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

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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

Street Number \_\_\_\_\_

Name \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number

Telephone Number

By: \_\_\_\_\_  
Director of County Agency/Director's Designee

**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**