AFFIDAVIT OF DISTRIBUTION FOR CERTIFICATE OF TITLE

I, _____, of lawful age and being first duly sworn, upon oath states:

1. That your Affiant resides in the town of _____, County of _____, State of _____. Your Affiant's mailing address is:

   _____

2. That the decendent, _____ died on or about the _____ day of _____, _____ as shown by the state Certificate of Death attached;

3. That the value of the entire estate of _____, wherever located, less liens and encumbrances, does not exceed two hundred thousand dollars ($200,000.00) and includes vehicles with Certificate of Title Number and issue date shown:

YEAR	MAKE	VIN#	TITLE#	ISSUE DATE

4. That at least thirty (30) days has elapsed since the death of the decedent.

5. That no application for appointment of a personal representative is pending or has been granted by any jurisdiction;

6. That the name(s) of the distributee(s) entitled to the delivery of the decedent's property is/are:

Name(s)	Relationship

7. That there is no other distributee, not named herein, of the decedent, _____ having a right to succeed to the property of the decedent under probate proceedings.

8. That this affidavit is being made for the purpose of complying with Wyoming Statute 2-1-201.

_____
Affiant

State of _____)
)ss
County of _____)

Subscribed and sworn to before me by _____
on this _____ day of _____.
Witness my hand and official seal.

_____
Notary Public or Deputy County Clerk
My commission expires: _____