CERTIFICATE OF CLEARANCE FOR MEDICAL ASSISTANCE CLAIM
Transfer on Death Deed

1. There ☐ is ☐ is not a claim for recovery of medical assistance arising under Minnesota Statutes section 256B.15, as amended, against the following decedent named in the application for this Certificate of Clearance:

Name of Decedent:			
Date of Birth:		Date of Death:	
Amount of Claim:			

2. There ☐ is ☐ is not a claim for recovery of medical assistance arising under Minnesota Statutes section 256B.15, as amended, against the following predeceased spouse(s) of the decedent named in the application for this Certificate of Clearance:

Name of Predeceased Spouse:			
Date of Birth:		Date of Death:	
Amount of Claim:			

Name of Predeceased Spouse:			
Date of Birth:		Date of Death:	
Amount of Claim:			

☐ This Clearance Certificate is subject to the attached conditions or restrictions (attach separate sheet if necessary):

Legal Description (attach separate sheet if necessary):

Dated: _____

_____ County

_____

_____

Name of County Agency

_____

IF A CLAIM APPEARS ABOVE CONTACT THIS PERSON AT THE COUNTY AGENCY TO ARRANGE FOR PAYMENT AND SATISFACTION OF THE CLAIM

SAMPLE DOCUMENT

Street Number

_____
City, State and Zip Code

(_____)_____
Telephone Number

By: _____
Director of County Agency/Director's Designee

_____
Name

(_____)_____
Telephone Number

RECORDER'S OFFICE: If a claim has been identified, the real property remains subject to the claim or lien as identified in Minnesota Statutes section 507.071, subdivision 23.

SAMPLE DOCUMENT