



Note to Clerk: Please Do Not put recording Information Above this Line.

When Recorded, return to:
Office of the Attorney General
123 State Capitol
Cheyenne, WY 82002

VERIFIED LIEN STATEMENT FOR LIEN FOR MEDICAL ASSISTANCE

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

ADDRESS: 6101 Yellowstone Road, Suite 210
Cheyenne, Wyoming 82002

NAME AND ADDRESS OF PERSON TO WHOM MEDICAL CARE WAS FURNISHED
AND AGAINST WHOSE PROPERTY LIEN IS FILED: (HEREINAFTER "DECEDENT):

NAME: Linda K. Pehringer
ADDRESS: 55 Box Cross Rd
Sheridan, WY 82801

LEGAL DESCRIPTION OF REAL PROPERTY:

A ½ interest in Tract 8B of the Minor Subdivision of Lots 5, 6, 7 and 8 of Big Horn Grandview Subdivision. A subdivision of Sheridan, Wyoming as recorded in Book 1 of Plats, Page 197, together with all improvements situate thereon and all easements and appurtenances belonging thereto.

NAME AND ADDRESS OF VENDOR(S) FURNISHING MEDICAL CARE:

The vendors providing medical care 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: 10/01/2014 to present

AMOUNT DUE FOR CARE: \$ 32,944.48

TOTAL AMOUNT DUE AND OWING CLAIMANT, STATE OF WYOMING,
DEPARTMENT OF HEALTH, FOR ALL CARE: \$ 32,944.48.

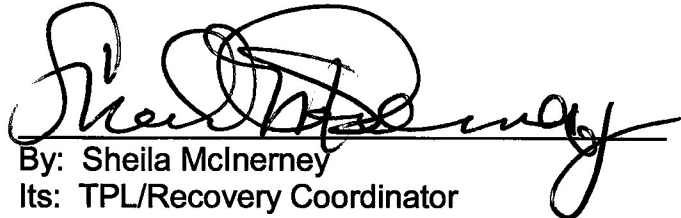
THE NAME OF THE PERSON RESPONSIBLE TO PAY THE DEBT SECURED BY
THE LIEN:

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



IN WITNESS WHEREOF, I do hereunder set my hand this 26th day of August, 2015

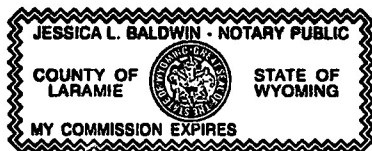
State of Wyoming,
Department of Health



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 26th day of August, 2015 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: 10.31.17
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