

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

When Recorded, return to:
Office of the Attorney General
Kendrick Building
2320 Capitol Avenue
Cheyenne, WY 82002



2019-749080 4/8/2019 9:53 AM PAGE: 1 OF 2
BOOK: PAGE: FEES: \$15.00 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: Charles E. Dexter
ADDRESS: 261 E College Ave
Sheridan, WY 82801

LEGAL DESCRIPTION OF REAL PROPERTY:

Lot 18 and the West Five (5) feet of Lot 19, Block 11, South Park Addition to the
City of Sheridan, Sheridan County, Wyoming, together with all improvements
situate thereon and all easements and appurtenances belonging thereto.

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: 02/01/2017 to present

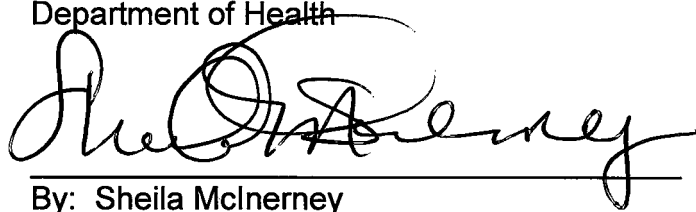
AMOUNT DUE FOR CARE: \$ 125,297.76

TOTAL AMOUNT DUE AND OWING CLAIMANT, STATE OF WYOMING,
DEPARTMENT OF HEALTH, FOR ALL CARE: \$ 125,297.76.

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).

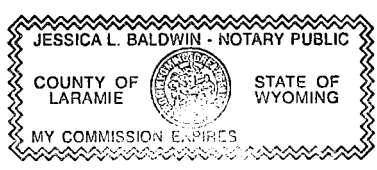
IN WITNESS WHEREOF, I do hereunder set my hand this 3rd ^{april} ~~day of March~~, 2019


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 3rd ^{April} ~~day of March~~, 2019 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: 10.31.2021