

When Recorded, return to:
Office of the Attorney General
123 State Capitol
Cheyenne, WY 82002

ASSIGNMENT OF LIEN

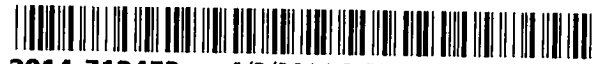
This assignment is made on the 30th of May, 2014, by the State of Wyoming, Department of Health, Division of Healthcare Financing, herein referred to as "Assignor", to Martin L. Meece, of 2021 Yonkee, Sheridan, Wyoming, 82801, herein referred to as "Assignee".

In consideration of Ten Dollars (\$10.00) and other good and valuable consideration, receipt of which is hereby acknowledged, Assignor does hereby unconditionally and irrevocably assign, grant, and transfer to Assignee all of the Assignor's rights, title, and interest, to the lien indentified in the Verified Lien Statement for Lien for Medical Assistance on the property of Coyne Tibbets, located at 2027 Yonkee Street, Sheridan, WY 82801, and more particularly described as:

Lots 4 and 5, in Block 42, Downer's Addition to the Town, now City of Sheridan, Sheridan County, Wyoming AND the West one-half of that portion of the vacated alley adjacent to said Lots 4 and 5.

which has been duly recorded on October 21, 2013 as Document No. 2013-708398 of the Sheridan County, Wyoming records, a copy of which is attached hereto; and

The intent of this assignment is to transfer to Assignee full power to collect that certain sum secured by the above-described lien (\$43,600.72 as of February 26, 2010). Therefore upon execution of this assignment, the Assignee shall own all rights in the instrument described and shall have all rights to collect such debt secured under the terms of the described instrument. Furthermore, Assignor does hereby appoint Assignee its attorney in fact, with full authority to enforce the liens herein assigned, and to collect and receive the debt secured by such liens, as Assignor would do if this assignment were not being made. Any costs incurred by the assignee in enforcing the Assigned lien, shall be borne by the Assignee.



Assignor no longer claims any interest in the above-described property and further hereby releases all claim thereto.

Assignor hereby warrants and represents that the Assignor possesses full right and authority to enter into this Assignment of Lien and to transfer the aforementioned right, title, interest.

IN WITNESS WHEREOF, assignor has executed this assignment this 30th day of May, 2014.

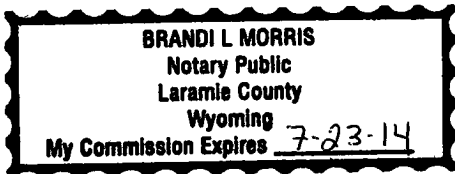
State of Wyoming,
 Department of Health

By: Sheila McInerney
 TPL & Estate Recovery Specialist

STATE OF WYOMING)
) ss.
 COUNTY OF LARAMIE)

The foregoing Assignment of Lien for Cayne Tibbels was subscribed and sworn to before me by Sheila McInerney this 30th day of May, 2014.

WITNESS my hand and official seal.



Notary Public

My Commission expires: 7-23-14

Note to Clerk: Please Do Not put recording Information Above this Line.

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2014-712452 6/2/2014 3:33 PM PAGE: 3 OF 4
BOOK: PAGE: FEES: \$21.00 SM LIEN STATEMENT
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

VERIFIED LIEN STATEMENT FOR LIEN FOR MEDICAL ASSISTANCE

NAME OF CLAIMANT: State of Wyoming,
Department of Health
Division of Healthcare Financing/EqualityCare

ADDRESS: 6101 Yellowstone Road, Suite 210
Cheyenne, Wyoming 82002

NAME AND ADDRESS OF PERSON TO WHOM MEDICAL CARE WAS FURNISHED
AND AGAINST WHOSE PROPERTY LIEN IS FILED: (HEREINAFTER "DECEDENT):

NAME: Coyne Tibbets
ADDRESS: 2027 Yonkee Street
Sheridan Wyoming 82801

LEGAL DESCRIPTION OF REAL PROPERTY:

County of Sheridan, State of Wyoming

Lots 4 and 5, Block 42, Downer's Addition to the Town, now City of Sheridan, Sheridan County Wyoming and the West ½ of that portion of the vacated alley adjacent to Lots 4 and 5, together with all buildings, improvements, and appurtenances situate thereon and appertaining thereto, subject to easements, reservations and restrictions and restrictions of record.

NAME AND ADDRESS OF VENDOR(S) FURNISHING MEDICAL CARE:

The vendors providing medical care are on file with the Department of Health and available to the decedent's personal representative upon signing a HIPAA-compliant authorization to release medical information.

DATE OF SERVICE: February 1, 2009 to present

AMOUNT DUE FOR CARE: \$43,600.72

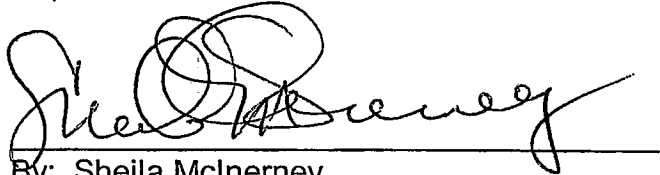
TOTAL AMOUNT DUE AND OWING CLAIMANT, STATE OF WYOMING, DEPARTMENT OF HEALTH, FOR ALL CARE: \$43,600.72

THE NAME OF THE PERSON RESPONSIBLE TO PAY THE DEBT SECURED BY THE LIEN:

The estate of the decedent as the term "estate" is defined in Wyo. Stat. Ann. § 42-4-206 (g)(ii).

IN WITNESS WHEREOF, I do hereunder set my hand this 17th day of October, 2013.

State of Wyoming,
Department of Health

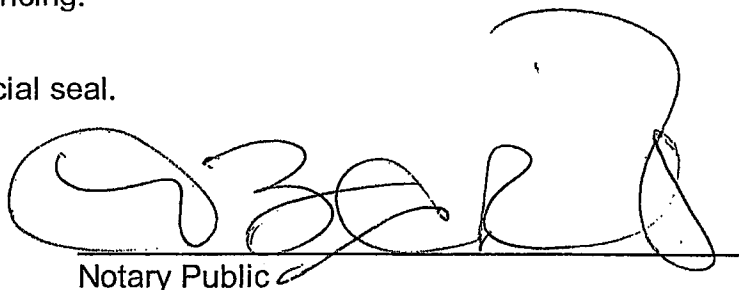


By: Sheila McInerney
Its: TPL/Recovery Coordinator

STATE OF WYOMING)
) ss.
COUNTY OF LARAMIE)

This Verified Lien Statement for Lien for Medical Assistance consisting of two pages was subscribed, sworn to and acknowledged before me on this 2nd day of October, 2013 by Sheila McInerney as TPL/Recovery Coordinator of the Wyoming Department of Health, Division of Healthcare Financing.

WITNESS my hand and official seal.



Notary Public

My Commission expires: 12/11/2015

