MAIN STREET
 SHERIDAN WY 82801

785293

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

DATE ISSUED: Wednesday, August 20, 2014

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

James McBride
 James McBride
 Deputy State Registrar

