(Top 3 inches reserved for recording data)

CLEARANCE CERTIFICATE FOR PUBLIC/MEDICAL ASSISTANCE CLAIM
Transfer on Death Deed
Minn. Stat. 507.071, subd. 23

Minnesota Uniform Conveyancing Blanks
Form 10.8.9 (2011)

DATE: ______________________
(month/day/year)

1. The undersigned is authorized by Minn. Stat. 507.071, subd. 23, and other applicable law, to provide this Clearance Certificate on behalf of the county agency (as defined in Minn. Stat. 507.071, subd. 1) of ______________________ County, Minnesota ("**County Agency**").

2. The real property covered by this Clearance Certificate is located in ______________________ County, Minnesota, and is legally described as follows:

Check here if all or part of the described real property is Registered (Torrens) ☐

3. There ☐ is ☐ is not a claim or lien that is authorized by the statutes listed in Minn. Stat. 507.071, subd. 3, in favor of the
(check only one box)
State of Minnesota or the County Agency against the following decedent:

Decedent's Full Name	Date of Birth	Date of Death	Amount of Claim

4. There ☐ is ☐ is not a claim or lien that is authorized by the statutes listed in Minn. Stat. 507.071, subd. 3, in favor of the
(check only one box)
State of Minnesota or the County Agency against the following predeceased spouse(s) of the decedent:

Predeceased Spouse(s) Name(s)	Date of Birth	Date of Death	Amount of Claim

5. This Clearance Certificate *(check only one box)*
☐ is not subject to any conditions or restrictions, or
☐ is subject to the conditions or restrictions attached hereto.

6. If a claim or lien is noted in paragraphs 3 or 4, contact the following person at the County Agency to arrange for payment and satisfaction of the claim or lien:
Name of contact person:

Telephone number/ email address:

County Agency

By:________________________________
(signature of authorized signer)

____
(name of County Agency)

State of Minnesota, County of ________________________

This instrument was acknowledged before me on ________________________, by ____________________________
(month/day/year)
________________________________, as authorized signer for ________________________ County, Minnesota.

(Stamp)

____
(signature of notarial officer)

Title (and Rank): ________________________

My commission expires: ________________________
(month/day/year)

THIS INSTRUMENT WAS DRAFTED BY:
(insert name and address)