2021-773996 11/10/2021 9:14 AM PAGE: 1 OF FEES: \$24.00 DO AFFIDAVIT - LEGAL EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

STATE OF WYOMING) : ss.

County of Sheridan)

AFFIDAVIT CONCERNING TRANSFER ON DEATH DEED

Janet Lee Quarterman, after being duly sworn upon oath, does depose and say:

- 1. This Affidavit is made in compliance with Wyoming Statutes, Sec. 2-18-103 to establish the transfer of certain real property due to the death of the owner of the property.
- 2. Affiant is the beneficiary named in a certain Transfer on Death Deed that was executed by Elinor B. Wonnacott and recorded on March 2, 2018, in the office of the Sheridan County Clerk and Recorder in Book 572 of Deeds at page 347. Said real property is described as follows, to-wit:

Lot 31 of the Falcon Ridge Development, a subdivision in Sheridan County, Wyoming.

- 3. Elinor B. Wonnacott died on August 2, 2021. A certified copy of her Death Certificate is attached hereto.
- 4. The Wyoming Department of Health has issued a Certificate of Clearance which is attached hereto.
- 5. Due to the death of the said Elinor B. Wonnacott, the Affiant has become the owner of the above described property.

FURTHER AFFIANT SAYETH NOT.

DATED this 20th day of Netoler

, 2021.

Jaul Xu Quarteymur Janet Lee Quarterman

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FEES: \$24.00 DO AFFIDAVIT - LEGAL EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

STATE OF WYOMING

: ss.

County of Sheridan

)

NESS my hand and official seal.

Notarial Officer

My Commission expires: Macchine 2025



DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Decedent: State File Number: 2021-002978

Name: Elipor Berneal Wonnacott

Sex: Female Social Security Number: 465-42-008#

Date of Birth: August 17, 1928 Age at the Time of Death: 92 years

Date and Place of Death:

Date of Death: August 02, 2021 County of Death: Sheridan

City of Death: Sheridan

Location: Westview Health Care Center 1990 W Loucks St

Additional Decedent Information:

Place of Birth: Mercedes, Texas Residence: Sheridan, Wyoming

Märital Status: Widowed Armed Forces: No

Name of Father: Lemuel Joplin
Name of Mother: Ethel Ellinor George

Informant: Janet Lee Quarterman Relationship: Daughter

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) Prieumonia

(b) Aspirations

(c) Dementia

Other Significant Conditions:

Manner of Death: 09:20 (Actual)

Certifier:

Type: Physician

Name: Laura Ferries, M.D.

Address: \$333 west 5th street, s 112, Sheridan, WY, 82801

Date Filed: August 09, 2021

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EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK



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

DATE ISSUED: August 10, 2021

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







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(Top 3 inches reserved for recording)

PARTIAL OR LIMITED CERTIFICATE OF CLEARANCE (CC) MEDICAL ASSISTANCE CLAIM Transfer on Death Deed

Date: October 22, 2021 (month/day/year)

W.S. § 2-18-101 et seq.

- 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:

Lot 31 of the Falcon Ridge Development, a subdivision in Sheridan County, Wyoming, as recorded December 12, 1994, in Drawer F. Plat #13.

Together with all improvements and appurtenances thereon belonging thereto.

Subject to all exceptions, reservations, rights-of-way, covenants, restrictions and rights of record and all mortgages and encumbrances of record.

3. There □ is X 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

Elinor Berneal Wonnacott

08/17/1928

08/02/2021

\$0.00

4. There □ is X 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

Roy Wonnacott

Unknown

Unknown

\$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.

EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

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 vision of Realthcare Financing

Sheila McInerney

TPL & Estate Recovery Specialist

State of Wyoming

)ss

County of Laramie

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

Ву

CHATIMA A HUGHES NOTARY PUBLIC STATE OF WYOMING COMMISSION ID: 165811 COMMISSION EXPIRES: JUL 26,202

TIM TARVER PO BOX 6284 SHERIDAN WY 82801