

AFFIDAVIT OF SURVIVORSHIP

State of Wyoming)
)ss
County of Sheridan)

Evelyn G. Brown, being first duly sworn upon oath does depose and state as follows:

1. That she is the surviving spouse of Norman O. Brown, who died June 26, 1998, in Sheridan County, State of Wyoming.

2. That at the time of his death the said Norman Brown, along with your affiant Evelyn G. Brown, husband and wife, was the owner of the following described property situate in Sheridan County, Wyoming, to-wit:

The West 60 feet of Lots 9 and 10 in Block 2 Fourth Vale Avoca Place, an Addition to the Town, now City of Sheridan, Sheridan County, Wyoming.

3. That the said Norman Brown and Evelyn G. Brown, husband and wife, received title to the above described property by that certain Warranty Deed from Bernard Louis Cullen, Jr. and Twyla Cullen, husband and wife, said deed being dated July 1, 1989, and recorded July 7, 1989, in Book 328 of Deeds, at Page 170 thereof, 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 O. Brown, and the fact that said property was held by Norman Brown and Evelyn G. Brown, husband and wife, all right, title and interest in and to said property above-described is now vested solely in Evelyn G. Brown.

5. That attached hereto is a certified copy of the Certificate of Death of the said Norman O. Brown, duly certified to by Lucinda McCaffrey, Deputy State Registrar, Division of Health and Medical Services, State of Wyoming.

6. That this Affidavit is made pursuant to Wyoming Statute Section 2-9-102 and given for the express purpose of terminating the estate by the entirety in the name of Norman Brown, and vesting sole title in the real property above-described in the name of Evelyn G. Brown.

Further this affiant sayeth not.

Dated this 12 day of October, 2004.

Evelyn G. Brown
Evelyn G. Brown

State of Wyoming)
)ss
County of Sheridan)

The foregoing instrument was acknowledged before me by Evelyn G. Brown, this 12 day of October, 2004.

Witness my hand and official seal.



C. Dolzadelli
Notary Public

My Commission Expires: 4/2/07

This is a true and exact reproduction of the document on file in the office of Vital Records Services, Cheyenne, Wyoming.

Date Issued: OCT 1, 2004

Juanda M. Coffey
Deputy State Registrar

This copy is not valid unless it bears a raised seal and is produced on multicolored security paper.

029704

STATE OF WYOMING
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

98-01834

TYPE
OF PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CERTIFIER

CAUSE
OF DEATH

LOCAL FILE NUMBER 64		STATE FILE NUMBER 98-01834	
1. DECEDENT NAME - FIRST MIDDLE LAST Norman O. Brown		2. SEX Male	3. DATE OF DEATH (Mo., Day, Yr.) June 26, 1998
4. SOCIAL SECURITY NUMBER 503-16-7371		5a. AGE - Last Birthday (Years) 88	5b. UNDER 1 YEAR Months Days Hours
6. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> D.O.A. <input type="checkbox"/> Other <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		7. DATE OF BIRTH (Mo., Day, Yr.) March 06, 1910	
8. FACILITY NAME (If not institution, give street and number) 307 East Montana		9. CITY, TOWN, OR LOCATION OF DEATH Sheridan	
10. COUNTY OF DEATH Sheridan		11. SURVIVING SPOUSE (If wife, give maiden name) Evelyn Fredricks	
12. STATE OF BIRTH (If not in U.S.A., name country) South Dakota		13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no) Yes		15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pilot	
16. KIND OF BUSINESS OR INDUSTRY Duster/Sprayer		17. RESIDENCE - STATE Wyoming	
18. COUNTY Sheridan		19. CITY, TOWN OR LOCATION Sheridan	
20. STREET AND NUMBER 307 East Montana		21. INSIDE CITY LIMITS? (Specify yes or no) Yes	
22. WAS DECEDENT OF HISPANIC ORIGIN? (Specify yes or no) No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> (Specify)		23. RACE - American Indian, Black, White, Etc. (Specify) White	
24. DECEDENT'S EDUCATION (Specify only highest grade completed) 12		25. DECEDENT'S EDUCATION (Specify only highest grade completed) 12	
26. FATHER'S NAME - First Middle Last Willis Brown		27. MOTHER'S NAME - First Middle Last Tobina Christenson	
28. INFORMANT NAME (Type or Print) Evelyn Brown		29. RELATIONSHIP TO DECEDENT Wife	
30. MAILING ADDRESS - STREET OR R.F.D. NUMBER CITY OR TOWN STATE ZIP CODE 307 E. Montana Sheridan Wyoming 82801		31. LOCATION - CITY OR TOWN STATE Sheridan, Wyoming	
32. DATE (Mo., Day, Yr.) June 29, 1998		33. CEMETERY OR CREMATORY NAME Sheridan Municipal Cemetery	
34. FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature) [Signature]		35. NAME OF FACILITY 306 Champion Funeral Home	
36. ADDRESS OF FACILITY 244 South Brooks Street, Sheridan, Wyoming		37. On the basis of observation and/or investigation, to my certain death occurred at the time, date and place and as to the cause stated: (Signature and Title) [Signature] 23b. DATE SIGNED (Mo., Day, Yr.) June 30, 1998 23c. HOUR OF DEATH Early A.M. 23d. PRONOUNCED DEAD (Mo., Day, Yr.) June 26, 1998 23e. PRONOUNCED DEAD (HOUR) 9:25A.M.	
23a. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 6-27-98		24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print) William Williams M.D., 1456 W. 5th Street, Sheridan, Wyoming 82801	
25. REGISTRAR [Signature] Deputy		26. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) June 30, 1998	
27. Enter the disease, injuries, or complications that caused death and enter the mode of dying, such as cardiac, or respiratory arrest, shock, or heart failure. Use only one column of each line: IMMEDIATE CAUSE (Final disease or condition resulting in death) CHD DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF)		28. AUTOPSY (Specify yes or no) No	
29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Homicide		30. DATE OF INJURY (Month, Day, Year) M	
31. TIME OF INJURY M		32. INJURY AT WORK? (Specify yes or no) No	
33. PLACE OF INJURY - At home, farm, street, factory, other building, etc. (Specify) 307		34. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

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