



**AFFIDAVIT REGARDING PROOF OF DEATH OF OWNER AND
TRANSFER OF OWNERSHIP OF REAL PROPERTY UPON DEATH
PURSUANT TO TRANSFER ON DEATH DEED**

I, **Quinn Cleveland Anderson**, pursuant to Wyo. Stat. Ann. § 2-18-103(n), being first duly sworn upon an oath, depose and state as follows:

1. I have personal knowledge of the facts stated in this Affidavit.
2. This Affidavit concerns the specific Transfer on Death Deed executed by Cindy G. Morris, as Owner, on April 18, 2019, which was recorded on April 19, 2019, in Book 580, Page 152, in the Office of the Sheridan County Clerk, Sheridan, Wyoming, such Transfer on Death Deed covering the following-described real property situate in the County of Sheridan, State of Wyoming:

Lot 51, Block 4, Sheltered Acres Subdivision of the City of Sheridan, Sheridan County, Wyoming, EXCEPTING the following described portion thereof: Beginning at the Northwest corner of said Tract 51, thence Southerly, along the Westerly boundary line of said Lot, 15 feet to a point, thence Northeasterly in a straight line to the Northeast corner of said Lot 51, and thence Westerly along the Northerly boundary line of said Lot 51, 151.94 feet to the point of beginning.

3. Cindy G. Morris, the record owner of the real property described in the above-referenced Transfer on Death Deed, died on October 19, 2020. Attached hereto, marked as **Exhibit A**, and by reference made a part hereof, is the Official Death Certificate of Cindy Gay Morris, certified to by Guy Beaudoin, Deputy State Registrar for the State of Wyoming, evidencing the fact that Cindy G. Morris died in Sheridan County, Wyoming on October 19, 2020.

4. Quinn Cleveland Anderson, the Grantee Beneficiary named in the above-referenced Transfer on Death Deed survived Cindy G. Morris.

5. Attached hereto, marked as **Exhibit B**, and by reference made a part hereof, is a Certificate of Clearance issued by Sheila McInerney, TPL & Estate Recovery Specialist, Wyoming Department of Health, Division of Healthcare Financing, certifying that all medical assistance claims relating to Cindy G. Morris or her Estate have either been satisfied or do not exist.

6. This Affidavit is given pursuant to Wyo. Stat. Ann. § 2-18-103(n) for the purpose of establishing proof of the death of Cindy G. Morris, the record owner of the above-described real property, and establishing that, upon the death of Cindy G. Morris, all of her right, title, and interest in and to the above-described real property vested in and transferred by operation of law to **Quinn Cleveland Anderson**, presently of 1473 Gladstone Street, Sheridan, Wyoming 82801.

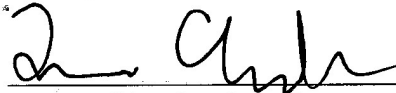
7. Upon the recording of this Affidavit, the recorded Affidavit or a certified copy thereof



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is prima facie evidence of the facts herein stated insofar as the facts affect title to the above-described real property.

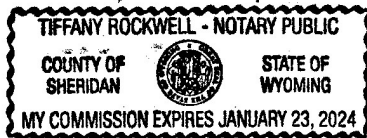
DATED this 25 day of November 2020.

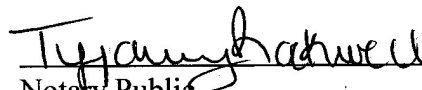

Quinn Cleveland Anderson

STATE OF WYOMING)
: SS.
COUNTY OF SHERIDAN)

Subscribed, sworn to, and acknowledged before me this 25th day of November 2020, by
Quinn Cleveland Anderson.

WITNESS my hand and official seal.




Notary Public

My Commission Expires: 1/23/24

STATE OF WYOMING

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Decedent:

Name: Cindy Gay Morris
Sex: Female
Date of Birth: August 06, 1956

State File Number:

2020-004143

Social Security Number: 520-70-9893
Age at the Time of Death: 64 years

Date and Place of Death:

Date of Death: October 19, 2020
City of Death: Sheridan
Location: 1473 Gladstone St

County of Death: Sheridan

Additional Decedent Information:

Place of Birth: Sheridan, Wyoming
Residence: Sheridan, Wyoming
Marital Status: Never Married
Armed Forces: No
Name of Father: Vernon Laurane Morris
Name of Mother: Jane Shirley Gikison
Informant: Jennie Vigil

Relationship: Sister

Disposition:

Method of Disposition: Donation
Place of Disposition: Montana Body Donation, Bozeman, Montana

Funeral Home or Facility:

Facility: Kane Funeral Home, Sheridan, Wyoming

Cause of Death:

The immediate cause is listed on the first line followed by any underlying causes.

(a) Breast Cancer

Interval:
Years

Other Significant
Conditions

Manner of Death: Natural Death

Time of Death: 08:37 (Actual)

Certifier:

Type: Physician
Name: Megan Ratterman, DO
Address: 1585 W. 5th St, Sheridan, WY 82801

Date Filed: October 30, 2020



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Exhibit A



* 0 0 1 1 9 7 2 4 2 *

This is a true certification of the document on file in the office of Vital Statistics,
Services, Cheyenne, Wyoming.

DATE ISSUED: November 02, 2020

This copy is not valid unless prepared on paper with an engraved border.

Guy Beaudoin
Guy Beaudoin
Deputy State Registrar

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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(Top 3 inches reserved for recording)

PARTIAL OR LIMITED CERTIFICATE OF CLEARANCE (CC)
MEDICAL ASSISTANCE CLAIM
Transfer on Death Deed
W.S. § 2-18-101 et seq.

Date: November 10, 2020
(month/day/year)

1. The undersigned is authorized by W.S. § 2-18-103(n), and other applicable law, to provide this partial or limited CC on behalf of the Wyoming Department of Health, Division of Healthcare Financing (DHCF).
2. The real property covered by this partial or limited CC is located in Sheridan, Wyoming, and is legally described as follows:

Lot 51, Block 4, Sheltered Acres Subdivision of the City of Sheridan, Sheridan County, Wyoming, EXCEPTING the following described portion thereof: Beginning at the Northwest corner of said Tract 51, thence Southerly, along the Westerly boundary line of said Lot, 15 feet to a point, thence Northeasterly in a straight line to the Northeast corner of said Lot 51, and thence Westerly along the Northerly boundary line of said Lot 51, 151.94 feet to the point of beginning.

3. There ☐ is ☒ is not a claim or lien that is authorized by the statutes listed in W.S. §§ 42-4-206, 207 against the following decedent:

Decedent's Full Name	Date of Birth	Date of Death	Amount of Claim
Cindy G. Morris	08/06/1956	10/19/2020	\$0.00

4. There ☐ is ☒ is not a claim or lien that is authorized by the statutes listed in W.S. §§ 42-4-206, 207 against the following predeceased spouse(s) of the decedent:

Predeceased Spouse(s) Name(s)	Date of Birth	Date of Death	Amount of Claim
NA	NA	NA	\$0.00

5. This CC (check only one box)

☐ is not subject to any conditions or restrictions, or
☒ is subject to the conditions or restrictions attached hereto.

Exhibit B



6. If a claim or lien is noted in paragraph 3 or 4, contact the following person at the DHCF, to arrange for payment and satisfaction of the claim or lien.

Name of contact person:

Sheila McInerney

Telephone number: (307) 777-5389

Fax number: (307) 777-6964

E-mail address: Sheila.mcinerney@wyo.gov

Wyoming Department of Health
Division of Healthcare Financing

By:

Sheila McInerney

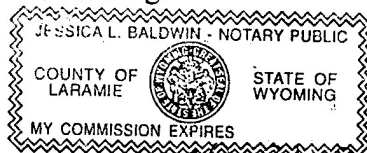
TPL & Estate Recovery Specialist

State of Wyoming)

)ss

County of Laramie)

This instrument was acknowledged before me on November 16, 2020, by Sheila McInerney, as authorized signer for Wyoming Department of Health, Division of Healthcare Financing.



(Signature of Notary Public)

My commission expires: 10.31.2021
(month/day/year)

NO. 2020-764209 AFFIDAVIT - LEGAL

EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK
YONKEE & TONER P O BOX 6288
SHERIDAN WY 82801