

When Recorded, return to:
Office of the Attorney General
Human Services Division
109 State Capitol
Cheyenne, Wyoming 82002

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 ASSISTANCE WAS
FURNISHED AND AGAINST WHOSE PROPERTY LIEN IS FILED: (HEREINAFTER
"DECEDENT):**

NAME: John E. Nield
ADDRESS: 11 Kleiber Drive
Dayton, WY 82836

LEGAL DESCRIPTION OF REAL PROPERTY:

Lot 11 of the Big Horn View Subdivision, Sheridan County, Wyoming, together with
all improvements situate thereon and all easements and appurtenances belonging
thereto.

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

The vendors providing medical assistance 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: 05/01/2015 to 09/22/2015

AMOUNT DUE FOR MEDICAL ASSISTANCE: \$20,757.41

**TOTAL AMOUNT DUE AND OWING CLAIMANT, STATE OF WYOMING,
DEPARTMENT OF HEALTH, FOR ALL MEDICAL ASSISTANCE:** \$20,757.41

This amount is subject to change as claims may continue to be paid.

**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 Wyoming Statute § 42-
4-206 (g)(ii).

IN WITNESS WHEREOF, I do hereunder set my hand this 22nd day of April, 2021.

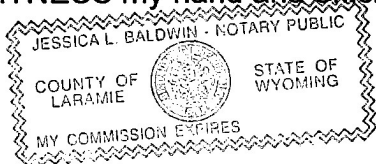
State of Wyoming,
Department of Health

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 2 pages was subscribed, sworn to and acknowledged before me on this 22nd day of April, 2021 by Sheila McInerney as TPL/Recovery Coordinator of the Wyoming Department of Health, Division of Healthcare Financing.

WITNESS my hand and official seal.



Jessica L. Baldwin
Notary Public

My Commission expires: 10.31.2021

NO. 2021-768732 LIEN STATEMENT

EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK
OFFICE OF THE ATTORNEY GENERAL 123 CAPITOL BLDG
CHEYENNE WY 82010