



When Recorded, return to:
Office of the Attorney General
Human Services Division
109 State Capitol
Cheyenne, Wyoming 82002

VERIFIED LIEN STATEMENT FOR LIEN FOR MEDICAL ASSISTANCE

NAME OF CLAIMANT: State of Wyoming,
Department of Health
Division of Healthcare Financing

ADDRESS: 122 West 25th Street, 4th Floor West
Cheyenne, Wyoming 82002

NAME AND ADDRESS OF PERSON TO WHOM MEDICAL ASSISTANCE WAS
FURNISHED AND AGAINST WHOSE PROPERTY LIEN IS FILED: (HEREINAFTER
"DECEDENT):

NAME: Walter Legerski
ADDRESS: 1360 Holloway Ave
Sheridan, WY 82801

LEGAL DESCRIPTION OF REAL PROPERTY:

Lots 6 and 7, Block 13, Dana Addition to the City of Sheridan, Sheridan County,
Wyoming, together with all and singular the tenements, hereditaments and
appurtenances thereunto belonging or in anywise appertaining and all
improvements thereon.

NAME AND ADDRESS OF VENDOR(S) FURNISHING MEDICAL ASSISTANCE:

The vendors providing medical assistance 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: 05/31/2016 to 07/18/2022

AMOUNT DUE FOR MEDICAL ASSISTANCE: \$438,687.77

TOTAL AMOUNT DUE AND OWING CLAIMANT, STATE OF WYOMING,
DEPARTMENT OF HEALTH, FOR ALL MEDICAL ASSISTANCE: \$438,687.77

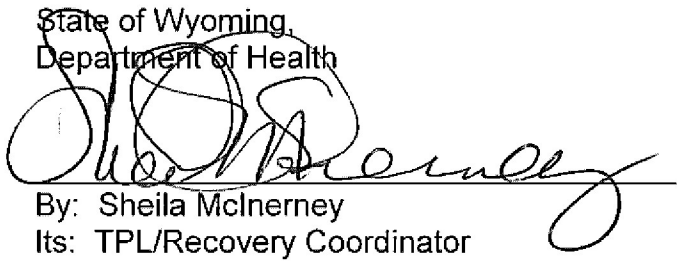
This amount is subject to change as claims may continue to be paid.



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 Wyoming Statute § 42-4-206 (g)(ii).

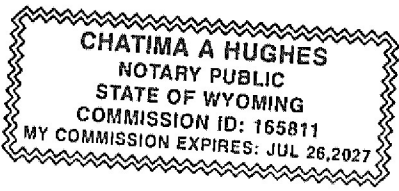
IN WITNESS WHEREOF, I do hereunder set my hand this 18th day of November, 2022.

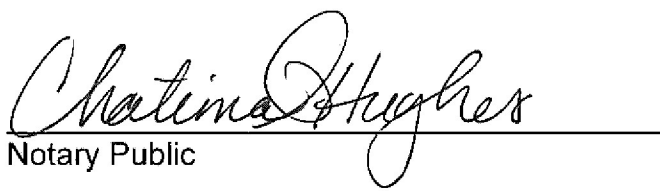
State of Wyoming,
 Department of Health

 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 18th day of November, 2022 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: July 26, 2027