

Affidavit Regarding Proof of Death of Owner and Transfer of Ownership of Real Property Upon Death Pursuant to Transfer on Death Deed

I, Victoria Erbschloe, whose address is 59 River Rock Road, Sheridan, WY 82801, being first duly sworn upon my oath depose and state as follows:

1. I have personal knowledge of the facts stated in this affidavit.

2. This affidavit concerns the Transfer on Death Deed executed by Jane I. Ferril also known as Jane Irlean Ferril on September 16, 2019 which was recorded in Book 583 of Deeds at Page 368 in the Office of the County Clerk of Sheridan County, Wyoming. The Transfer on Death Deed covered the following described property situate in Sheridan County, Wyoming:

Lot No. 9 of Scott Addition to the City of Sheridan, Sheridan County, Wyoming together with all improvements situate thereon.

3. Jane I. Ferril also known as Jane Irlean Ferril, the owner of record of the real property described in the Transfer on Death Deed, died on January 7, 2024. Attached to this affidavit is a copy of the Certificate of Death of Jane I. Ferril also known as Jane Irlean Ferril.

4. Victoria Erbschloe, the grantee beneficiary named in the Transfer on Death Deed, survived the owner Jane I. Ferril also known as Jane Irlean Ferril.

5. A Certificate of Clearance issued by the Wyoming Department of Health, Division of Health Care Financing, certifying that all medical assistance claims relating to Jane I. Ferril also known as Jane Irlene Ferril or her estate have either been satisfied or do not exist, is attached.

6. This affidavit is given pursuant to *Wyo.Stat.* §2-18-103(n) for the purpose of establishing the proof of the death of Jane I. Ferril also known as Jane Irlene Ferril, the record owner of the above-described real estate, and establishing that upon her death all of her right, title and interest in the above-described property vested in and transferred by operation of law to Victoria Erbschloe whose address is 59 River Rock Road, Sheridan, Wyoming 82801.



Dated this 19 day of January, 2024.

Victoria Erbschloe
Victoria Erbschloe

STATE OF WYOMING)
) ss.
COUNTY OF SHERIDAN)

The foregoing Affidavit was signed and sworn to before me this 19th day of January, 2024, by Victoria Erbschloe.

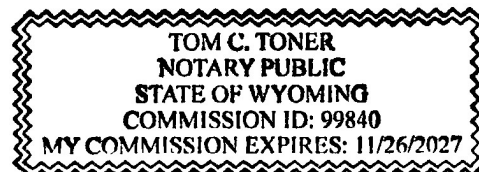
Seal

Tom C Toner

Notary Public

My Commission Expires:

November 26, 2027



STATE OF WYOMING

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Decedent:
Name: Jane Irlean Ferril
Sex: Female
Date of Birth: September 02, 1931
State File Number: 2024-000053
Social Security Number: 417-36-6796
Age at the Time of Death: 92 years

Date and Place of Death:
Date of Death: January 07, 2024
City of Death: Sheridan
Location: 118 Scott Dr
County of Death: Sheridan

Additional Decedent Information:
Place of Birth: Tulsa, Oklahoma
Residence: Sheridan, Wyoming
Marital Status: Widowed
Armed Forces: No
Name of Father: Arthur Adams
Name of Mother: Vera Hight
Informant: Victoria Erbschloe
Relationship: Daughter

Disposition:
Method of Disposition: Cremation
Place of Disposition: Sheridan - Johnson County Cremation Services, Buffalo, Wyoming

Funeral Home or Facility:
Facility: Sheridan Funeral Home and Cremations, Sheridan, Wyoming

Cause of Death:
The immediate cause is listed on the first line followed by any underlying causes.
(a) Protein Calorie Malnutrition
Interval: Months

Other Significant Conditions: Advanced Age

Manner of Death: Natural Death
Time of Death: Approximate 10:30 ±1hr

Certifier:
Type: Physician
Name: Juli Ackerman, M.D.
Address: 1333 West 5th Street, S 112, Sheridan, WY, 82801
Date Filed: January 11, 2024

2024-790077 2/2/2024 4:00 PM PAGE: 3 OF 5
FEES: \$24.00 PK AFFIDAVIT - LEGAL
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

* 0 0 1 4 1 0 5 6 5 *

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

DATE ISSUED: January 12, 2024

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

Guy Beaudoin
Deputy State Registrar

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CERTIFICATE OF CLEARANCE (CC)
MEDICAL ASSISTANCE CLAIM
Transfer on Death Deed (TODD)
W.S. § 2-18-101 et seq.

DATE: 01/26/2024

1. The undersigned is authorized by W.S. § 2-18-103(n), and other applicable law, to provide this Certificate of Clearance (CC) on behalf of the Wyoming Department of Health, Division of Healthcare Financing (DHCF).

2. The real property covered by this CC is located in Sheridan County, Wyoming, and is legally described as follows:

Lot No. 9 of the Scott Addition to the City of Sheridan, Sheridan County, Wyoming

3. There ☐ is ☒ 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:
Jane Irlean Ferril	09/02/1931	01/07/2024	00.00

4. There ☐ is ☒ 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:

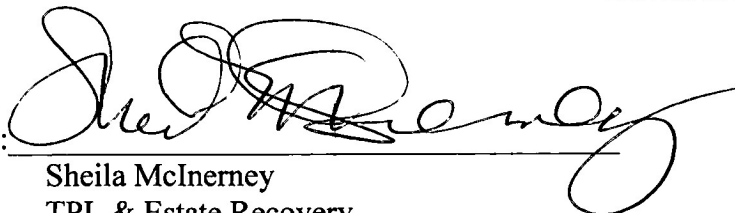
Predeceased Spouse Full Name:	Date of Birth:	Date of Death:	Amount of Claim:
Robert Lee Ferril III	05/31/1928	11/20/2012	00.00

5. This CC certifies that (check only one box)

☒ All medical assistance claims have either been satisfied or do not exist, or

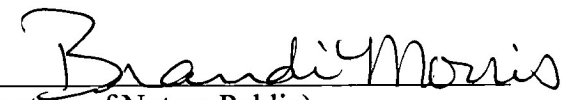
☐ The above-listed medical assistance claim(s) and/or lien(s) has/have been duly executed and recorded and is/are pending satisfaction by the sale of the real property described in Paragraph 2 above, or by other agreement between DHCF and the TODD grantee or their legal representative. Accordingly, DHCF is authorized to issue this CC to aid in effectuating said sale or agreement.

Wyoming Department of Health Division of Healthcare Financing:

By: 
Sheila McNerney
TPL & Estate Recovery
Specialist Division of
Healthcare Financing

STATE OF WYOMING)
) ss.
COUNTY OF LARAMIE)

This instrument was acknowledged before me on 1-21-24, by Sheila McNerney, as
TPL & Estate Recovery Specialist for the Wyoming Department of Health, Division of
Healthcare Financing.


Signature of Notary Public)

My commission expires: 1-19-29 (month/day/year)

