APPLICATION FOR CERTIFICATE
OF CLEARANCE FOR MEDICAL ASSISTANCE CLAIM
Transfer on Death Deed

INSTRUCTIONS: This application is to be completed by the Decedent's beneficiary, authorized representative of the beneficiary, attorney or other agent for a certificate of clearance as provided for under Minnesota Statutes section 507.071. The Administrator of the Medical Assistance Estate Recovery Program at the county will respond to a properly completed notice to either release any potential claim it may have or to encumber the property under Minnesota Statutes section 256B.15. Incomplete or incorrect applications will delay this process.

Section 1—DECEASED PROPERTY OWNER NAME AND PROPERTY ADDRESS

Name of Decedent:					
Property Address:					
City:		State		Zip	
Legal Description (attach separate sheet if necessary):					

Section 2—INFORMATION REGARDING THE DECEASED PROPERTY OWNER

The deceased property owner was a Medical Assistance recipient?			Yes ☐ No ☐
If No, the applicant certifies that after a reasonable diligent inquiry he or she is not aware of the deceased property owner receiving Medical Assistance.			
Social Security Number:			
Date of Birth:			

Section 3—INFORMATION REGARDING THE DECEASED PROPERTY OWNER'S PREDECEASED SPOUSE *(If more than one spouse attach separate sheet)*

Name of predeceased spouse:		
Social Security Number:		
Date of Birth:		
The predeceased spouse was a Medical Assistance recipient		Yes ☐ No ☐
Name of predeceased spouse:		
Social Security Number:		
Date of Birth:		
The predeceased spouse was a Medical Assistance recipient		Yes ☐ No ☐
If No, the applicant certifies that after a reasonable diligent inquiry he or she is not aware of the deceased property owner's predeceased spouse receiving Medical Assistance.		

Section 4—NAME OF BENEFICIARY, AUTHORIZED REPRESENTATIVE, ATTORNEY OR AGENT

Name:					
Address:					
City:		State:		ZIP	
Select One Category:					
☐ **Beneficiary**		☐ **Authorized Representative/Agent**		☐ **Attorney**	
Tel. No.:		Fax No.:			

By my signature below, I certify that I am the beneficiary, the beneficiary's authorized representative, agent, or attorney, of the property listed in Section 1 of this application, and as described in the attached transfer on death deed. I further certify that the information provided in this application is complete and accurate to the best of my knowledge.

Dated: _____

_____
Signature