

Return To:
Carrier Energy, LLC
P.O. Box 5995
Edmond, OK 73083

2018 Book: 2375 Page: 1030 2725
3/19/18 11:04AM Pg: 1030-1030
Fee: \$13.00 Doc: \$0.00
LORIE LEGERE-GARFIELD COUNTY CLERK
State of Oklahoma *

DL



MEMORANDUM OF OIL AND GAS LEASE

STATE OF OKLAHOMA §
 §
COUNTY OF GARFIELD §

KNOW ALL MEN BY THESE PRESENTS:

For adequate consideration, Judith Ann Ecker, as Lessor, with an address of 9112 E. Chesnut Road, Enid, OK 73701 has granted, leased, and let to Carrier Energy, LLC, as Lessee, with an address of P.O. Box 5995, Edmond, OK 73083, for the purpose of investigating, exploring, prospecting, drilling, mining for, and producing oil, gas, and other minerals, laying pipelines, building roads, tanks, power stations, telephone lines and other structures with the right of ingress and egress and to produce, save, take care of, treat, transport, and own oil, gas, and other minerals, all on or from the following lands (the "Lands") in the county and state named above:

SW/4 SW/4
Section 4, Township 22 North, Range 5 West

The Oil and Gas Lease between Lessor and Lessee (the "Lease") is for a primary term of three (3) years from January 24, 2018 (the "Effective Date"), and is effective as long thereafter as the Lease may be in force and effect according to the terms and provisions of the Lease. The Lease, with all of its terms, restrictions, covenants, and other provisions, is referred to and incorporated into this Memorandum for all purposes. This Memorandum is placed of record for the purpose of giving notice of the Lease. The original of the Lease is maintained in the office of the Lessee.

This Memorandum is signed by Lessor and Lessee as of the date of acknowledgment of their signatures, but is effective for all purposes as of the Effective Date stated above.

Lessor: Judith Ann Ecker

Lessor: Carrier Energy, LLC

Judith Ann Ecker
By: Judith Ann Ecker

A Kyle Nevels
By: A. Kyle Nevels, as Manager

ACKNOWLEDGMENTS

STATE OF OklaHoma §
 §
COUNTY OF Garfield §

This instrument was acknowledged before me on the 15 day of February, 2018, by Judith Ann Ecker.

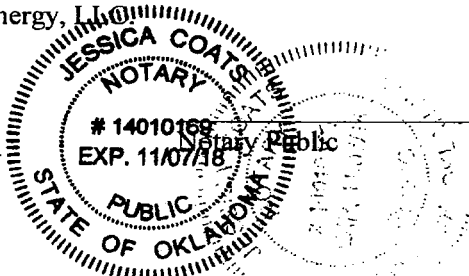
Nancy L. Enabnit
Notary Public

My Commission Expires:
NANCY L. ENABNIT
Notary Public, State of Oklahoma
Commission # 05005084
My Commission Expires May 31, 2021

STATE OF OKLAHOMA §
 §
COUNTY OF OKLAHOMA §

This instrument was acknowledged before me on the 12th day of March, 2018, by A. Kyle Nevels, Manager of Carrier Energy, LLC

My Commission Expires: 4/7/18



Jessica Coats
Notary Public

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AFFIDAVIT OF SURVIVING JOINT TENANT
(58 O.S. § 912)



STATE OF OKLAHOMA]
] SS:
COUNTY OF GARFIELD]

NOW on this 2nd day of November, 2017, I, **Judith Ann Ecker**, residing at **9112 E. Chestnut, Enid, OK, 73701**, of lawful age, being duly sworn, state as follows:

On the 17th day of April, 1965, there was conveyed by Joint Tenancy Warranty Deed to George Duane Ecker and Judith Ann Ecker, husband and wife, as joint tenants, with rights of survivorship, and not as tenants in common, the following described real property situated in Garfield County, Oklahoma, to-wit:

Southwest Quarter (SW/4) of the Southwest Quarter (SW/4) of Section Four (4), Township Twenty – two (22) North, Range Five (5) W.I.M.,

which deed was recorded in the records of the County Clerk of Garfield County, Oklahoma, on April 19, 1965 in Book **307**, Page **463**.

There is attached hereto a certified copy of the death certificate of **George Duane Ecker**, deceased, issued by the Department of Health for the State of Oklahoma, showing that said deceased joint tenant died on the 15th day of September, 2017. The decedent named in the certificate of death is one and the same person as the joint tenant named in the deed recorded as above set forth.

Affiant is the surviving joint tenant, and has personal knowledge of the facts stated herein . Affiant further states on the date of death of the deceased joint tenant that she and George Duane Ecker were married to each other.

The date of death of George Duane Ecker occurred on or after January 1, 2010, therefore no Oklahoma estate tax lien is attached and no release of estate tax lien is required pursuant to 68 O.S. § 811 (now repealed) and Oklahoma Title Standard 25.5. The estate of the deceased joint tenant was of insufficient size to require filing of a Federal Estate Tax Form 706.

Judith Ann Ecker

Judith Ann Ecker

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Subscribed and sworn to before me this 2nd day of November, 2017.

(SEAL)



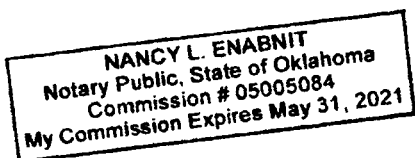
Nancy L. Enabnit
Notary Public

My Commission Expires: 5/31/2021

STATE OF OKLAHOMA]
] ss:
COUNTY OF GARFIELD]

The foregoing instrument was acknowledged before me this 2nd day of November, 2017, by Judith Ann Ecker, Affiant.

(SEAL)



Nancy L. Enabnit
Notary Public

My Commission Expires: 5/31/2021

Return to: Elliott, Enabnit & Ward, P.L.L.C.
P.O. Box 5589
Enid, OK 73702

CERTIFICATE OF VITAL RECORD



**STATE OF OKLAHOMA
CERTIFICATE OF DEATH**

STATE FILE NUMBER **2017-027976**

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) GEORGE DUANE ECKER					1a. LAST NAME PRIOR TO FIRST MARRIAGE		2. SEX MALE				
3. SOCIAL SECURITY NUMBER 443-34-0398		4. EVER IN US ARMED FORCES? YES		5a. AGE- Last birthday (years) 82		5b. UNDER 1 YEAR Months: _____ Days: _____		5c. UNDER 1 DAY Hours: _____ Minutes: _____		6. DATE OF BIRTH (Mo/Day/Yr) MARCH 12, 1935	
7. BIRTHPLACE (City and State or Foreign Country) CLEO SPRINGS, OKLAHOMA			8a. RESIDENCE-State OKLAHOMA			8b. RESIDENCE-County GARFIELD			8c. RESIDENCE-City or Town ENID		
8d. RESIDENCE-Zip Code 73701		8e. RESIDENCE-Inside City Limits? YES		8f. RESIDENCE-Street and Number 9112 E CHESTNUT AVE					8g. RESIDENCE-Apt. Number		
9. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married, but separated <input type="checkbox"/> Unknown						10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) JUDITH A EASTERLY					
11. FATHER'S NAME (First, Middle, Last) GRANT ECKER						12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) MARIE POPE					
13. DECEDENT OF HISPANIC ORIGIN? NO, NOT SPANISH/HISPANIC/LATINO			14. DECEDENT'S RACE WHITE			15. DECEDENT'S EDUCATION HIGH SCHOOL GRADUATE OR GED COMPLETED					
16. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED.) MAINTENANCE CREW						17. KIND OF BUSINESS / INDUSTRY O G & E					
18a. INFORMANT'S NAME JUDITH ECKER			18b. RELATIONSHIP TO DECEDENT WIFE			18c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 9112 E CHESTNUT AVE, ENID, OKLAHOMA 73701					
19. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (specify)				20. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) MEMORIAL PARK CEMETERY				21. LOCATION - City, Town and State ENID, OKLAHOMA			
22. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY LADUSAU-EVANS FUNERAL HOME - ENID, 2800 N. VAN BUREN ST, ENID, OKLAHOMA 73703						23. FUNERAL HOME DIRECTOR OR FAMILY MEMBER ACTING AS SUCH JOSEPH MILTON HIGHBERGER					
						24. FH ESTABLISHMENT LICENSE # 1086ES					

25. PLACE OF DEATH (Check only one: see instructions)														
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival						IF DEATH OCCURRED OTHER THAN IN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (specify):								
26. FACILITY NAME (If not institution, give street & number) GREENBRIER SKILLED UNIT				27. CITY OR TOWN, STATE AND ZIP CODE OF LOCATION OF DEATH ENID, OKLAHOMA, 73701				28. COUNTY OF DEATH GARFIELD						
29. DATE OF DEATH (Mo/Day/Yr) SEPTEMBER 15, 2017			30. TIME OF DEATH 04:15			31. WAS MEDICAL EXAMINER CONTACTED? YES			32. WAS AN AUTOPSY PERFORMED? NO			33. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?		
34. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. CAUSE OF DEATH (See instructions and examples)										Approximate interval: Onset to death		35. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I		
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. WEST NILE VIRUS										UNKNOWN				
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) LAST.														
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined				37. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year				38. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown						
39. DATE OF INJURY (Mo/Day/Yr)			40. TIME OF INJURY			41. PLACE OF INJURY (e.g., Decedent's home; construction site; wooded area)			42. DESCRIBE HOW INJURY OCCURRED:			43. INJURY AT WORK?		
44. LOCATION OF INJURY: State: _____ City or Town: _____ Zip Code: _____ Street & Number: _____ Apartment Number: _____				45. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (specify)										
46. CERTIFIER (Check only one) ATTENDING PHYSICIAN: <input checked="" type="checkbox"/> Physician in charge of the patient's care <input type="checkbox"/> Physician in attendance at time of death only To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> MEDICAL EXAMINER On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Certifier: HOWARD T SNYDER, MD						47. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 34) HOWARD THOMAS SNYDER, MD 330 S 5TH STREET ENID, OKLAHOMA 73701								
						48. LICENSE NUMBER 14796OK			49. DATE DEATH CERTIFIED (Mo/Day/Yr) SEPTEMBER 29, 2017					
50. REGISTRAR'S SIGNATURE <i>Jelly M Baker</i>						52. DATE RECEIVED BY STATE REGISTRAR (Mo/Day/Yr) SEPTEMBER 29, 2017								

2017 11/07/17 12:01PM 862-865 12117 REVISION 2013 VS 154 (08/13)

Bk:2360 Pg:864

LORIE LEGERE-GARFIELD COUNTY CLERK
State of Oklahoma

Monday, October 02, 2017 2:14:28 PM

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED

Bk:2360 Pg:865

LORIE LEGERE-GARFIELD COUNTY CLERK
State of Oklahoma *



D03253399

This is a true and correct copy of the official record on file in the Office of Vital Statistics, Oklahoma City, Oklahoma, certified on the date stamped.

Kelly M. Baker
State Registrar
Office of Vital Statistics
Department of Health



It is in violation of Oklahoma Statutes, Title 63, Section 1-324.1, to "prepare or issue any certificate which purports to be original, certified copy or copy of a certificate of birth, death or stillbirth, except as authorized in this act or rules and regulations adopted under this act."

CERTIFIED COPIES WILL BE PRODUCED ON MULTI-COLOR SECURITY PAPER.

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

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THE DOCUMENT FACE CONTAINS A SECURITY BACKGROUND. THE BACK CONTAINS SPECIAL LINES WITH TEXT, EMBOSSED SEAL AND THERMOCHROMIC INK.