

STATE OF WYOMING)
) ss.
COUNTY OF SHERIDAN)

2021-775149 12/22/2021 4:08 PM PAGE: 1 OF 5
BOOK: PAGE: FEES: \$24.00 DO AFFIDAVIT OF SURVIVORSH
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

AFFIDAVIT OF SURVIVORSHIP FOR TRANSFER ON DEATH DEAD

Ray Maurice Daly, being of lawful age and having been first duly sworn according to law, on oath depose and state:

1. That by Transfer on Death Deed filed in the office of the County Clerk and Ex-Officio Register of Deeds for Sheridan County, Wyoming, on March 25, 2015, and duly recorded in Book 552 at Page 382 as Document No. 2015-718334, real property was conveyed to Ray Maurice Daly upon the death of Darla J. Daly which was described as follows:

See EXHIBIT "A" attached hereto;

2. Darla J. Daly, the Grantor in said Transfer on Death Deed, died in Casper, Wyoming, on October 22, 2021, and left surviving her, as Grantee of the Transfer on Death Deed, Ray Maurice Daly.

3. That the death of said Darla J. Daly terminated her previous estate in the real property described in said Transfer on Death Deed, leaving Ray Maurice Daly as the sole owner thereof.

4. That attached hereto and made a part hereof is a certified copy of the Certificate of Death of Darla Jean Daly; and that Darla Jean Daly named in said Certificate of Death was one and the same person as Darla J. Daly named in the Transfer on Death Deed described herein.

5. That attached hereto and made a part hereof is a certificate of clearance from the Wyoming Department of Health stating no claim for medical assistance.

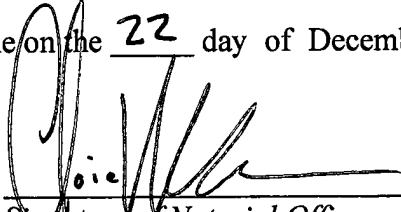
DATED this 22 day of December, 2021.



Ray Maurice Daly

This instrument was acknowledged before me on the 22 day of December, 2021 by Ray Maurice Daly.

WITNESS my hand and official seal.



Signature of Notarial Officer
Title: Notary Public

My Commission expires: 3/2/24



STATE OF WYOMING

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Decedent:

Name: Daria Jean Daly
Sex: Female
Date of Birth: January 11, 1935

State File Number:

2021-004699

Social Security Number: 520-46-9357
Age at the Time of Death: 86 years

Date and Place of Death:

Date of Death: October 22, 2021
City of Death: Casper
Location: Central Wyoming Hospice Home 319 South Wilson St

County of Death: Natrona

Additional Decedent Information:

Place of Birth: Edgemont, South Dakota
Residence: Banner, Wyoming
Marital Status: Widowed
Armed Forces: No
Name of Father: Claude Peterson
Name of Mother: Margarite Gregg
Informant: Ray M. Daly

Relationship: Son

Disposition:

Method of Disposition: Cremation
Place of Disposition: Newcomer Cremations, Funerals and Receptions, Casper, Wyoming

Funeral Home or Facility:

Facility: Newcomer Cremations, Funerals and Receptions, Casper, Wyoming

Cause of Death:

The immediate cause is listed on the first line followed by any underlying causes.
(a) Cerebral Infarction, Unspecified

Interval:
Unknown

Other Significant Conditions:

Manner of Death: Natural Death

Time of Death: 05:25 (Actual)

Certifier:

Type: Physician
Name: Joe Schoeber, M.D.
Address: 6500 E. 2nd (Suite 200), Casper, WY, 82609
Date Filed: November 04, 2021



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* 001268728 *

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

DATE ISSUED: November 05, 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

Exhibit "A"

Lots 2 and 4, Block 12 of the Town of Big Horn, Sheridan County, Wyoming.

Also: That part of the West 55 feet of Jackson Street vacated lying adjacent to said Lots, and that part of the East 10 feet of the vacated alley in said Block 12 lying adjacent to said Lots, and the South 15 feet of North Second Street vacated lying adjacent to Lot 2 in said Block 12.

Also: A portion of the vacated alley in Block 12 and the vacated portion of North Second Street described as follows: Beginning at the Northwest corner of Lot 2, thence west 10 feet to a point; thence north 15 feet to a point; thence east 10 feet to a point; and thence south 15 feet to the point of beginning.

Also: A portion of the vacated Jackson Street and the vacated portion of North Second Street described as follows: Beginning at the Northeast corner of Lot 2, thence north 15 feet to a point; thence east 55 feet to a point; thence south 15 feet to a point, and thence west 55 feet to the point of beginning.

Reserving a ten foot wide right of way for ingress and egress across the following described real property, to wit: That part of the east 10 feet of the vacated alley in said Block 12 lying adjacent to Lots 2 and 4 and a portion of the vacated alley in Block 12 and the vacated portion of North Second Street described as follows: Beginning at the Northwest corner of Lot 2, thence west 10 feet to a point; thence north 15 feet to a point; thence east 10 feet to a point; thence south 15 feet to the point of beginning.



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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: December 09, 2021
(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:

See Exhibit "A", attached

Together with all improvements thereon and all appurtenances thereto;

Subject to reservations, easements, covenants, and restrictions and rights-of-way of record, and subject to all discrepancies, conflicts in boundary lines, shortages in area and encroachments which a correct survey and inspection would disclose and which are not shown in the public records;

And subject to all city, state and county building and zoning regulation and subdivision laws;

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
Darla Jean Daly	01/11/1935	10/22/2021	\$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
Daryl R. Daly	05/06/1934	12/09/2015	\$0.00

5. This CC (check only one box)

- ☒ X 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
Sheila McInerney
TPL & Estate Recovery Specialist

State of Wyoming)
)ss
County of Laramie)

This instrument was acknowledged before me on 9 December 2021, by
Sheila McInerney, as authorized signer for Wyoming Department of Health, Division
of Healthcare Financing.

Chatima A Hughes
(Signature of Notary Public)

My commission expires: July 26, 2027
(month/day/year)

