

AFFIDAVIT AFFECTING TITLE

The undersigned, pursuant to Wyoming Statutes §§ 34-11-101 and 2-18-103(n), after being first duly sworn states as follows:

1. My name is **David C. Smith**. I am over the age of majority and have personal knowledge of the matter stated herein.

2. On March 16, 2017 Jack Robert Guy (the "Decedent"), executed a Transfer on Death Deed (the "Deed") covering the following described lands in Sheridan County, Wyoming:

The South 40 feet of Lot 4, and the North 40 feet of Lot 5, Block 20, Sheridan Gardens Addition to the City of Sheridan, Sheridan County, Wyoming.

(the "Property")

3. The Deed was recorded on March 16, 2017, as Document 2017-733473 in the office of the County Clerk of Sheridan County, Wyoming.

4. The Decedent died on November 17, 2021. A copy of the death certificate is attached hereto and incorporated hereby.

5. At the time of the Decedent's death, title to the Property was vested in Jack Robert Guy, as sole owner, by a Warranty Deed recorded November 28, 2016, in Book 563 at Page 535 as Document 2016-731229 of the records of Sheridan County, Wyoming.

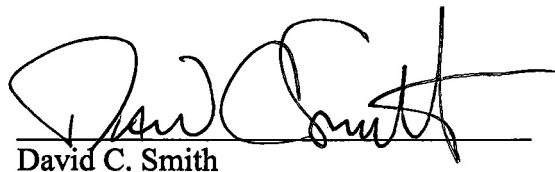
6. A certificate of clearance issued by the Wyoming Department of Health, which is attached hereto and incorporated hereby, certifies that all medical assistance claims have either been satisfied or do not exist.

7. The Deed names Jon Robert Guy as the Grantee Beneficiary.

8. The estate of Jack Robert Guy in the Property described above was terminated by his death. Title is now vested in Jon Robert Guy.

Further your affiant sayeth naught.

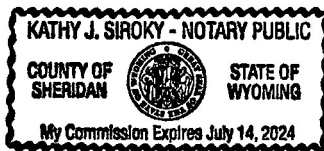
DATED this 2nd day of February, 2022.


David C. Smith

STATE OF WYOMING)
) ss.
COUNTY OF SHERIDAN)

Subscribed, sworn to and acknowledged before me by David C. Smith, this 2nd day of February, 2022.

WITNESS my hand and official seal.




Notary Public

My commission expires: July 14, 2024

STATE OF WYOMING

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Decedent:
Name: Jack Robert Guy
Sex: Male
Date of Birth: [REDACTED]
Date and Place of Death:
Date of Death: November 16, 2021
City of Death: Sheridan
Location: Memorial Hospital of Sheridan County 1401 West 5th Street
State File Number: 2021-005136
Social Security Number: [REDACTED]
Age at the Time of Death: 73 years
County of Death: Sheridan
Additional Decedent Information:
Place of Birth: Denver, Colorado
Residence: Sheridan, Wyoming
Marital Status: Divorced
Armed Forces: Yes
Name of Father: Jack Guy
Name of Mother: Luella Lapp
Informant: John Guy
Relationship: Son
Disposition:
Method of Disposition: Cremation
Place of Disposition: Wyo Cremation Authority, Sheridan, Wyoming
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) Respiratory Failure
(b) Chronic Obstructive Pulmonary Disease
Interval:
7 Days
20 Years
Other Significant Conditions:
Manner of Death: Natural Death
Time of Death: 01:45 (Actual)
Certifier:
Type: Physician
Name: Derek Gilbert, MD
Address: 1401 West 5th Street, Sheridan, WY, 82801
Date Filed: November 24, 2021



2022-776140 2/2/2022 3:50 PM PAGE: 3 OF 5
 FEES: \$24.00 PK AFFIDAVIT - LEGAL
 EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK



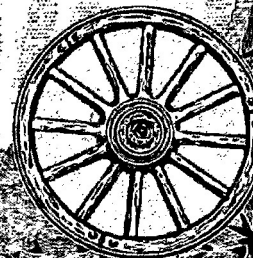
* 001272568 *

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

DATE ISSUED: November 29, 2021

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

(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: January 26, 2022
(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 County, Wyoming, and is legally described as follows:

The South 40 feet of Lot 4, and the North 40 feet of Lot 5, Block 20, Sheridan Garden Additions to the City of Sheridan, Sheridan County, Wyoming

Together with all improvements thereon and all appurtenances thereto, subject to all conveyances, assignments, contracts, mortgages, deeds of trust, liens, security pledges, and other encumbrances made by the Owner or to which the Owner was subject during the Owner's lifetime.

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
Jack Robert Guy	05/29/1948	11/16/2021	\$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.



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 January 26, 2022, by Sheila McInerney, as authorized signer for Wyoming Department of Health, Division of Healthcare Financing.

Chatima Hughes
(Signature of Notary Public)

My commission expires: _____

July 26, 2027
(month/day/year)

