



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: Charlene Perry
ADDRESS: 150 Badger Creek Road
Sheridan, WY 82801

LEGAL DESCRIPTION OF REAL PROPERTY:

Township 58 North, Range 82 West, Sheridan County, Wyoming

That portion of the SE $\frac{1}{4}$ SE $\frac{1}{4}$ of Section 20, W $\frac{1}{2}$ SW $\frac{1}{4}$ of Section 21, NE $\frac{1}{4}$ NE $\frac{1}{4}$ of
Section 29 lying south and west of the Badger Creek County Road and North
and West of the following described line:

Commencing at the southwest corner of said Section 29; thence N14°13'33"W,
5186.10 feet to the Point of Beginning of said descibed line, said point lying on a
fence line; thence N57°45'37"E, 2579.42 feet to a point lying on the centerline of
said Badger Creek County Road, said point being N76°29'13"W, 4470.35 feet
from the Southeast corner of said Section 21, 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: 06/01/2019 to 09/10/2020

AMOUNT DUE FOR MEDICAL ASSISTANCE: \$70,692.94

TOTAL AMOUNT DUE AND OWING CLAIMANT, STATE OF WYOMING,
DEPARTMENT OF HEALTH, FOR ALL MEDICAL ASSISTANCE: \$70,692.94

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 October, 2020.

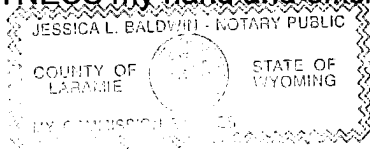
State of Wyoming,
Department of Health

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.



Jessica L. Baldwin
Notary Public

My Commission expires: 10.31.2021

NO. 2020-763507 LIEN STATEMENT

EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK
ATTORNEY GENERAL 123 STATE CAPITOL BLDG
CHEYENNE WY 82010