



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

## VERIFIED LIEN STATEMENT FOR LIEN FOR MEDICAL ASSISTANCE

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

ADDRESS: 122 West 25th Street, 4<sup>th</sup> 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: SHIRLEY PETERSON  
ADDRESS: 133 W. 6<sup>TH</sup> STREET  
SHERIDAN, WYOMING 82801

### LEGAL DESCRIPTION OF REAL PROPERTY:

Lot 9, Block 10, Sheridan Land Company's Addition to the Town, now City of  
Sheridan, Sheridan County, Wyoming, together with all and singular the  
tenements, hereditaments and appurtenances thereunto belonging or in anywise  
appertaining and all improvements thereon.

### 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: 10/01/2016 to 11/08/2017

AMOUNT DUE FOR MEDICAL ASSISTANCE: \$272.64

TOTAL AMOUNT DUE AND OWING CLAIMANT, STATE OF WYOMING,  
DEPARTMENT OF HEALTH, FOR ALL MEDICAL ASSISTANCE: \$272.64

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 24th day of January  
2024.

State of Wyoming,  
Department of Health

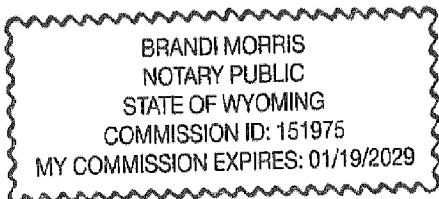
Sheila McInerney  
By: Sheila McInerney  
TPL & Estate Recovery Specialist  
Division of Healthcare Financing

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 24 day of  
Jan, 2024 by Sheila McInerney as TPL & Estate Recovery Specialist of the  
Wyoming Department of Health, Division of Healthcare Financing.

WITNESS my hand and official seal.

Brandi Morris  
Notary Public



My Commission expires: 1-19-29