



STATE OF WYOMING)
) ss
COUNTY OF SHERIDAN)

AFFIDAVIT OF SURVIVORSHIP FOR T.O.D.D.

Patrick B. Greenough, being of lawful age and having been first duly sworn according to law, on oath depose and state:

1. That by Transfer on Death Deed filed in the office of the County Clerk for Sheridan County, Wyoming, on December 14, 2020, as Document # 2020-764679, real property was conveyed to Patrick Gregory Greenough, Kelly Janine Greenough fka Kelly Janine Greenough Groom, and Vincent Lee Greenough, together as tenants in common, (Grantee Beneficiaries), which was described as follows:

A tract of land situated in the SW¼SW¼ of Section 11, Township 55 North, Range 85 West of the 6th P.M., Sheridan County, Wyoming, described as follows:

Beginning at a point located in the center of a County Road, said point being North 439 feet from the Southwest corner of said Section 11; thence North 483 feet to a point in said County Road, thence S. 89°41' E., 855 feet to a point, thence S. 11°06' E., 492.7 feet to a point, thence N. 89°41' W., 950 feet to the point of beginning. (Said tract contains 10 acres, more or less)

2. Patrick Gregory Greenough, Kelly Janine Greenough fka Kelly Janine Greenough Groom, and Vincent Lee Greenough, each own, as tenants in common, said property pursuant to said Transfer on Death Deed.
3. Patrick B. Greenough, as Owner, died on December 4, 2024.
4. That the death of Patrick B. Greenough described in said Transfer on Death Deed, leaving Patrick Gregory Greenough, Kelly Janine Greenough fka Kelly Janine Greenough Groom, and Vincent Lee Greenough tenants in common and Grantee Beneficiaries thereof.
5. That attached hereto and made a part hereof are:
 - a. certified copy of the Certificate of Death of Patrick B. Greenough; and he is one and the same as referenced above.
 - b. Certificate of Clearance from the State of Wyoming confirming no medical liens affecting the property subject of this Affidavit.
6. That this Affidavit is made to confirm and record ownership of the property described herein, to Patrick Gregory Greenough, Kelly Janine Greenough fka Kelly Janine Greenough Groom, and Vincent Lee Greenough, Transfer on Death Deed described above, as of the date thereof and made pursuant to the provisions of WYO. STAT. § 2-9-102.

DATED this 13 day of January, 2025.

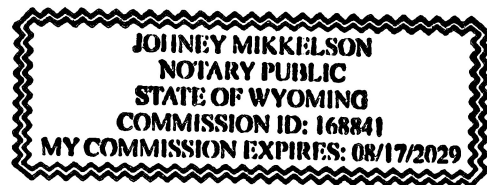

Patrick Gregory Greenough

This instrument was acknowledged before me on the 13 day of January, 2025 by Patrick Gregory Greenough.

WITNESS my hand and official seal.


Signature of Notarial Officer
Title: Notary Public

My Commission expires: 8-17-2029





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FEES: \$30.00 PK AFFIDAVIT OF SURVIVORSHIP - LEGAL
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

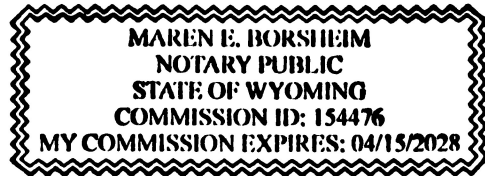
Kelly Janine Greenough
Kelly Janine Greenough

This instrument was acknowledged before me on the 14th day of January, 2025 by Kelly Janine Greenough.

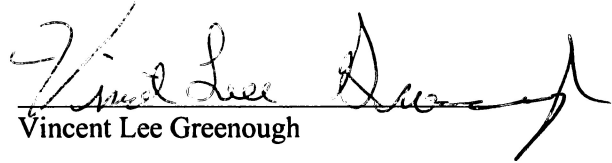
WITNESS my hand and official seal.

Maren E. Borsheim
Signature of Notarial Officer
Title: Notary Public

My Commission expires: 4/15/2028

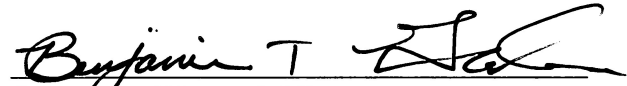




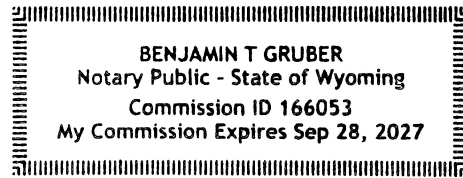

Vincent Lee Greenough

This instrument was acknowledged before me on the 13 day of January, 2025 by Vincent Lee Greenough.

WITNESS my hand and official seal.


Signature of Notarial Officer
Title: Notary Public

My Commission expires: Sept. 28 2027



STATE OF WYOMING

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Decedent:
Name: Pat B. Greenough AKA Patrick B. Greenough
Sex: Male
Date of Birth: April 21, 1940
State File Number: 2024-004817
Social Security Number: 520-44-0971
Age at the Time of Death: 84 years

Date and Place of Death:
Date of Death: December 04, 2024 (Approx)
City of Death: Sheridan
Location: 95 Beaver Creek Rd
County of Death: Sheridan

Additional Decedent Information:

Place of Birth: Billings, Montana
Residence: Sheridan, Wyoming
Marital Status: Widowed
Armed Forces: No
Name of Father: Frank Greenough
Name of Mother: Doris Corwin
Informant: Kelly Greenough
Relationship: Daughter

Disposition:

Method of Disposition: Burial
Place of Disposition: Elks Cemetery, 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.

- (a) Acute End-Stage Systolic Congestive Heart Failure
- (b) Coronary Artery Disease
- (c) Chronic Kidney Disease Stage III

Interval:

Years
 Years
 Years

Other Significant Conditions: Chronic Atrial Fibrillation, Chronic Passive Hepatic Congestion, Pulmonary Hypertension, Diabetes Mellitus Type II, Ischemic Cardiomyopathy, Hypcholesteremia

Manner of Death: Natural Death
Time of Death: Approximate 15:49 ±1hr

Certifier:

Type: Coroner
Name: Robert Byrd, Coroner
Address: 1604 North Main St, Sheridan, WY, 82801

Date Filed: December 16, 2024

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 FEES: \$30.00 PK AFFIDAVIT OF SURVIVORSHIP - LEGAL
 EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

* 0 0 1 5 1 3 0 2 4 *

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

DATE ISSUED: December 17, 2024

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

Kyndra Herrera
 Kyndra Herrera
 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: 01/03/2025

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:

Beginning at a point located in the center of a County Road, said point being North 439 feet from the Southwest corner of said Section 11; thence North 483 feet to a point in said County Road, thence S. 89°41'E., 855 to a point, thence S. 11°06'E., 492.7 feet to a point thence N89°41'W., 950 feet to the point of beginning.

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:
Patrick Bruce Greenough	04/21/1940	12/04/2024	\$0.00

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:
Sandra Kay Greenough	06/18/1942	06/18/2020	\$0.00

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:

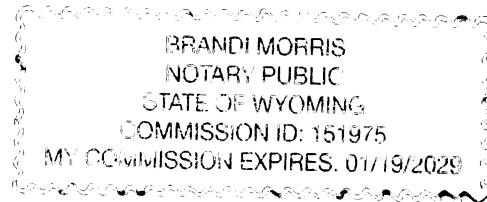
Sheila McInerney
TPL & Estate Recovery
Specialist Division of
Healthcare Financing

STATE OF WYOMING)
) ss.
COUNTY OF LARAMIE)

This instrument was acknowledged before me on Jan 6, 2025,
by Sheila McInerney, as TPL & Estate Recovery Specialist for the Wyoming Department of
Health, Division of Healthcare Financing.

Brandi Morris
(Signature of Notary Public)

My Commission expires 1-19-29



NO. 2025-796822 AFFIDAVIT OF SURVIVORSHIP
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK
WILCOX AGENCY
SHERIDAN WY 82801