

AFFIDAVIT AFFECTING TITLE TO REAL ESTATE

State of Wyoming)
 : S.S.
County of Sheridan)

Susan R. Ferguson, being first duly sworn according to law, and in accordance with Wyo. Stat. Ann. §§ 2-18-103(n) and 34-11-101 (LexisNexis 2023) hereby deposes and states:

1. The undersigned affiant is the designated Executor and Personal Representative of the **Estate of Donald N. Grevesen, a/k/a Donald Grevesen** ("Decedent"), who died of natural causes in Sheridan County, Wyoming, on January 6, 2024, as shown by the certified copy of the Certificate of Death attached hereto as "Exhibit A" and made a part hereof by this reference. Decedent was a resident of Sheridan County at the time of his death.

2. This affidavit affects title and concerns the following described real property located in Sheridan County, Wyoming, owned by the above-named Decedent, as designated and described in a certain Transfer on Death Deed from Donald N. Grevesen, a single person, to Susan R. Ferguson, a single person, as her sole and separate property, dated December 18, 2023, and recorded in the office of the County Clerk for Sheridan County, Wyoming, on December 18, 2023, as Document No. 2023-789389, to-wit:

The South one-half of the West one-half of Tract 72 of Brundage Place, an Addition to the City of Sheridan, Sheridan County, Wyoming.

Together with all improvements situate thereon and all appurtenances thereunto appertaining or belonging.

Subject to all exceptions, reservations, rights-of-way, easements, covenants, restrictions, and rights of record and subject to any state of facts which would be disclosed by an accurate survey or physical inspection of the premises and subject to building and zoning regulations and city, state and county subdivision laws.

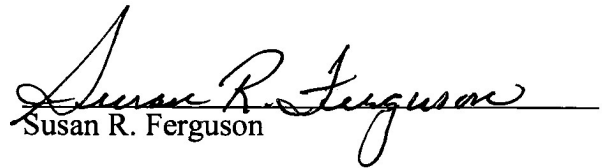
3. The death of the said Donald N. Grevesen has terminated his interest in the

above-described property and vested the same exclusively in the undersigned affiant, Susan R. Ferguson.

4. A Certificate of Clearance issued by the Wyoming Department of Health certifying that all medical assistance claims have either been satisfied or do not exist, is attached hereto as "Exhibit B" and made a part hereof by this reference.

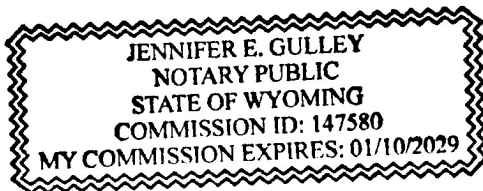
Further affiant sayeth not.

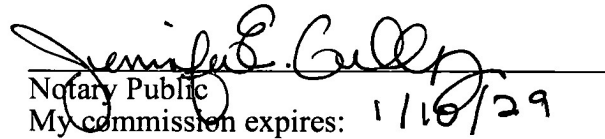
DATED this 13 day of March, 2024.


Susan R. Ferguson

Subscribed and sworn to before me this 13 day March, 2024, by Susan R. Ferguson.

Witness my hand and official seal.




Notary Public
My commission expires: 1/10/29

STATE OF WYOMING

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Decedent:
Name: Donald Neil Grevesen
Sex: Male
Date of Birth: August 15, 1962
State File Number: 2024-000054
Social Security Number: 520-76-0022
Age at the Time of Death: 61 years

Date and Place of Death:
Date of Death: January 06, 2024
City of Death: Sheridan
Location: 2350 Aspen Grove Dr
County of Death: Sheridan

Additional Decedent Information:

Place of Birth: Sheridan, Wyoming
Residence: Sheridan, Wyoming
Marital Status: Never Married
Armed Forces: No
Name of Father: Donald Charles Grevesen
Name of Mother: Rita May Hoyt
Informant: Susan Ferguson

2024-790798 3/13/2024 4:30 PM PAGE: 3 OF 5
 FEES: \$24.00 PK AFFIDAVIT - LEGAL
 EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

Relationship: Sister

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) Metastatic Lung Cancer to Multiple Sites

Interval:
 5 Months

Other Significant Conditions:

Manner of Death: Natural Death
Time of Death: Approximate 21:15 ±1hr

Certifier:
Type: Physician
Name: Kristopher Schamber, MD
Address: 1401 West 5th Street, Sheridan, WY, 82801
Date Filed: January 11, 2024



* 0 0 1 4 1 0 5 9 4 *

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.

EXHIBIT

A

Guy Beaudry
 Deputy State Registrar

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

DATE: 02/29/2024

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:

The South one-half of the West One-half of Tract 72 of Brundage Place, an Addition to the City of Sheridan, Sheridan County, Wyoming.

3. There ☐ is **X 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:
Donald N. Grevesen	08/15/1962	01/06/2024	00.00

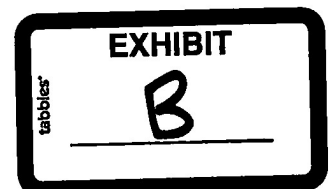
4. There ☐ is **X is not** a claim or lien that is authorized by the statutes listed in W.S. §§ 42-4-206, 207 against the following predeceased spouse(s) of the decedent:

Predeceased Spouse Full Name:	Date of Birth:	Date of Death:	Amount of Claim:
N/A			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.





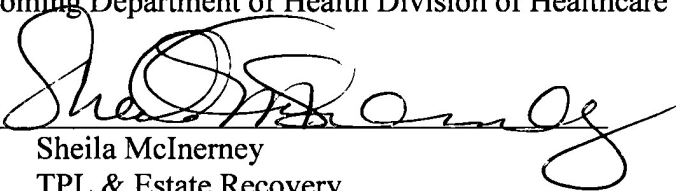
2024-790798 3/13/2024 4:30 PM PAGE: 5 OF 5

FEES: \$24.00 PK AFFIDAVIT - LEGAL

EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK


Wyoming Department of Health Division of Healthcare Financing:

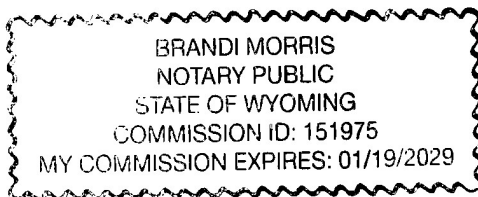
By:


Sheila McInerney
TPL & Estate Recovery
Specialist Division of
Healthcare Financing

STATE OF WYOMING)
) ss.
COUNTY OF LARAMIE)

This instrument was acknowledged before me on 29 Feb, 2024,
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:

1-19-29
(month/day/year)

NO. 2024-790798 AFFIDAVIT - LEGAL

EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK
HEALY LAW FIRM LLC
P O BOX 605 SHERIDAN WY 82801