



2021-771080 7/28/2021 11:20 AM PAGE: 1 OF 2
FEES: \$15.00 PK AMENDED LIEN STATEMENT - LEGAL
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

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

**AMENDED VERIFIED LIEN STATEMENT FOR LIEN FOR MEDICAL ASSISTANCE
(Amending Verified Lien Statement recorded 11/4/2020, #2020-763502)**

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

ADDRESS: 122 W. 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: 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:** \$16,562.15

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:**

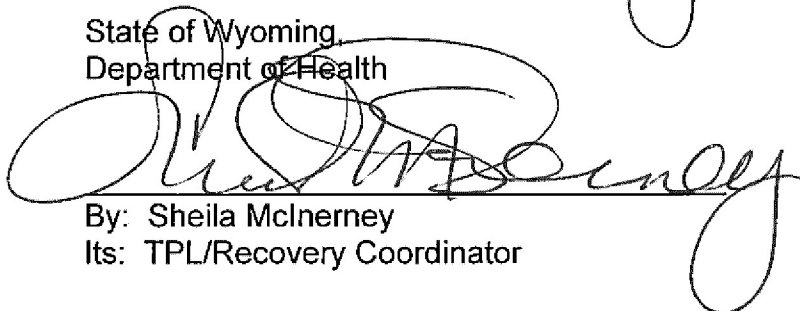
the estate of the decedent as the term "estate" is defined in Wyoming Statute § 42-
4-206 (g)(ii).



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 27th day of July, 2021.

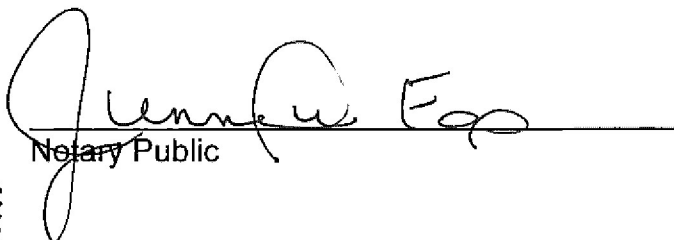
State of Wyoming,
Department of Health

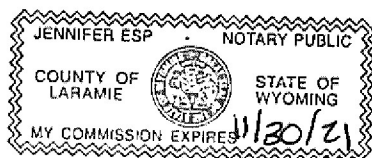

By: Sheila McInerney
Its: TPL/Recovery Coordinator

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 27th day of July, 2021 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: 11/30/21