

333791

1474 Danforth

NOTICE OF POTENTIAL CLAIM
Minnesota Statutes Section 256B.15, Subd. 1c

NPC# 09087

RECIPIENT

Name: GEORGE ROY

Last 4 SSN: 6806

Date of Death: 11/14/2017 Living: _____

PREDECEASED SPOUSE

Name:

Last 4 SSN

Date of Death:

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

COUNTY: RAMSEY ABSTRACT: TORRENS: Ctf. No. _____

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

Lot 9, Block 6, Fletcher's Subdivision of Brewster's Addition to the City of St Paul Minnesota
, Ramsey County.

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:

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- 4-10-11 12:41
- (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.

Dated: 2/27/2018

BY: Jan Curran

Jan Curran, AN AUTHORIZED
REPRESENTATIVE OF THE MINNESOTA DEPARTMENT OF HUMAN SERVICES

THIS FORM DRAFTED BY:

Jan Curran
Special Recovery Unit
Minnesota Department of Human Services
P.O. Box 64995
St. Paul, Minnesota 55164-0995
651-431-3134

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

DEPARTMENT OF HUMAN SERVICES

Vers. 1-5/10 dm