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Cheyenne, WY 82002



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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: 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



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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: 16 March 2015

