



### **AFFIDAVIT OF SURVIVORSHIP**

STATE OF WYOMING     )  
                                      ) ss.  
County of Sheridan     )

Terri A. Voogd, being first duly sworn, states as follows:

1. Affiant is the surviving tenant of a joint tenancy with respect to the decedent hereinafter referred to; therefore, affiant has an interest in the real estate, which is the subject matter of this Affidavit.
2. Affiant states that David W. Voogd died at Rose Medical Center, Denver, Colorado on the 21<sup>st</sup> day of May, 2018; the facts of said death more fully appear from the copy of the Certificate of Death, duly certified by the State Registrar of Vital Statistics, attached hereto as Exhibit "A" and by this reference incorporated herein.
3. Said decedent and this affiant acquired as joint tenants certain real property by warranty deed, from Terri A. Voogd as Successor Trustee of the Clarence E. Voogd Trust dated November 9, 2012, and recorded in the office of the County Clerk of Sheridan, Sheridan County, Wyoming on November 9, 2012, in Book 537 at Page 396 of the books and records in said office, which property is more particularly described as follows:

Lot Eleven (11) in Block Three (3) of Fifth Vale Avoca Place, an Addition to the Town, now City of Sheridan, in Sheridan County, State of Wyoming.

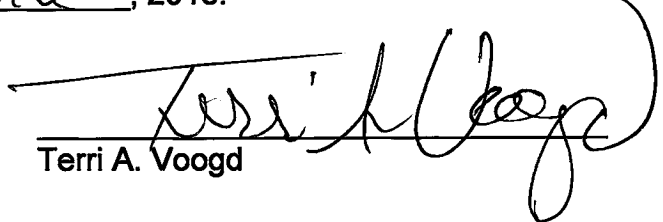
Together with all improvements situate thereon and all water rights, ditches and ditch rights appertaining thereunto.

4. This Affidavit is filed for the purpose of establishing the fact of the death of the said David W. Voogd, who was the owner with this affiant of a joint tenancy in the above described property, and to make an official record of the termination of the joint tenancy of said decedent in and to said property, pursuant to the provision of W.S. 2-9-102.



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EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

Dated this 4 day of June, 2018.

  
Terri A. Voogd

STATE OF WYOMING                    )  
  ) ss.  
County of Sheridan                    )

Subscribed and sworn to before me this 4<sup>th</sup> day of June, 2018 by Terri A. Voogd.

WITNESS my hand and official seal.



  
Notary Public

My Commission Expires: June 4, 2018

# STATE OF COLORADO

## CERTIFICATION OF VITAL RECORD

### CERTIFICATE OF DEATH

STATE FILE NUMBER 1052018015864

DECEDENT'S LEGAL NAME <b>DAVID WAYNE VOOGD</b>				DATE OF DEATH <b>MAY 21, 2018</b>				
SEX <b>MALE</b>	SOCIAL SECURITY NUMBER <b>520-72-1165</b>	AGE-Last Birthday (Years) <b>59</b>	UNDER 1 YEAR Months _____ Days _____		UNDER 1 DAY Hours _____ Minutes _____		DATE OF BIRTH (Mo/Day/Yr) <b>MARCH 28, 1959</b>	BIRTHPLACE (State or Foreign Country) <b>WYOMING</b>
IF DEATH OCCURRED IN HOSPITAL <b>INPATIENT</b>			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL					
Facility Name (If not institution, give street & number) <b>ROSE MEDICAL CENTER</b>			CITY, TOWN OR LOCATION OF DEATH <b>DENVER</b>			COUNTY OF DEATH <b>DENVER</b>		
RESIDENCE - STREET AND NUMBER <b>225 S HUMBOLDT STREET</b>						APT. NO. <b></b>	ZIP CODE <b>80209</b>	INSIDE CITY LIMITS <b>YES</b>
RESIDENCE STATE <b>COLORADO</b>			COUNTY <b>DENVER</b>			CITY OR TOWN <b>DENVER</b>		
DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>BUSINESS OWNER</b>					KIND OF BUSINESS/INDUSTRY <b>TALENT MANAGEMENT</b>		DECEDENT'S EDUCATION <b>BACHELOR'S DEGREE</b>	
DECEDENT OF HISPANIC ORIGIN <b>NO</b>					DECEDENT'S RACE <b>White</b>			
EVER IN US ARMED FORCES <b>NO</b>		MARITAL STATUS AT TIME OF DEATH <b>NEVER MARRIED</b>		SPOUSE/PARTNER NAME (If wife give name prior to first marriage)				
FATHER'S NAME <b>CLARENCE EARL VOOGD</b>				MOTHER'S NAME PRIOR TO FIRST MARRIAGE <b>MARGARET AGNESS HARRISON</b>				
INFORMANT'S NAME <b>TERRI VOOGD</b>				INFORMANT'S RELATIONSHIP TO DECEASED <b>SIBLING</b>				
NAME OF FUNERAL HOME <b>A BASIC CREMATION</b>				CITY AND STATE OF FUNERAL HOME <b>DENVER COLORADO</b>			WAS CORONER NOTIFIED <b>NO</b>	
METHOD OF DISPOSITION <b>CREMATION</b>		PLACE OF DISPOSITION <b>ALL MORTUARY AND CREMATORY</b>			LOCATION - CITY, COUNTY, STATE <b>DENVER DENVER COLORADO</b>			
INJURY AT WORK		IF TRANSPORTATION RELATED, SPECIFY		DATE OF INJURY		TIME OF INJURY		
PLACE OF INJURY								
LOCATION OF INJURY (Street & Number, Apt. No., City or Town, County, State, ZipCode)								
DESCRIBE HOW INJURY OCCURRED								
WAS DECEDENT UNDER HOSPICE CARE		ACTUAL OR PRESUMED TIME OF DEATH <b>10:04 MIL</b>		DATE PRONOUNCED DEAD (MO/DAY/YR) <b>MAY 21, 2018</b>		TIME PRONOUNCED DEAD <b>10:04 MIL</b>		
MANNER OF DEATH <b>NATURAL</b>				WAS AN AUTOPSY PERFORMED <b>NO</b>		WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH?		

### CAUSE OF DEATH

PART I IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)	Enter the chain of events - diseases, injuries, or complications that directly caused the death. a <u>SEPTIC SHOCK</u> b <u>MSSA BACTEREMIA</u> c _____ d _____	Approximate Interval: Onset to death 16 DAYS  16 DAYS
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PART II Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I  
**ACUTE KIDNEY INJURY, GI HEMORRHAGE**

TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF PHYSICIAN  
**ZULMA YUNT MD 1400 JACKSON STREET DENVER CO 80206**

DATE SIGNED  
**MAY 25, 2018**

TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF CORONER

DATE SIGNED

DATE FILED BY REGISTRAR  
MAY 25, 2018

### NO. 2018-742782 AFFIDAVIT OF SURVIVORSHIP

EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK  
MARK J MURPHY DRAWER G  
SHERIDAN WY 82801

DATE ISSUED

**MAY 29, 2018**

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with high resolution border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

*A. Alex Quintana*  
A. ALEX QUINTANA  
STATE REGISTRAR



\* 008961723 \*

REV 04/16

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