

**AFFIDAVIT OF TITLE OF BENEFICIARY**

State of Wyoming )  
 )ss  
County of Sheridan )

**James J. Bobinchak**, and being first duly sworn upon oath does depose and state as follows:

1. That he is a surviving heir of **Irene J. Bobinchak**, who died September 8, 2023, in Salem, Virginia.

2. Attached hereto is a certified copy of the Certificate of Death of Irene J. Bobinchak, duly certified to by Seth Austin, Director and State Registrar, Department of Health, State of Virginia.

3. Prior to her death, the said **Irene J. Bobinchak**, granted a transfer on death deed to real property situate in Sheridan County, Wyoming, to-wit:

**Lot 7 of the Replat of Blue Sky Estates. A subdivision in Sheridan County, Wyoming filed in Drawer B of Plats, Number 50 in the Office of the Sheridan County Clerk.**

4. The transfer on death deed was granted to James J. Bobinchak and was recorded March 10, 2015, in Book 552 of Deeds, at Page 170, as Instrument No. 2015-718035, in the records of the Sheridan County Clerk, Sheridan County, Wyoming. It was not revoked.


5. That by reason of the death of Irene J. Bobinchak, all right, title and interest in and to said property above-described is now vested in James J. Bobinchak, who accepts the property.

6. Attached hereto is a letter of clearance from the Wyoming Department of Health, Division of Healthcare Financing, as required by W.S. §2-18-103(n).

7. This Affidavit is made pursuant to W.S. §2-18-103(n) and §34-11-101 and given for the purpose of vesting sole title in the real property above-described in the name of **James J. Bobinchak**, as the grantee beneficiary.

Further this affiant sayeth not.


Dated this 28 day of DECEMBER, 2023.

  
James J. Bobinchak

State of Wyoming )  
 )ss  
County of Sheridan )

28<sup>th</sup> The foregoing instrument was signed and sworn to before me by James J. Bobinchak, this day of December, 2023.

Witness my hand and official seal.

  
Signature of Notarial Officer  
Title: Notary Public  
S. JOHNSTON  
Notary Public - State of Wyoming  
Commission ID: 148748  
My Commission Expires Oct. 12, 2029  
My Commission Expires:

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

4749988 COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF HEALTH - OFFICE OF VITAL RECORDS

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH  
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

1. FULL NAME OF DECEASED <b>IRENE</b>		2. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		3. DATE OF DEATH <b>SEPTEMBER 8, 2023</b>		4. DATE OF BIRTH <b>FEBRUARY 20, 1929</b>		5. AGE <b>94</b>		6. STATE FILE NUMBER <b>23-052815</b>	
7. PLACE OF BIRTH <b>BUNGO</b>		8. CITY OR TOWN OF RESIDENCE <b>BOBINCHAK</b>		9. COUNTY OF DECEASED'S RESIDENCE <b>PENNSYLVANIA</b>		10. SOCIAL SECURITY NUMBER <b>209 - 24 - 6265</b>		11. STREET ADDRESS (INCLUDE HOUSE NUMBER, APT. # OR ROUTE, NO.) <b>545 FREY STREET</b>		12. CITY OR TOWN OF RESIDENCE <b>SALEM</b>	
13. COUNTY OF DECEASED'S RESIDENCE (if independent city, leave blank) <b>VIRGINIA</b>		14. U.S. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE <b>VIRGINIA</b>		15. ZIP CODE <b>24153</b>		16. RACE OF DECEASED (CHECK ONE OR MORE) <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> PACIFIC ISLANDER (SPECIFY) <input type="checkbox"/> OTHER (SPECIFY)		17. ETHNICITY (CHECK ONE OR MORE) <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE (SPECIFY) <input type="checkbox"/> OTHER (SPECIFY)		18. EDUCATION (HIGHEST GRADE COMPLETED) <input type="checkbox"/> LESS THAN HIGH SCHOOL <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE <input type="checkbox"/> POSTGRADUATE	
19. CITIZENSHIP <b>UNITED STATES OF AMERICA</b>		20. USUAL OR LAST OCCUPATION <b>HOMEMAKER</b>		21. TYPE OF BUSINESS OR INDUSTRY <b>OWN HOME</b>		22. MARITAL STATUS <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN		23. IF MARRIED, SEPARATED OR WIDOWED, NAME OF SPOUSE (if divorced, leave blank) <b>CONRAD C. BOBINCHAK</b>		24. FULL NAME OF DECEASED'S MOTHER OR FATHER (if deceased, last name and maiden name, if any) <b>TEKLA PRUCH</b>	
25. FULL NAME OF DECEASED'S FATHER OR FATHER-IN-LAW (if deceased, last name and maiden name, if any) <b>JOHN BUNGO</b>		26. GENDER <b>MALE</b>		27. FULL NAME OF DECEASED'S MOTHER OR FATHER (if deceased, last name and maiden name, if any) <b>TEKLA PRUCH</b>		28. GENDER <b>FEMALE</b>		29. INFORMANT RELATIONSHIP OR SERVICE OF INFORMATION <b>DAUGHTER</b>		30. FULL NAME OF INFORMANT OR NAME OF SOURCE <b>GERALYN BOBINCHAK MCGUIRE</b>	
31. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if home, so state) <b>BROOKDALE SALEM</b>		32. SPECIES OF DEATH (CHECK ONE OR MORE) <input type="checkbox"/> HOMICIDE <input type="checkbox"/> SUICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> OTHER (SPECIFY)		33. CITY OR TOWN OF DEATH <b>SALEM</b>		34. ZIP CODE <b>24153</b>		35. COUNTY OF DEATH (if independent city, leave blank) <b>VIRGINIA</b>		36. METHOD OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> OTHER (SPECIFY)	
37. PLACE OF DISPOSITION - NAME OF CEMETERY OR CREMATORY <b>SHERIDAN MUNICIPAL CEMETERY</b>		38. STREET ADDRESS OF CEMETERY OR CREMATORY <b>1000 ASH STREET</b>		39. CITY, COUNTY, STATE, ZIP CODE, COUNTRY <b>SHERIDAN WYOMING 82801</b>		40. SIGNATURE OF FUNERAL DIRECTOR LICENSEE, USAP OR NEXT OF KIN (ACTUAL SIGNATURE) <b>/S/ JEFFERSON DAVIS WOLFE JR.</b>		41. LICENSE NO. <b>0502901288</b>		42. NAME OF FUNERAL HOME OR FACILITY <b>JOHN M. OAKLEY AND SON FUNERAL HOME AND CREMATORY</b>	
43. NAME OF FUNERAL DIRECTOR LICENSEE, USAP OR NEXT OF KIN <b>JEFFERSON DAVIS WOLFE JR.</b>		44. STREET ADDRESS OF FUNERAL HOME/FACILITY (USAP OR NEXT OF KIN - include street address, city, state and zip code) <b>305 ROANOKE BLVD SALEM VIRGINIA 24153</b>		45. TIME OF DEATH (To the best of your knowledge, death occurred at) <b>10:45</b>		46. TIME OF DEATH (To the best of your knowledge, death occurred at) <b>10:45</b>		47. TIME OF DEATH (To the best of your knowledge, death occurred at) <b>10:45</b>		48. TIME OF DEATH (To the best of your knowledge, death occurred at) <b>10:45</b>	
49. PART I: Under the direction, supervision, or control of the medical examiner, or other person authorized by law, the body was examined and the following findings were determined: <b>FAILURE TO THRIVE</b>		50. PART I: Under the direction, supervision, or control of the medical examiner, or other person authorized by law, the body was examined and the following findings were determined: <b>DEMENTIA</b>		51. PART I: Under the direction, supervision, or control of the medical examiner, or other person authorized by law, the body was examined and the following findings were determined: <b>DEMENTIA</b>		52. PART I: Under the direction, supervision, or control of the medical examiner, or other person authorized by law, the body was examined and the following findings were determined: <b>DEMENTIA</b>		53. PART I: Under the direction, supervision, or control of the medical examiner, or other person authorized by law, the body was examined and the following findings were determined: <b>DEMENTIA</b>		54. PART I: Under the direction, supervision, or control of the medical examiner, or other person authorized by law, the body was examined and the following findings were determined: <b>DEMENTIA</b>	
55. PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		56. PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		57. PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		58. PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		59. PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		60. PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	
61. WAS THE MEDICAL EXAMINER CONTACTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		62. WERE FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO		63. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO		64. DID ALCOHOL USE CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO		65. DID DRUG USE CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO		66. DID OTHER CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO	
67. IF FEMALE: <input type="checkbox"/> PREPREGNANT AT TIME OF DEATH <input type="checkbox"/> UNKNOWN IF PREPREGNANT WITHIN THE PAST YEAR <input type="checkbox"/> NOT PREPREGNANT, BUT PREPREGNANT WITHIN 42 DAYS OF DEATH <input type="checkbox"/> NOT PREPREGNANT, BUT PREPREGNANT WITHIN 1 YEAR BEFORE DEATH <input type="checkbox"/> NOT APPLICABLE (if deceased age 14-45 or 15-45)		68. IF FEMALE: <input type="checkbox"/> PREPREGNANT AT TIME OF DEATH <input type="checkbox"/> UNKNOWN IF PREPREGNANT WITHIN THE PAST YEAR <input type="checkbox"/> NOT PREPREGNANT, BUT PREPREGNANT WITHIN 42 DAYS OF DEATH <input type="checkbox"/> NOT PREPREGNANT, BUT PREPREGNANT WITHIN 1 YEAR BEFORE DEATH <input type="checkbox"/> NOT APPLICABLE (if deceased age 14-45 or 15-45)		69. IF FEMALE: <input type="checkbox"/> PREPREGNANT AT TIME OF DEATH <input type="checkbox"/> UNKNOWN IF PREPREGNANT WITHIN THE PAST YEAR <input type="checkbox"/> NOT PREPREGNANT, BUT PREPREGNANT WITHIN 42 DAYS OF DEATH <input type="checkbox"/> NOT PREPREGNANT, BUT PREPREGNANT WITHIN 1 YEAR BEFORE DEATH <input type="checkbox"/> NOT APPLICABLE (if deceased age 14-45 or 15-45)		70. IF FEMALE: <input type="checkbox"/> PREPREGNANT AT TIME OF DEATH <input type="checkbox"/> UNKNOWN IF PREPREGNANT WITHIN THE PAST YEAR <input type="checkbox"/> NOT PREPREGNANT, BUT PREPREGNANT WITHIN 42 DAYS OF DEATH <input type="checkbox"/> NOT PREPREGNANT, BUT PREPREGNANT WITHIN 1 YEAR BEFORE DEATH <input type="checkbox"/> NOT APPLICABLE (if deceased age 14-45 or 15-45)		71. IF FEMALE: <input type="checkbox"/> PREPREGNANT AT TIME OF DEATH <input type="checkbox"/> UNKNOWN IF PREPREGNANT WITHIN THE PAST YEAR <input type="checkbox"/> NOT PREPREGNANT, BUT PREPREGNANT WITHIN 42 DAYS OF DEATH <input type="checkbox"/> NOT PREPREGNANT, BUT PREPREGNANT WITHIN 1 YEAR BEFORE DEATH <input type="checkbox"/> NOT APPLICABLE (if deceased age 14-45 or 15-45)		72. IF FEMALE: <input type="checkbox"/> PREPREGNANT AT TIME OF DEATH <input type="checkbox"/> UNKNOWN IF PREPREGNANT WITHIN THE PAST YEAR <input type="checkbox"/> NOT PREPREGNANT, BUT PREPREGNANT WITHIN 42 DAYS OF DEATH <input type="checkbox"/> NOT PREPREGNANT, BUT PREPREGNANT WITHIN 1 YEAR BEFORE DEATH <input type="checkbox"/> NOT APPLICABLE (if deceased age 14-45 or 15-45)	
73. IF EXTERNAL TO WHAT EXTENT IT CONTRIBUTED TO CAUSE OF DEATH: <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTRIBUTING		74. WAS THIS A MILITARY DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		75. IF MILITARY DEATH, SELECT MANNER OF DEATH: <input type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING		76. IF EXTERNAL TO WHAT EXTENT IT CONTRIBUTED TO CAUSE OF DEATH: <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTRIBUTING		77. IF EXTERNAL TO WHAT EXTENT IT CONTRIBUTED TO CAUSE OF DEATH: <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTRIBUTING		78. IF EXTERNAL TO WHAT EXTENT IT CONTRIBUTED TO CAUSE OF DEATH: <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTRIBUTING	
79. DATE OF INJURY <b>42</b>		80. TIME OF INJURY <b>A.M.</b>		81. PLACE OF INJURY (Home, farm, factory, street, office, etc.) <b>3390 COLONIAL AVENUE ROANOKE VIRGINIA 24018</b>		82. CITY, COUNTY, STATE, ZIP CODE, COUNTRY <b>ROANOKE VIRGINIA 24018</b>		83. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> DRIVER/OPERATOR <input type="checkbox"/> PASSENGER <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER (SPECIFY)		84. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED	
85. SIGNATURE OF PERSON COMPLETING THE CAUSE OF DEATH <b>/S/ WILLIAM FLINN BALL</b>		86. TITLE <b>MD</b>		87. DATE SIGNED <b>SEPTEMBER 14, 2023</b>		88. NAME OF PERSON PROVIDING THE MEDICAL CERTIFICATION OF DEATH <b>WILLIAM FLINN BALL</b>		89. ADDRESS OF PERSON PROVIDING THE MEDICAL CERTIFICATION OF DEATH <b>3390 COLONIAL AVENUE ROANOKE VIRGINIA 24018</b>		90. MEDICAL LICENSE NO. <b>0101038245</b>	
91. ANY FOR A DESIGNER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		92. IF YES, PLEASE PROVIDE THE NAME OF AUTHORIZING OR ASSISTANT PHYSICIAN		93. ADDRESS OF AUTHORIZING PHYSICIAN		94. ANY FOR A DESIGNER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		95. IF YES, PLEASE PROVIDE THE NAME OF AUTHORIZING OR ASSISTANT PHYSICIAN		96. ADDRESS OF AUTHORIZING PHYSICIAN	



This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Virginia Department of Health, Richmond, Virginia.  
DATE ISSUED  
Seth Austin, Director and State Registrar

Do not accept unless on security paper with the seal of Virginia Department of Health, Vital Statistics in the lower left hand corner.  
Section 32.1-272, Code of Virginia, as amended.

VS 15C



2023-789536 12/28/2023 1:35 PM PAGE: 3 OF 4

FEES: \$21.00 PK AFFIDAVIT - LEGAL

EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

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**CERTIFICATE OF CLEARANCE (CC)**  
**MEDICAL ASSISTANCE CLAIM**

Transfer on Death Deed (TODD)

W.S. § 2-18-101 et seq.

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DATE: 11/16/2023  
(month/day/year)

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 Laramie County, Wyoming, and is legally described as follows:

Lot 7 of the Replat of Blue Sky Estates. A subdivision in Sheridan County, Wyoming filed in Drawer B of Plats, Number 50 in the Office of the Sheridan County Clerk.

3. There ☐ is ☒ is not a claim or lien that is authorized by the statutes listed in W.S. §§ 42-4-206, 207 against the following decedent:

<b>Decedent's Full Name:</b>	<b>Date Of Birth:</b>	<b>Date of Death:</b>	<b>Amount of Claim:</b>
Irene J. Bobinchak	02/20/1929	09/08/2023	\$0.00

4. There ☐ is ☒ 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:

<b>Predeceased Spouse Full Name:</b>	<b>Date of Birth:</b>	<b>Date of Death:</b>	<b>Amount of Claim:</b>
Conrad C. Bobinchak	02/19/1928	01/10/2012	\$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:

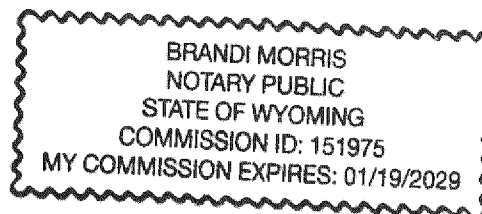
Sheila McInerney  
 TPL & Estate Recovery  
 Specialist Division of  
 Healthcare Financing

STATE OF WYOMING     )  
   ) ss.  
 COUNTY OF LARAMIE    )

This instrument was acknowledged before me on Nov 17, 23 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  
 (month/day/year)



**NO. 2023-789536 AFFIDAVIT - LEGAL**  
 EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK  
 SHERIDAN COUNTY TITLE INSURANCE AG 23 S MAIN STREET  
 SHERIDAN WY 82801