

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: Delta F. Drobnick  
ADDRESS: 332 W Works Street  
Sheridan, WY 82801

**LEGAL DESCRIPTION OF REAL PROPERTY:**

Lot 8, in Block 18, Thurmond's Second Addition to the Town, now City, of  
Sheridan, Sheridan County, Wyoming, 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: 07/01/2020 to 10/04/2020

TOTAL AMOUNT DUE AND OWING CLAIMANT, STATE OF WYOMING,  
DEPARTMENT OF HEALTH, FOR ALL MEDICAL ASSISTANCE: \$10,468.99

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).

This lien applies to whatever interest the deceased had in the property before his or her death. Surviving spouses of Medicaid recipients are free to use and dispose of the property, through bona fide transactions, as a method of avoiding spousal impoverishment. This lien will be released upon the surviving spouse's demand for any bona fide transaction.

IN WITNESS WHEREOF, I do hereunder set my hand this 30th day of October, 2020.

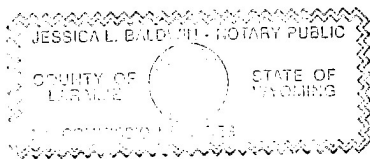
State of Wyoming,  
Department of Health

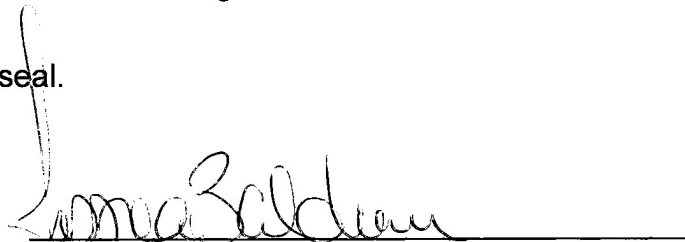
  
By: Sheila McInerney  
Its: TPL/Recovery Coordinator

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 October, 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