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Jan 13, 2025 1:40 PM

Office of the County Recorder
Ramsey County, Minnesota
Todd J. Uecker, County Recorder
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Deputy 316 Pkg ID 1646672E

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NOTICE OF POTENTIAL CLAIM

Minnesota Statutes Section 256B.15, Subd. 1c

NPC# 15029

RECIPIENT	**PREDECEASED SPOUSE**
Name: Bernice M. Oslund	**Name:**
Last 4 SSN: 3792	**Last 4 SSN**
Date of Death: 10/29/2024 **Living:**__	**Date of Death:**

The Legal Description of the real property subject to this Notice is:

COUNTY: Ramsey ABSTRACT: X TORRENS: Ctf. No. _____

All of your right, title and interest in and to:

Lot 11, Block 22, Auerbach and Hand's Addition to the City of St. Paul, Minnesota.

In accordance with Minnesota Statutes, Section 256B.15, this is to give notice the Minnesota Department of Human Services (DHS) has a claim or a potential claim for recovery of Medical Assistance against the above named Recipient and/or their Predeceased Spouse. This Notice takes effect on the Recipient's death or the date of filing or recording, whichever is later. Under Minnesota Statutes, Section 256B.15, (The Statute) when this Notice takes effect the Recipient's life estate, joint tenancy, or other interests in the real estate described above:

(1) Shall, in the case of life estates and joint tenancies, continue to exist for purposes of The Statute and be subject to liens and claims as provided for under the Statute;

(2) Shall be subject to a lien in favor of DHS upon the Recipient's death and dealt with as provided for under The Statute;

(3) May be included in their estate, as defined under The Statute;

(4) May be subject to administration and all other provisions of Minnesota Statutes, Chapter 524, and may be sold, assigned, transferred, or encumbered free and clear of the interests or encumbrances of certain others to satisfy claims arising under The Statute.

APPEAL RIGHTS:

If you do not agree with this notice of potential claim, you may appeal. To initiate an appeal, send a very short letter to the Appeals Office stating your disagreement with the state filing a lien on your real property.

If you decide to appeal, send your letter to this address:

Appeals Office
Minnesota Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3813

Dated: 01/13/2025

BY: Kristen Lorsung

_____, AN AUTHORIZED REPRESENTATIVE OF THE MINNESOTA DEPARTMENT OF HUMAN SERVICES

THIS FORM DRAFTED BY:

Kristen Lorsung
Recovery Unit
Minnesota Department of Human Services
P.O. Box 64995
St. Paul, Minnesota 55164-0995
651-431-3204

RECORDER/REGISTRAR: AFTER FILING OR RECORDING RETURN THIS INSTRUMENT TO DRAFTER AT ABOVE ADDRESS