

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.

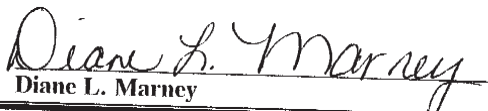
3. That your affiant **Diane L. Marney** and **Scott L. Marney** received title to the above described property, as husband and wife, by that certain Warranty Deed executed by **Sheridan State Bank**, a Wyoming corporation, as Grantor, said Warranty Deed being dated the 14th day of February, 2000, and 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 12th day of August, 2004.


Diane L. Marney

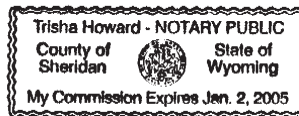
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12th Subscribed and sworn to before me, by **Diane L. Marney**, this
day of August, 2004.

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 519-88-2171	4a. Under 1 Year (Years)	4b. Under 1 Year (Months/Day)	5. DATE OF BIRTH (Month/Day/Year) October 05, 1954	17. COUNTY OF DEATH Yellowstone
14. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> 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					
18. BIRTHPLACE (City, State and Foreign Country) Parrell, Wyoming		9. MARITAL STATUS <input type="checkbox"/> Never Married <input type="checkbox"/> Married but Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE Diane L. Cook	
24. DECEDENT'S USUAL OCCUPATION (Give kind of work done during last of working life. Do not list retired.) Supervisor		55. KIND OF BUSINESS/INDUSTRY Highway Construction		8. WAS DECEDENT EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7a. RESIDENCE STATE Wyoming		7b. COUNTY Sheridan		7c. CITY, TOWN, OR LOCATION 431 Park St.	
7d. STREET NUMBER 431		7e. ZIP CODE 82801		7f. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
51. DECEDENT'S EDUCATION (Specify only the highest diploma or degree received) 8th grade or less 9th-12th grade: No Diploma High School graduate or GED completed Some college but no degree Associate's degree (e.g. A.A., A.S.) Bachelor's degree (e.g. B.A., B.S.) Master's degree (e.g. M.A., M.S., M.B.A., M.D., D.D.S., D.V.M., L.L.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 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's consider 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"/> Samoan <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Other Pac. Is. Islander (Specify) <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Other (Specify)					
11. FATHER'S NAME (First, Middle, Last) Robert Dand Mamey					
12. MOTHER'S NAME (First, Middle, Last name before first marriage) Doris Mamey 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 checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Entombment <input type="checkbox"/> Other		19. PLACE OF DISPOSITION (Cemetery, crematory, at other place) Cremation Of 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. Mamey		23. MONTANA LICENSE NO. (if licensed) (If applicable) 554		21. NAME AND ADDRESS OF FUNERAL FACILITY Cremation Of 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. LICENSE NUMBER 7719	
28. SIGNATURE OF PERSON PRONOUNCING DEATH (only when applicable) Patrick Cobb MD.					
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 checked="" type="checkbox"/> No	
CAUSE OF DEATH (See instructions and examples) 32. PART I Enter the chain of events - disease, injuries, complications - that directly cause the death. DO NOT enter terminal events such as cardiac or respiratory condition resulting in death. Enter only one cause on each line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition) a. <u>ACUTE MYOCARDIAL INFARCTION</u> DUE TO (OR AS A CONSEQUENCE OF): b. <u>CHRONIC CORONARY ARTERY DISEASE</u> DUE TO (OR AS A CONSEQUENCE OF): c. <u>DIABETES MELLITUS</u> DUE TO (OR AS A CONSEQUENCE OF): d. <u>SMOKING</u> DUE TO (OR AS A CONSEQUENCE OF): e. <u>OBESITY</u> DUE TO (OR AS A CONSEQUENCE OF): f. <u>HYPERLIPIDEMIA</u> DUE TO (OR AS A CONSEQUENCE OF): g. <u>ARTERIO-SCLEROSIS</u> DUE TO (OR AS A CONSEQUENCE OF): h. <u>ATHEROSCLEROSIS</u> DUE TO (OR AS A CONSEQUENCE OF): i. <u>ISCHEMIC HEART DISEASE</u> DUE TO (OR AS A CONSEQUENCE OF): j. <u>MYOCARDIAL INFARCTION</u> DUE TO (OR AS A CONSEQUENCE OF): k. <u>ACUTE MYOCARDIAL INFARCTION</u> DUE TO (OR AS A CONSEQUENCE OF): l. <u>CHRONIC CORONARY ARTERY DISEASE</u> DUE TO (OR AS A CONSEQUENCE OF): m. <u>DIABETES MELLITUS</u> DUE TO (OR AS A CONSEQUENCE OF): n. <u>SMOKING</u> DUE TO (OR AS A CONSEQUENCE OF): o. <u>OBESITY</u> DUE TO (OR AS A CONSEQUENCE OF): p. <u>HYPERLIPIDEMIA</u> DUE TO (OR AS A CONSEQUENCE OF): q. <u>ARTERIO-SCLEROSIS</u> DUE TO (OR AS A CONSEQUENCE OF): r. <u>ATHEROSCLEROSIS</u> DUE TO (OR AS A CONSEQUENCE OF): s. <u>ISCHEMIC HEART DISEASE</u> DUE TO (OR AS A CONSEQUENCE OF): t. <u>MYOCARDIAL INFARCTION</u> DUE TO (OR AS A CONSEQUENCE OF): u. <u>ACUTE MYOCARDIAL INFARCTION</u> DUE TO (OR AS A CONSEQUENCE OF): v. <u>CHRONIC CORONARY ARTERY DISEASE</u> DUE TO (OR AS A CONSEQUENCE OF): w. <u>DIABETES MELLITUS</u> DUE TO (OR AS A CONSEQUENCE OF): x. <u>SMOKING</u> DUE TO (OR AS A CONSEQUENCE OF): y. <u>OBESITY</u> DUE TO (OR AS A CONSEQUENCE OF): z. <u>HYPERLIPIDEMIA</u> DUE TO (OR AS A CONSEQUENCE OF): aa. <u>ARTERIO-SCLEROSIS</u> DUE TO (OR AS A CONSEQUENCE OF): ab. <u>ATHEROSCLEROSIS</u> DUE TO (OR AS A CONSEQUENCE OF): ac. <u>ISCHEMIC HEART DISEASE</u> DUE TO (OR AS A CONSEQUENCE OF): ad. <u>MYOCARDIAL INFARCTION</u> DUE TO (OR AS A CONSEQUENCE OF): ae. <u>ACUTE MYOCARDIAL INFARCTION</u> DUE TO (OR AS A CONSEQUENCE OF): af. <u>CHRONIC CORONARY ARTERY DISEASE</u> DUE TO (OR AS A CONSEQUENCE OF): ag. <u>DIABETES MELLITUS</u> DUE TO (OR AS A CONSEQUENCE OF): ah. <u>SMOKING</u> DUE TO (OR AS A CONSEQUENCE OF): ai. <u>OBESITY</u> DUE TO (OR AS A CONSEQUENCE OF): aj. <u>HYPERLIPIDEMIA</u> DUE TO (OR AS A CONSEQUENCE OF): ak. <u>ARTERIO-SCLEROSIS</u> DUE TO (OR AS A CONSEQUENCE OF): al. <u>ATHEROSCLEROSIS</u> DUE TO (OR AS A CONSEQUENCE OF): am. <u>ISCHEMIC HEART DISEASE</u> DUE TO (OR AS A CONSEQUENCE OF): an. <u>MYOCARDIAL INFARCTION</u> DUE TO (OR AS A CONSEQUENCE OF): ao. <u>ACUTE MYOCARDIAL INFARCTION</u> DUE TO (OR AS A CONSEQUENCE OF): ap. <u>CHRONIC CORONARY ARTERY DISEASE</u> DUE TO (OR AS A CONSEQUENCE OF): aq. <u>DIABETES MELLITUS</u> DUE TO (OR AS A CONSEQUENCE OF): ar. <u>SMOKING</u> DUE TO (OR AS A CONSEQUENCE OF): as. <u>OBESITY</u> DUE TO (OR AS A CONSEQUENCE OF): at. <u>HYPERLIPIDEMIA</u> DUE TO (OR AS A CONSEQUENCE OF): au. <u>ARTERIO-SCLEROSIS</u> DUE TO (OR AS A CONSEQUENCE OF): av. <u>ATHEROSCLEROSIS</u> DUE TO (OR AS A CONSEQUENCE OF): aw. <u>ISCHEMIC HEART DISEASE</u> DUE TO (OR AS A CONSEQUENCE OF): ax. <u>MYOCARDIAL INFARCTION</u> DUE TO (OR AS A CONSEQUENCE OF): ay. <u>ACUTE MYOCARDIAL INFARCTION</u> DUE TO (OR AS A CONSEQUENCE OF): az. <u>CHRONIC CORONARY ARTERY DISEASE</u> DUE TO (OR AS A CONSEQUENCE OF): ba. <u>DIABETES MELLITUS</u> DUE TO (OR AS A CONSEQUENCE OF): bb. <u>SMOKING</u> DUE TO (OR AS A CONSEQUENCE OF): bc. <u>OBESITY</u> DUE TO (OR AS A CONSEQUENCE OF): bd. <u>HYPERLIPIDEMIA</u> DUE TO (OR AS A CONSEQUENCE OF): be. <u>ARTERIO-SCLEROSIS</u> DUE TO (OR AS A CONSEQUENCE OF): bf. <u>ATHEROSCLEROSIS</u> DUE TO (OR AS A CONSEQUENCE OF): bg. <u>ISCHEMIC HEART DISEASE</u> DUE TO (OR AS A CONSEQUENCE OF): bh. <u>MYOCARDIAL INFARCTION</u> DUE TO (OR AS A CONSEQUENCE OF): bi. <u>ACUTE MYOCARDIAL INFARCTION</u> DUE TO (OR AS A CONSEQUENCE OF): bj. <u>CHRONIC CORONARY ARTERY DISEASE</u> DUE TO (OR AS A CONSEQUENCE OF): bk. <u>DIABETES MELLITUS</u> DUE TO (OR AS A CONSEQUENCE OF): bl. <u>SMOKING</u> DUE TO (OR AS A CONSEQUENCE OF): bm. <u>OBESITY</u> DUE TO (OR AS A CONSEQUENCE OF): bn. <u>HYPERLIPIDEMIA</u> DUE TO (OR AS A CONSEQUENCE OF): bo. <u>ARTERIO-SCLEROSIS</u> DUE TO (OR AS A CONSEQUENCE OF): bp. <u>ATHEROSCLEROSIS</u> DUE TO (OR AS A CONSEQUENCE OF): bq. <u>ISCHEMIC HEART DISEASE</u> DUE TO (OR AS A CONSEQUENCE OF): br. <u>MYOCARDIAL INFARCTION</u> DUE TO (OR AS A CONSEQUENCE OF): bs. <u>ACUTE MYOCARDIAL INFARCTION</u> DUE TO (OR AS A CONSEQUENCE OF): bt. <u>CHRONIC CORONARY ARTERY DISEASE</u> DUE TO (OR AS A CONSEQUENCE OF): bu. <u>DIABETES MELLITUS</u> DUE TO (OR AS A CONSEQUENCE OF): bv. <u>SMOKING</u> DUE TO (OR AS A CONSEQUENCE OF): bv. <u>OBESITY</u> DUE TO (OR AS A CONSEQUENCE OF): bv. <u>HYPERLIPIDEMIA</u> DUE TO (OR AS A CONSEQUENCE OF): bv. <u>ARTERIO-SCLEROSIS</u> DUE TO (OR AS A CONSEQUENCE OF): bv. <u>ATHEROSCLEROSIS</u> DUE TO (OR AS A CONSEQUENCE OF): bv. <u>ISCHEMIC HEART DISEASE</u> DUE TO (OR AS A CONSEQUENCE OF): bv. <u>MYOCARDIAL 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