



AFFIDAVIT CONCERNING TITLE TO REAL PROPERTY

I, Mark J. Murphy, Esq., being of legal age and duly sworn, state the following:

1. I am a resident of Sheridan County, Wyoming and I represent and am authorized to make this affidavit for Janet L. Evans, Peggy E. Miller (formerly Peggy E. Schutte), and Tamara J. Ketcham.
2. I make out and execute this affidavit under oath pursuant to W.S. § 34-11-101.
3. Attached hereto and incorporated by reference is a certificate of clearance issued by the Wyoming Department of Health and a copy of the death certificate for Archie L. Grooms.
4. Archie L. Grooms executed and recorded a Transfer on Death Deed (Book 566, Page 577, and Document No. 2017-734617) to the above named for the following described real property:

Lot 7, Block 43, Sheridan Land Company's Addition to the Town
now City of Sheridan, Sheridan County, Wyoming together with
all improvements situate thereon.

5. Title to the interest in the above described real property vested in Janet L. Evans, Peggy E. Miller (formerly Peggy E. Schutte), and Tamara J. Ketcham upon the death of Archie L. Grooms.

Dated this 27th day of October, 2023.

Mark J. Murphy
Mark J. Murphy, Esq.

STATE OF WYOMING)
) ss.
County of Sheridan)

Subscribed and sworn to before me this 27th day of Oct.,
2023, by Mark J. Murphy, Esq.
WITNESS my hand and official seal.

Venetia Lewallen
Notary Public





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FEES: \$21.00 PK AFFIDAVIT - LEGAL
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

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

DATE: 11/17/2023
(month/day/year)

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 7, Block 43, Sheridan Land Company's Addition to the Town now 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:
Archie L. Grooms	12/15/1927	10/25/2023	\$0.00

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:
Norma A. Grooms	04/18/1933	10/17/2001	\$0.00



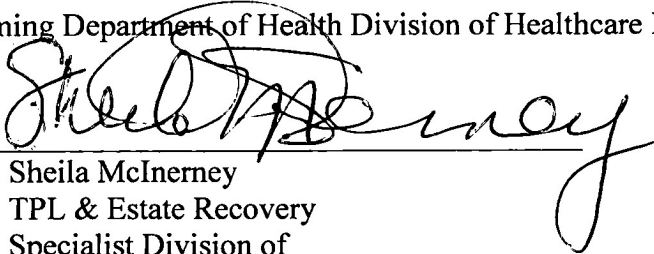
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5. This CC certifies that (check only one box)

- ☒ 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.

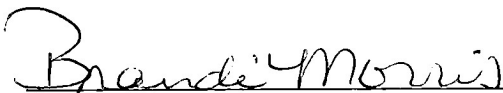
Wyoming Department of Health Division of Healthcare Financing:

By:

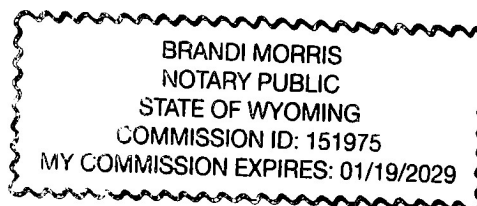

Sheila McInerney
TPL & Estate Recovery
Specialist Division of
Healthcare Financing

STATE OF WYOMING)
) ss.
COUNTY OF LARAMIE)

This instrument was acknowledged before me on NOV 17, 23 by Sheila McInerney, as TPL & Estate Recovery Specialist for the Wyoming Department of Health, Division of Healthcare Financing.


(Signature of Notary Public)

My commission expires: 1-19-2029
(month/day/year)



STATE OF WYOMING

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Decedent:
Name: Archie L. Grooms
Sex: Male
Date of Birth: December 15, 1927
State File Number: 2023-004213
Social Security Number: 520-26-4351
Age at the Time of Death: 95 years

Date and Place of Death:

Date of Death: October 25, 2023
City of Death: Sheridan
Location: Westview Health Care Center 1990 W Loucks St
County of Death: Sheridan

Additional Decedent Information:

Place of Birth: Sheridan, Wyoming
Residence: Sheridan, Wyoming
Marital Status: Widowed
Armed Forces: No
Name of Father: Lafe Grooms
Name of Mother: Amelia Fauser
Informant: Tamara Ketcham



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Relationship: Daughter

Disposition:

Method of Disposition: Cremation
Place of Disposition: Wyo Cremation Authority, Sheridan, Wyoming

Funeral Home or Facility:

Facility: Kane Funeral Home, Sheridan, Wyoming

Cause of Death:

The immediate cause is listed on the first line followed by any underlying causes.

Interval:

- (a) Dementia
- (b) Advanced Age

Other Significant Conditions:

Manner of Death: Natural Death
Time of Death: 15:00 (Actual)

Certifier:

Type: Physician
Name: Laura Ferries, M.D.
Address: 1333 West 5th Street, S 112, Sheridan, WY, 82801
Date Filed: November 02, 2023

NO. 2023-789050 AFFIDAVIT - LEGAL
 EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK
 MARK J MURPHY 142 S MAIN ST
 SHERIDAN WY 82801



* 0 0 1 3 9 8 8 2 7 *

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

DATE ISSUED: November 03, 2023

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

Gay Beaudoin
 Gay Beaudoin
 Deputy State Registrar

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE