

COVER SHEET

for

Application for a Decree of Summary Distribution of Real Property

To: Wyoming Department of Health

Today's Date is \_\_\_\_\_, 20\_\_

I will file the attached Application in District Court in \_\_\_\_\_ County, Wyoming.

The name of the Decedent (person who died) is \_\_\_\_\_

The Decedent died on \_\_\_\_\_, 20\_\_

My name is \_\_\_\_\_

My mailing address is \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My phone number is \_\_\_\_\_

My email address is \_\_\_\_\_

I am giving a copy of the complete and signed Application for a Decree of Summary Distribution of Real Property to the Wyoming Department of Health at 2300 Capitol Avenue, Cheyenne, WY 82002.

I am doing this because it is (or might be) required under Wyoming Statute 2-1-205(e).

Thank you for your attention to this matter.