



2021-773033 10/6/2021 8:03 AM PAGE: 1 OF 2
FEES: \$15.00 PK AMENDED LIEN STATEMENT - LEGAL
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

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

**AMENDED VERIFIED LIEN STATEMENT FOR LIEN FOR MEDICAL ASSISTANCE
(Amending Verified Lien Statement recorded 4/12/2021, # 2021-768091)**

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

ADDRESS: 122 W. 25th Street, 4th 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: Walter E. Gray
ADDRESS: 309 Water Street
Dayton, WY 82836

LEGAL DESCRIPTION OF REAL PROPERTY:

Lots 10, 11 and 12, Block 11 of the original Town of Dayton, Sheridan County,
Wyoming, 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: 06/01/2020 to 03/15/2021

TOTAL AMOUNT DUE AND OWING CLAIMANT, STATE OF WYOMING,
DEPARTMENT OF HEALTH, FOR ALL MEDICAL ASSISTANCE: \$17,369.66

This amount is subject to change as claims may continue to be paid.

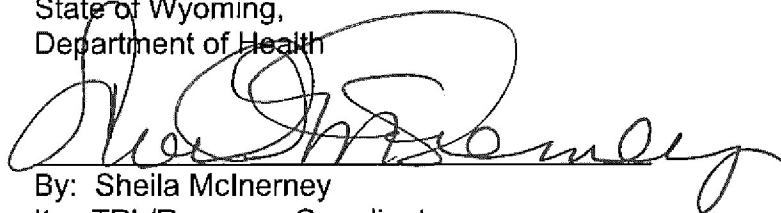
THE NAME OF THE PERSON RESPONSIBLE TO PAY THE DEBT SECURED BY
THE LIEN:

the estate of the decedent as the term "estate" is defined in Wyoming Statute §
42-4-206 (g)(ii).

This lien applies to whatever interest the deceased had in the property before his or her death. Surviving spouses of Medicaid recipients are free to use and dispose of the property, through bona fide transactions, as a method of avoiding spousal impoverishment. This lien will be released upon the surviving spouse's demand for any bona fide transaction.

IN WITNESS WHEREOF, I do hereunder set my hand this 5th day of October, 2021.

State of Wyoming,
Department of Health

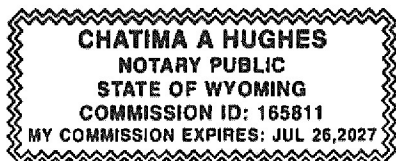



By: Sheila McInerney
Its: TPL/Recovery Coordinator

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 5th day of October, 2021 by Sheila McInerney as TPL/Recovery Coordinator of the Wyoming Department of Health, Division of Healthcare Financing.

WITNESS my hand and official seal.




Notary Public

My Commission expires: July 26, 2027