

When Recorded, return to:
Office of the Attorney General
Kendrick Building
2320 Capitol Avenue
Cheyenne, WY 82002

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 ASSISTANCE WAS
FURNISHED AND AGAINST WHOSE PROPERTY LIEN IS FILED: (HEREINAFTER
"DECEDENT):**

NAME: Judith D. Hoyt
ADDRESS: 54 Fish Hatchery Road
Story, WY 82842

LEGAL DESCRIPTION OF REAL PROPERTY:

LODORE ADDITION BLOCK 3 PT LOTS 03 & 04, together with all
improvements situate thereon and all easements and appurtenances belonging
thereto.

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: 04/01/2012 to 09/22/2020

AMOUNT DUE FOR MEDICAL ASSISTANCE: \$300,482.22

**TOTAL AMOUNT DUE AND OWING CLAIMANT, STATE OF WYOMING,
DEPARTMENT OF HEALTH, FOR ALL MEDICAL ASSISTANCE:** \$300,482.22

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

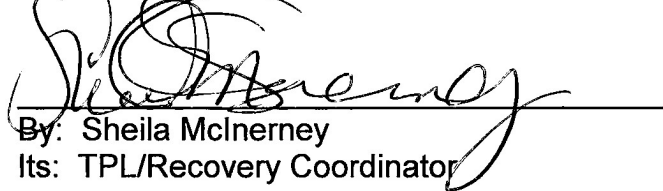
**THE NAME OF THE PERSON RESPONSIBLE TO PAY THE DEBT SECURED BY
THE LIEN:**

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 30th day of September, 2020.

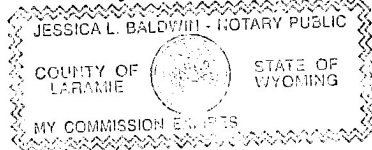
State of Wyoming,
Department of Health



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 2 pages was subscribed, sworn to and acknowledged before me on this 30th day of September, 2020 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: 10.31.2021