

IN THE DISTRICT COURT, FOURTH JUDICIAL DISTRICT, 556

COUNTY OF SHERIDAN, STATE OF WYOMING

IN THE MATTER OF THE ESTATE)
OF AGNES JANNEY,)
Deceased.)

AFFIDAVIT OF SURVIVORSHIP

STATE OF WYOMING)
:ss.
County of Sheridan)

I, Alice Janney Beatty, being first duly sworn upon my oath,
depose and say:

1.

That I am a resident of Sheridan County, Wyoming, and the sole
surviving heir of the Decedent Agnes Janney, who died on January
31, 1995 in Sheridan, Wyoming.

2.

At the time of her death, the Decedent, Agnes Janney, was the
owner, along with this affiant, as a joint tenant with right of
survivorship, of the following real property, to-wit:

Lots 13 and 14 and the North 10 feet of Lot 15, Block 9
of the Coffeen Second Addition to the Town, now City of
Sheridan, Sheridan County, Wyoming, together with all
improvements situated thereon and all rights and interest
appurtenant. (Said property also known as 240 Carlin
Street, Sheridan, Wyoming.)

3.

This affiant, as the heir of the said Agnes Janney, and in
accordance with the joint tenancy created as mother and daughter,
is entitled to all right, title and interest to said real property
according to the vesting statutes of the State of Wyoming.


4.

Attached hereto is a certified copy of the Certificate of
Death of the said Agnes Janney.

5.

This affidavit is made and given for the express purpose of
terminating the estate of the Decedent in said real property and
vesting sole title thereto in your affiant, Alice Janney Beatty.

Dated this 21 day of March, 1995.


Alice Janney Beatty

STATE OF WYOMING)
 : ss.
County of Sheridan)

Subscribed and sworn to before me this 21 day of March,
1995, by Alice Janney Beatty.



Witness my hand and official seal.

Leslie K. Kuhn
Notary Public

My Commission Expires: Dec 4, 1995.

STATE OF WYOMING
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

558

95-00281

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CERTIFIER

CAUSE OF DEATH

LOCAL FILE NUMBER 20		STATE FILE NUMBER 95-00281	
1. DECEASED NAME FIRST AGNES		LAST JANNEY	
2. SEX FEMALE		3. DATE OF DEATH (Mo., Day, Yr.) JANUARY 31, 1995	
4. SOCIAL SECURITY NUMBER 520 16 3733		5. AGE LAST BIRTHDAY (Years) 83	
6. DATE OF BIRTH (Mo., Day, Yr.) OCTOBER 15, 1911		7. PLACE OF DEATH (Specify only one) <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)	
8. STATE OF BIRTH (If not in U.S.A., name country) WYOMING		9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
10. SURVIVING SPOUSE (If wife, give maiden name) N/A		11. WAS DECEASED EVER IN U.S. ARMED FORCES? NO	
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK		13. KIND OF BUSINESS OR INDUSTRY FOOD SERVICE	
14. RESIDENCE - STATE WYOMING		15. CITY, TOWN, OR LOCATION OF DEATH SHERIDAN	
16. COUNTY OF DEATH SHERIDAN		17. STREET AND NUMBER 428 NORTH JEFFERSON	
18. INSIDE CITY LIMITS? YES		19. WAS DECEASED OF HISPANIC ORIGIN? NO	
20. RACE (American Indian, Black, White, Etc.) WHITE		21. DECEASED'S EDUCATION (Specify only highest grade completed) 8	
22. FATHER'S NAME First Middle Last JOHN JOLOVICH		23. MOTHER'S NAME First Middle Last SUSIE LEGERSKI	
24. INFORMANT NAME (Type or Print) ALICE BEATTY		25. RELATIONSHIP TO DECEASED DAUGHTER	
26. MAILING ADDRESS STREET OR R.F.D. NUMBER 420 CARLIN		27. CITY OR TOWN SHERIDAN	
28. STATE WYOMING		29. ZIP CODE 82801	
30. BIRTH CREMATION REMOVAL FROM STATE (Date) CREMATION 02-02-95		31. CEMETERY OR CREMATORY NAME BILLINGS CREMATORY	
32. ADDRESS OF FACILITY CHAMPION FUNERAL HOME		33. ADDRESS OF FACILITY 244 S. BROOKS SHERIDAN, WY. 82801	
34. SIGNATURE OF DECEASED (If known, place in this space and place and due to that cause) <i>John Janney</i>		35. SIGNATURE OF DECEASED (If known, place in this space and place and due to that cause) <i>John Janney</i>	
36. DATE SIGNED (Mo., Day, Yr.) 2-2-95		37. HOUR OF DEATH 2:25 P. M.	
38. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) JOHN WILLOUGHBY, M.D.		39. ADDRESS OF PHYSICIAN 335 WEST WORKS SHERIDAN, WYOMING 82801	
40. REGISTRATION DEPUTY FEBRUARY 3, 1995		41. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) FEBRUARY 3, 1995	
42. IMMEDIATE CAUSE (Final disease or condition resulting in death) Respiratory arrest		43. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
44. SEQUENTIAL CAUSE (If any, leading to immediate cause, enter underlying cause (disease or injury) and immediate cause resulting in death) LAST COPD Smoking (cigarette)		45. PART 8. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1 Lung tumor - undiagnosed	
46. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		47. AUTOPSY (Specify) NO	
48. PLACE OF BURY - At home, farm, street, factory, office building, etc. (Specify) M		49. LOCATION (Street and Number or Rural Route Number, City or Town, State) M	

FEB 2-89
2/91 15M

THIS IS TO CERTIFY that this reproduction is a true copy of a record on file in Wyoming Vital Records Services, Cheyenne, Wyoming.

This copy is not valid unless it bears a raised seal and the signature of the Deputy State Registrar is in red.



Date Issued MAR - 2 1995

Lucinda McCaffrey
Deputy State Registrar