

Estate Recovery

Organization

- Assigned to Finance and Technology Division
- Two full time Collection Officers
- One Office Support Specialist
- Also responsible for collecting public assistance and childcare overpayments, detox, county burials and liaison with an outside collection agency
- Limited in house Attorney support

Currently Managing

- 437 Active Cases
- 178 Closed Cases
- Collected \$466,056.90 in 2016
- Collected \$ 707,440.56 from 192 cases in 2015
- Physical file
- Spreadsheet for tracking open/closed cases
- Access to Maxis, MMIS, MGA (Minnesota Governmental Access). No access to PIN.

Referrals

- Long Term Care / Financial Workers
- Office Support Staff
- Nursing Homes
- Commissioner Notices
- Death Data Match
- Probate Case Index Listing
- Application for certificate of clearance

Case Processing

MEDICAL ASSISTANCE/PROBATE Supplementary Information Form

Name:	Date of Death:	Age:
PMI:	Date of Birth:	
Maxis:	SSN:	
County of Residence:	Servicing County:	
Survived by Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled Child <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child Under 21 <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME/ADDRESS OF NURSING HOME:	
Date Opened: MA: AC:		

Case Processing

Case Contact Person:	Spouse Name:
Name:	SSN:
Address:	DOB: DOD:
Phone: ()	MAXIS:
Real Estate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Market Value:
Personal: <input type="checkbox"/> Yes <input type="checkbox"/> No	Checking Account:
	Savings Account:
	Prepaid Funeral:
	Other:
Additional Notes:	

Maxis / MMIS Review

- Case Notes
- Application (APPL)
- Stat AREP, FACI, REST, CARS, CASH, ACCT, OTHR, SECU, PNLR
- Check MA Programs – Maxis and MMIS
- Review Physical / Electronic File

Qualifications for Estate Recovery

- MA, AC and Long Term Services and Support
- GA, GAMC can collect at any age
- Statute Changes (After 01/01/2014 LTSS only, effective 07/01/2016)
- Medicare Cost Saving Programs – can only collect before 01/01/2010, 55 or older (QMB, SLMB, QWD, QI)
- AC limited to services provided after July 1, 2003,(deduct premiums)
- Life Estates and Jointly owned interest created after August 1, 2003

Things to Consider

- Real Estate – Determine if NPC needed or if MA Lien in place
- Assets that need to be probated
- AREP, POA, PR Identified
- Child under 21 / Disabled Child
- Life Estate, TODD, Quit Claim DEED
- Has DHS Completed a Recovery from Sale of Property
- Identify all heirs and devisees of the decedent for Hardship Waiver
- Other property, cars, cash, jewelry, stocks, bonds, POD accounts

Course of Action

- E-file Demand for Notice
- Begin Collection Process 30 days after date of death
- Send Demand for Assets Letter
- Request Claims History
- File NPC

Scenarios

- Requested documents, payment received –close file
- Surviving spouse – Monitor every 4 months
- No response to demand for assets
- Probate Initiated
- MA Lien or NPC active
- Other (County Burial)

Methods of Estate Recovery

- Probate Estate
- Affidavit of Collection of Personal Property
- Decree of Descent: Certificate of Clearance for Medical Assistance
- Certificate of Clearance Transfer on Death Deed (TODD)
- Just ask for the money

Probate Estate

- Stearns County does not do County Administered Probate
- File Demand for Notice
- File Written Statement of Claim
- File NPC
- Review final accounting
- File satisfaction of claim, withdrawal of demand for notice
- Attorney/PR will most likely ask for claims history

Affidavit of Collection of Personal Property

- Must wait 30 days from the date of death
- Request death certificate
- Send cover letter, affidavit, death certificate to financial institution
- Bank Information from Maxis (account numbers, name of bank)

Decree of Descent: Certificate of Clearance for Medical Assistance

- Required if date of death is over 3 years ago or more
- Requesting party required to submit an application
- Application found on E-docs, DHS-6165A-ENG
- Ensure requesting party provides all predeceased spouse information
- Stearns County provides the clearance certificate
- Original given to the requesting party to record
- Must be completed within 15 days of application date

Certificate Of Clearance Transfer on Death Deed (TODD)

- Application Required
- DHS-5893-ENG, includes application and certificate of clearance
- Required to provide within 15 days of request
- Stearns County uses their own certificate of clearance
- File an NPC
- Can get from beneficiary, attorney, authorized Rep/agent
- Original to requesting party, responsible for recording

Just ask for the Money

- Stearns County sends demand for assets letter 30 days after D/O/D
- Verification of all financial accounts
- Statement of Funeral Costs
- Letter asks for payment after all funeral expenses paid in full
- Self-addressed envelope provided
- Letter generates call

Notice of Potential Claim (NPC)

- Must file within 1 year after date of death
- Complete DHS-3203-ENG
- Include one or more: copy of deed, current tax statement, parcel number, legal description or address with name of county
- Send to DHS
- DHS may or may not provide you with a copy
- Good for 20 years

Helpful Ideas

- Use E-docs, save under your favorites, docs auto update
- Attend MCRA training
- Get on the MCRA email listing
- Check DHS SIR for new information daily
- DHS staff are available to provide assistance
- Customer Service

Resources

- MN Health Care Programs Eligibility Manual
- Planning Ahead MN Board of Aging
- Statutes
- DHS Bulletins
- Forms and instructions available at mncourts.gov

Documents

- Review Documents

Questions

ESTATE RECOVERY 101 PROCEDURES AND FORMS

Presented to:

Minnesota Family Support and Recovery Council Annual
Conference

“Own It: Taking Pride in Performance”

October 4, 2016

Presented by:

Lynette Guderian

Isanti County Collections Officer

lynette.guderian@co.isanti.mn.us



The procedures and forms included in this presentation have been prepared with the advice, assistance, and approval of the Isanti County Attorney's office and the Supervisors and Director of Isanti County Family Services.

Staff assigned to estate recovery must seek the advice of their respective county attorney's offices in the use of these forms and procedures.

ISANTI COUNTY

MA ESTATE RECOVERY PROCEDURE

Estate of: _____ Date of Death: _____

EW=Eligibility Worker; CO=Collections Officer

_____ Both CO and EW will review local online and newspaper obituaries to determine if decedents were MA, GA, AC, and/or GAMC recipients. CO will review the monthly probate report through MN-Its. There may be some duplication of efforts, but the important thing is to "catch" as many cases as we can and keep in contact with each other.

_____ As soon as EW or CO learns of a recipient's death, the other will be notified by email with the client's name, date of death, and MAXIS case number.

_____ CO will send initial letter (**Form A**) to AREP informing him/her of potential claim (usually wait a day or so after funeral).

_____ EW will:

_____ Prepare Recovery Worksheet (**Form B**)

_____ Attach to Recovery Worksheet all asset information (for example most recent bank Statements, burial policies & prepaid burial agreements, etc.)

_____ Print obituary, if available.

_____ Forward the above information to CO.

Estate Recovery case is then CO's responsibility, to do the following:

_____ If there is a joint tenancy or life estate interest in real estate established after August 1, 2003, fax the Recovery Worksheet with asset information to the appropriate property liens specialist at the Special Recovery Unit (SRU) of DHS. SRU handles these cases and Isanti County's involvement ceases.

_____ If there is real estate involved, CO will fax Medical Assistance Lien and Notice of Potential Claim (NPC) Worksheet DHS-3203 (**Form C**) to DHS (if it wasn't done when recipient was alive). Note the lien must be filed within one year of the recipient's death.

_____ In all other cases:

_____ Order file label from Office Support.

_____ Enter case on MA Estate Recovery spreadsheet.

_____ Check PIN to see if a claim may exist.

_____ Pull GA payment history from MAXIS.

- _____ Fax Request for an MHCP Member's Claims History DHS-2133 to DHS (**Form D**).
- _____ For MA-EPD clients, follow procedure in DHS Bulletin 15-21-08.
- _____ Calculate amount of claim.
- _____ Prepare and sign the Written Statement of Claim (**Form E**) and Demand for Notice (**Form F**), file with Court.
- _____ 30 days after death; or as soon as receiving the Recovery Worksheet from EW; or upon receipt of claims history from DHS, whichever is later:

_____ If there is NO real estate involved:

_____ Send "1st letter to AREP" with Affidavit for Collection of Personal Property, Assets/Expenses Worksheet, Verifications List, and List of Heirs/Deviseses with a deadline of 30 days from date of letter. (**Form Packet G**)

_____ If there is reason to believe the bank accounts will be closed by a joint owner:

_____ Order a certified copy of the death certificate from County Recorder (**Form H-1**)

_____ Send Affidavit for Collection of Personal Property and certified copy of death certificate to banks. (**Form Packet H**)

_____ If no response within 30 days, send "2nd letter to AREP" with deadline for another 30 days. (**Form I**)

_____ If no response within 30 days, also send Affidavit for Collection of Personal Property and certified copy of death certificate to banks if it hasn't been done previously. (**Form Packet H**)

_____ If no response to 2nd letter, email file to County Attorney's office.

NOTE: If decedent had a life estate interest or joint tenancy interest established prior to August 1, 2003, proceed as though there is "no real estate involved."

_____ If there IS real estate involved (owned solely by decedent):

_____ Send "1st letter to AREP (real estate involved)" with Assets/Expenses Worksheet, Verifications List, and List of Heirs/Deviseses with a deadline of 30 days from date of letter. (**Form Packet J**)

_____ If no response within 30 days, send 2nd letter with deadline for another 30 days. (**Form I**)

_____ If no response to 2nd letter, email file to County Attorney's office.

_____ Upon receipt of heirs/devisees list:

- ___ Match the information provided re heirs/devisees to obituary (if available).
- ___ Send Notice of Claim for Medical Assistance in Decedent's Death (**DHS-4934**) and Application for a Waiver of Claim (**DHS-4933**) to each heir/devisee with cover letter (**Form Packet K**). If AREP was not able to provide all addresses, request that information from the heirs in the cover letter to them; and/or conduct internet and social media search.
- ___ Prepare Affidavit of Service (**Form L**).
- ___ Prepare "reasonable diligence to locate heirs" notes to be kept with estate recovery file (**Form M**).

Note: None of the documents in these section need to be filed with the Court, UNLESS there is a probate file open and one of the heirs applies for a waiver.

___ Upon receipt of financial information:

___ If real estate is involved, send case to County Attorney's office, including any information obtained from the court probate file if there is a court case established.

___ If no real estate involved:

___ Review to make sure we have all requested information. If not, mail letter with list of remaining info needed to AREP (**Form N**).

___ If all information is provided, reconcile bank accounts and finalize the assets/expenses worksheet.

___ If there are assets remaining, determine the amount due and send letter to AREP requesting the amount within 30 days (**Form O**).

___ If no response, prepare Referral to Accounting to start billing AREP.

___ If no payment after 2nd billing, send case to County Attorney's office.

___ Upon final payment:

___ Communicate with Fiscal Unit team for proper application of funds recovered. Amounts are applied in the following order: 1) County burial; 2) GA; 3) AC; 4) MA and GAMC.

___ If the estate is insolvent (expenses exceed assets), determine if any funds forwarded by a long-term care facility should be refunded to AREP. If so, complete IFS referral and attach supporting documentation.

___ Meet with Fiscal Supervisor to go over reconciliations and worksheet, sign off and close case.

___ Update MA Spreadsheet.

___ Case note in MAXIS the closure of estate recovery case and include amount recovered.

___ Send final letter to AREP (**Form P [claim partially paid] or Form Q [insolvent estate]**).

VARIABLES:

When an attorney has been retained to handle the estate, send all correspondence to him/her. Send copies of Notices of Claim and Application for Waiver directly to the heirs with copies to the attorney.

If a probate case has been filed with the Court, the Court file will be reviewed to determine assets and heirs/devisees. The Written Statement of Claim, Demand for Notice, etc., will be filed with the appropriate court file number. If an attorney represents the estate, all filings will be copied to the attorney. If there is no attorney, all filings will be copied to the Personal Representative. Pay close attention to claim filing deadlines.

If the AREP does not respond to 1st letter and we know there are assets such as bank accounts, stock, and life insurance, order death certificates from the County Recorder's office; then send an Affidavit for Collection, the death certificate, and cover letter to the appropriate institution, requesting the balance remaining in the account. If they find the account has been closed, request the date, amount, and person to whom the remaining balance was paid.

Every case is different, and there may be several additional steps. For example, contact is made with the funeral homes to get statements showing what portion of the funeral bill was paid by prepaid accounts and what was paid by other parties. Notes will be kept on the MA spreadsheet of all procedures and status.

There are cases in which we get no response from AREPs, even when getting the County Attorney involved. At this point, we have to make a decision together as to whether or not it is cost effective to continue pursuing, considering the known assets.

(Revised September, 2016)



ISANTI COUNTY
Family Services

Oakview Office Complex
1700 East Rum River Drive South, Suite A
Cambridge, MN 55008-2547

Phone (763) 689-1711
Fax (763) 689-9877
www.co.isanti.mn.us

September 14, 2016

FORM A

[AREP]
[Address]
[Address]

RE: The Estate of [Decedent]

Dear [AREP]:

Isanti County would like to express its sincere condolences for your loss. While it is difficult and unpleasant to deal with financial issues at this time, it appears Isanti County has a claim against the decedent's estate for Medical Assistance received during [his/her] lifetime. The purpose of this letter is to informally notify you of the County's claim and let you know what correspondence you should expect to receive from the County.

In the next few weeks, as required by Minnesota law, the County will be requesting date-of-death asset values and receipts for final expenses from the decedent's estate. Funds and assets remaining in the decedent's estate after the payment of final expenses are subject to a claim for Medical Assistance reimbursement. It is important that none of the funds or assets be liquidated for purposes other than reasonable funeral and final medical expenses, as you may be personally responsible for any funds paid out without consideration of the County's claim. If you have any questions about allowable expenses, please feel free to contact me.

In addition, it is important that no funds be spent from any of the decedent's *joint* accounts other than the reasonable funeral and final medical expenses. Pursuant to Minnesota Statutes, Section 524.6-207, all money in a joint account owned by a decedent on his/her date of death is subject to a claim for medical assistance paid, and a joint account owner or "pay on death" beneficiary may be asked to account for funds spent from such an account.

Again, our sincere sympathy is extended to you and your family. Please contact me if you have any questions or concerns.

Sincerely,

Lynette Guderian
Collections Officer

**RECOVERY WORKSHEET
PRIORITY CLAIM MN STATUTE 256b.15**

Name: _____ Social Security #: _____

Last Known Address: _____

PMI: _____ MAXIS Case #: _____

DOB: _____ DOD: _____

Pre-deceased Spouse: _____

1. Income of the Deceased:

Amount: \$ _____

Source: _____

2. Real Property of the Deceased: Yes No

3. If deceased was in a nursing home, are there any resources/last month's income available for recovery?

Yes If so, amount: \$ _____ as of _____ No

4. Checking \$ _____ on _____ **Location:** _____
Account # _____ **Joint Account?** Yes No
If Yes, joint holder's name: _____

Savings \$ _____ on _____ **Location:** _____
Account # _____ **Joint Account?** Yes No
If Yes, joint holder's name: _____

CE/MM \$ _____ on _____ **Location:** _____
Account # _____ **Joint Account?** Yes No
If Yes, joint holder's name: _____

5. Other (Life, Auto, Accident, Fire Victim, Crime Victim): _____

Item Name: _____ **Policy #:** _____
Address: _____ **Face Value:** _____
Beneficiary: _____

Other (Life, Auto, Accident, Fire Victim, Crime Victim): _____

Item Name: _____ **Policy #:** _____
Address: _____ **Face Value:** _____
Beneficiary: _____

AREP: _____ **Phone:** _____

Address: _____

Social Welfare Account **County Burial**

Comments: _____

Sent to Collections Officer



Minnesota Health Care Programs (MHCP)

Medical Assistance Lien and Notice of Potential Claim (NPC) Worksheet

PART I. Recipient Information/Attending Physician Information

LAST NAME		FIRST NAME		MI	MAXIS CASE #	PMI #
SOCIAL SECURITY NUMBER	DATE OF BIRTH	MARITAL STATUS	MA START DATE	IS RECIPIENT DECEASED <input type="checkbox"/> No <input type="checkbox"/> Yes		IF YES, DATE OF DEATH (Skip to Part II)
LONG TERM CARE FACILITY					PHONE NUMBER	
ATTENDING PHYSICIAN NAME					PHONE NUMBER	
PHYSICIAN STREET ADDRESS			CITY	STATE	ZIP CODE	

PART II. Homestead Property (Submit even if Homestead is excluded for eligibility)

Is the property Homestead or was homestead immediately prior to entering an LTC facility?

Yes No (If no, skip to Part III)

If yes, is ownership interest in Life Estate Joint Tenancy Tenants in Common Sole Ownership

Does homestead exemption apply? No Yes **If yes, mark all applicable exemptions below:**

Exemptions – Property occupied by:

- Spouse
- Child under 21 years of age **OR** child of any age who is blind or permanently disabled according to the Supplemental Security Income (SSI) Program or State Medical Review Team SMRT)
- Child who resided in the homestead for at least two years before the date the recipient received MA medical institution services, provided care that permitted the recipient to live without medical institution services **AND** said child continues to reside in home
- Sibling who has ownership interest

Comments: _____

PART III. Non-Homestead Property (No MA Lien/NPC exemptions for non-homestead)

Does the recipient have ownership interest in non-homestead property? Yes No (If no, skip to Part IV)

If yes, is ownership interest in Life Estate Joint Tenancy Tenants in Common Sole Ownership

Comments: _____

PART IV. Protected Asset Under LTC Partnership

Has the recipient designated this property as a protected asset under LTC Partnership? No Yes

If yes, value of asset protection: \$ _____

Send a copy of this worksheet AND required attachments to:

Minnesota Department of Human Services
 Special Recovery Unit, MA Liens
 PO Box 64995
 St. Paul, MN 55164-0995
 Phone: 651-431-3204
 Fax: 651-431-7431

FINANCIAL WORKER Lynette Guderian, Collections Officer	PHONE NUMBER 763-689-1711
COUNTY AGENCY Isanti County Family Services	DATE

REQUIRED ATTACHMENTS: Attach a copy of at least one of the following: deed, current tax statement, parcel number, legal description or address with name of county. Required for both homestead and non-homestead property.



Minnesota Health Care Programs (MHCP)

Request for an MHCP Member's Claims History

Submit this form to request a history of claims paid for an MHCP member's health care. Use one form per MHCP member.

Step 1. MHCP Member Information

FIRST NAME	LAST NAME	MIDDLE NAME
DATE OF BIRTH	MEMBER ID NUMBER (PMI)*	*If you do not provide all 8 digits or the digits cannot be read, we will return this form without a history.

Step 2. Date of Request

TODAY'S DATE

Step 3. Type of Request

Request for Medical Assistance (MA) estate recovery. Has member died?

Yes – date of death: _____ No. Go to Step 4.

Request for a purpose other than MA estate recovery. Fill out below.

REQUESTED BEGIN DATE	REQUESTED END DATE	CLAIMS TO INCLUDE ON REPORT <input type="radio"/> Paid claims only <input type="radio"/> All claims
MAJOR PROGRAM <input type="radio"/> All <input type="radio"/> MA only <input type="radio"/> AC* only <input type="radio"/> Other _____		REPORT TYPE <input type="radio"/> Condensed <input type="radio"/> Detailed

*Alternative Care

Step 4. Requester's Information

Contact Information

FIRST NAME Lynette	LAST NAME Guderian	PHONE NUMBER 763-689-1711	EMAIL ADDRESS lynette.guderian@co.isanti.mn.us	
MAILING ADDRESS 1700 E Rum River Dr S Ste A		CITY Cambridge	STATE MN	ZIP CODE 55008

Local Human Services Agency

AGENCY NAME Isanti County Family Services	COUNTY CODE 030
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MHCP Provider

MHCP PROVIDER NUMBER*	*9-digit number or 10-digit National Provider Identifier (NPI)
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Mail to: Claims History DHS—Member and Provider Services PO Box 64995 St. Paul, MN 55164-0995	Fax to: 651-431-7431 Attention: MPS—Claims History	Ask questions about this form: Call MHCP at 800-657-3963. Select prompt 3, then prompt 4.
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FORM E

STATE OF MINNESOTA
COUNTY OF ISANTI

DISTRICT COURT
TENTH JUDICIAL DISTRICT
PROBATE DIVISION

Court File No. _____
Case Type: Probate Document

In the Matter of the Estate of:

[Decedent],

WRITTEN STATEMENT OF CLAIM

Decedent.

-
1. My name is Lynette Guderian, and I am the Collections Officer for Isanti County Family Services, Claimant, who has a valid claim against this estate.
 2. Claimant's address and telephone number are:
Oakview Office Complex
1700 E Rum River Dr S Ste A
Cambridge MN 55008
763-689-1711.
 3. The estate is indebted to Claimant in the amount of \$[amount].
 4. The nature of the claim is: Federally paid Medical Assistance (MA) for the period from [dates]. This claim is pursuant to M.S. 256B.15, 524.3-805(a)(4) and other applicable statutes.
 5. The claim arose prior to the death of the decedent on or about [DOD].
 6. The claim is unsecured.
 7. The claim is not based on a contract which makes a provision for interest.
 8. The claim was or will be due and payable on: not applicable.
 9. If the claim is contingent or unliquidated, the nature of the uncertainty is as follows: not applicable.
 10. Under penalties for perjury, I declare or affirm that I have read this document and I know or believe its representations are true and complete.

Dated:

Lynette Guderian

Attorney for Claimant:
Holly Mikeworth
Assistant Isanti County Attorney
Attorney Registration No. 0392572
Isanti County Attorney's Office
555 18th Avenue SW
Cambridge, MN 55008
763-689-2253

State of Minnesota

District Court

County Isanti

Judicial District:	Tenth
Court File Number:	
Case Type:	Probate

In the Matter of the Estate of:

DEMAND FOR NOTICE

(Full Name) Decedent

Date of Death: _____

1. I, state my name is: Lynette Guderian.
2. My address and telephone number are: Isanti County Family Services, 1700 E Rum River Dr S Ste A, Cambridge MN 55008; 763-689-1711.
3. I have a financial or property interest in the Estate of the Decedent, for the following reasons: I am the Collections Officer for Isanti County Family Services, which is a creditor in the above-named estate.
4. I demand notice of all orders and filings pertaining to the Estate. Notice shall be served upon me at the address stated above.
5. Under penalties for perjury, I declare or affirm that I have read this document and I know or believe its representations are true and complete.

Dated: _____

Signature
Name: Lynette Guderian
Street Address: 1700 E Rum River Dr S Ste A
City/State/Zip: Cambridge MN 55008



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September 14, 2016

FORM PACKET G

[Name]
[Address]
[Address]

RE: The Estate of [Decedent], Decedent

Isanti County Family Services would like to express its condolences for your loss. Handling financial matters at this time can be very difficult. However, state law requires us to contact you.

Isanti County Family Services is reviewing the file of Medical Assistance recipient, [Decedent], who died [date of death]. It is true that [she/he] could have had up to \$3,000.00 in assets *at application* and be eligible for Medical Assistance. However, upon death, Isanti County has a last illness priority claim to *all* assets remaining after funeral expenses, up to the amount of assistance paid.

Enclosed you will find an Affidavit for Collection of Personal Property. Any of the decedent's assets which were not used to pay funeral expenses must be paid to Isanti County Family Services as reimbursement for Medical Assistance costs incurred on [his/her] behalf.

Please complete and return the enclosed worksheet within 30 days. Along with the worksheet, we need a list of heirs and devisees (form enclosed), verification of account and property values at the time of death, copies of receipts indicating the amount spent on the funeral, copies of bank statements from the date of death to present, and copies of any other receipts for funds spent. Once we receive the requested information, we will make a determination as to the amount, if any, due Isanti County.

Thank you for your cooperation.

Sincerely,

Lynette Guderian
Collections Officer

Enclosures

**AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY
Minnesota Statutes § 524.3-1201**

Estate of:

_____, **Decedent.**

STATE OF MINNESOTA)
) SS
COUNTY OF ISANTI)

I state that:

1. My name is: Lynette Guderian.
2. I am a representative of Isanti County Family Services, whose address is 1700 E Rum River Dr S Ste A, Cambridge MN 55008.
3. Decedent died on [date] at [address].
4. Isanti County, as creditor, is the successor of the Decedent and has a claim authorized by Minnesota Statutes §256B.15.
5. The value of the probate estate, determined as of the date of death, wherever located, less liens and encumbrances, does not exceed \$75,000.
6. Thirty days have elapsed since the death of the Decedent.
7. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.
8. Isanti County is entitled to payment or delivery of the following described property: Any assets remaining in the estate of [decedent].

Dated:

Lynette Guderian

Sworn/affirmed before me this

_____ Day of _____, 2016.

Notary Public / Deputy Court Administrator



ISANTI COUNTY
Family Services

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MEDICAL ASSISTANCE - ASSET/FUNERAL EXPENSES VERIFICATIONS

Please send in the following:

- _____ Verifications of account and property values ***at the time of death*** (NOT as of the current date).
- _____ Copies of receipts indicating the amount spent for funeral expenses.
- _____ Copies of bank statements ***from the date of death to present***, along with copies of any receipts for funds spent from the accounts. This ***includes*** joint and POD bank accounts.
- _____ Verification of beneficiary of life insurance policies.

Verification of all costs must be provided. We need to see copies of receipts for all expenses to determine what amount, if any, will come back to Isanti County for Medical Assistance reimbursement.

Travel, hotel, food and restaurant expense, or time costs for family members are not allowed as they constitute general claims.

Return to: Collections Officer
Isanti County Family Services

ASSETS/EXPENSES FINAL ACCOUNTING WORKSHEET

Verification (within reason) of all Assets and Expenses must be provided

Tom's Packet #

NAME:	DOD:	PMI:
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ASSETS AS OF:

Cash:	\$
Checking Account(s) less outstanding checks written before	\$
Savings Account(s):	\$
Certificate of Deposits:	\$
Prepaid Burial Trust(s) (including Interest):	\$
Nursing Home Personal Trust (if you received the funds):	\$
Stocks:	\$
Bonds:	\$
Vehicle(s):	\$
Real Estate/Contract for Deed:	\$
Insurance Policy(s):	\$
Insurance Policies are an asset if they were designated for burial expenses or the beneficiary is "the estate", if there is a living designated beneficiary, they are not considered an asset; however, proof of beneficiary must be returned with this form.	
Other assets (describe):	\$
TOTAL ASSETS:	\$
TOTAL OF ALL EXPENSES:	- \$
BALANCE DUE ISANTI COUNTY:	= \$

EXPENSES

<u>Funeral Expenses</u>	<u>Amount</u>
<u>Description</u>	
	\$
	\$
	\$
	\$
Total Funeral Expenses:	\$

Note: Travel or time costs for family members are not allowed as they constitute general claims.

Miscellaneous Expenses

<u>Miscellaneous Expenses</u>	<u>Amount</u>
<u>Description</u>	
	\$
	\$
Total of Misc. Expenses:	\$

TOTAL OF ALL EXPENSES:	\$
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Please return this form to Isanti County Family Services.

This form must be returned to Isanti County Family Services even if there is a negative balance due.

Isanti County Family Services, Oakview Office Complex, Attn Collections Officer
1700 E Rum River Dr S, STE A
Cambridge MN 55008-2547 Phone: 763-689-1711

SIGNED: _____
Phone #: _____

DATE: _____
e-mail address (if available): _____



ISANTI COUNTY
Family Services

Oakview Office Complex
1700 East Rum River Drive South, Suite A
Cambridge, MN 55008-2547

Phone (763) 689-1711
Fax (763) 689-9877
www.co.isanti.mn.us

LIST OF HEIRS AND DEVISEES

Minnesota Statutes Section 256B.15 Subd. 1a(f) requires Isanti County Family Services to mail a Notice of Claim to each heir and devisee of a deceased Medical Assistance recipient. Devisees are people named in a person's will. Heirs are determined as follows:

- The recipient's descendants, meaning his/her children. If a child died before the decedent, that child's children are heirs.
- If the recipient has no descendants as stated above, the surviving parent(s) are the heirs.
- If there are no descendants and no parents survive, the recipient's siblings are the heirs. If any siblings died before the decedent, then their children are the heirs.

Please list the names and addresses of all heirs and devisees. If you know the name of an heir or devisee, but not the address, just list his/her name and "address unknown." If you need more room, please continue on the back of this sheet.

Name: _____ Address: _____

Relationship to Decedent: _____

Name: _____ Address: _____

Relationship to Decedent: _____

Name: _____ Address: _____

Relationship to Decedent: _____

Name: _____ Address: _____

Relationship to Decedent: _____

Name: _____ Address: _____

Relationship to Decedent: _____

Name: _____ Address: _____

Relationship to Decedent: _____



Death Certificate Application

The information requested on this application is required by Minnesota Statutes, section 144.225, subdivision 7 and Minnesota Rules, part 4601.2600. If you do not complete all fields, the application may be returned.

Death Record Information		
First Name	Middle Name	Last Name
Date of Death	Date of Birth or Age	City and County of Death
Mother's Name	Father's Name	Spouse on Record (if any)

Please check one of the following:

- I would like a death certificate with cause of death information
 I would like a death certificate **without** cause of death information (only available for records 1997 to present)

Requester Information				
Name Lynette Guderian			Date of Birth	
Mailing Address - Street 1700 E Rum River Dr S Ste A	Apt/Unit #	City Cambridge	State MN	ZIP 55008
Daytime Phone 763-689-1711	Email lynette.guderian@co.isanti.mn.us			

What is your relationship to the subject of the record (tangible interest)? You must check one.

- I am the child of the subject I am the parent of the subject I am the sibling of the subject
 I am the spouse on the record I am the grandparent of the subject I am the grandchild of the subject
 I am the party responsible for filing the death record
 I am a personal representative and the certified copy is required for the administration of the estate
 I am a successor of the subject as defined in Minnesota Statutes, section 524.1-201 and the certified copy is required for the administration of the estate
 I am a trustee of a trust and the certified copy is required for the proper administration of the trust
 I have documentation that the record is necessary for the determination or protection of personal or property rights (**you must submit documentation showing this relationship**)
 I represent an adoption agency and the record is needed to complete a confidential post-adoption search (**you must include a copy of your employee ID**)
 I am an attorney and I have attached proof of my licensure
 I am presenting your office with a court order issued by a court of competent jurisdiction (**this must be a certified copy**)
 I represent a local, state or federal governmental agency and the record is necessary for the governmental agency to perform its authorized duties (**you must include a copy of your employee ID**)
 I am a representative authorized by a person listed above (**you must include a notarized statement from a person listed above**)

Signature and Notary (application must be signed in front of a notary if applying by mail, fax, or email)

I certify that the information provided on this application is accurate and complete to the best of my knowledge.

Requester Signature	
Signed or attested before me on: _____ day of _____, 20____	Notary Stamp/Seal
Notary Public Signature	
My Commission Expires:	

PENALTIES: Any person who willfully and knowingly provides false information for a certified vital record may be sentenced up to 1 year in jail or a fine of up to \$3000 or both (Minnesota- Statutes, section 144.227 and section 609.02, subdivision 3 and 4).



Death Certificate Application

Requester Name: _____

Fee and Payment Information

Item	Number requested	Fee per item	Total
One death certificate	1	\$13	\$13
Additional certificate(s) for the same death record (optional)		\$6 each	
Federal Express delivery (optional) – This is an <u>additional</u> fee that applies only to the method of delivery. <input type="checkbox"/> Please check here if you want Federal Express to require a signature for receipt. If you do not check this box, no signature will be required. Federal Express will not deliver to P.O. boxes or A.P.O addresses.		\$16	
Total amount submitted or to be charged to credit card:			
(This amount must be at least \$13.)			

Type of payment: Credit Card Money order Check

If paying by credit card (MasterCard/VISA/Discover):

Name on card:	Card number	Expiration date	3 digit security code
---------------	-------------	-----------------	-----------------------

If paying by check or money order (make payable to Minnesota Department of Health):

Check/money order number _____

Due to high administrative costs, we are unable to issue refunds for overpayment.
 Checks returned for non-payment will be charged a \$30 fee according to Minnesota Statutes, section 604.113, subdivision 2 and civil penalties may be imposed.

Send application and payment:

By FAX to 651-201-5740 By EMAIL to health.issuance@state.mn.us

By MAIL to:
 Minnesota Department of Health
 Central Cashiering – Vital Records
 PO Box 64499
 St. Paul, MN 55164-0499

If you have questions, please contact us at health.issuance@state.mn.us.

If you submit this application to a local issuance office, Federal Express delivery may not be an option. All payment types may not be accepted. Call the local issuance office before sending your application to confirm payment types and services available.



ISANTI COUNTY
Family Services

Oakview Office Complex
1700 East Rum River Drive South, Suite A
Cambridge, MN 55008-2547

Phone (763) 689-1711
Fax (763) 689-9877
www.co.isanti.mn.us

March 19, 2015

FORM PACKET H

[Bank]
[Address]
[Address]

REGARDING

Name: [Decedent]
Date of Birth:
Date of Death:
Social Security Number:
Account Number(s):

Isanti County has a preferred claim against the above-named decedent's estate. Our records indicate an account held with your bank. Enclosed you will find an Affidavit for Collection of Personal Property to claim the balance remaining in the account. All funds should be identified by the decedent's name, made payable to Isanti County Family Services, and mailed to the address listed above.

If the funds in the accounts have already been released, please return the Affidavit and provide the name and address of the person to whom the funds were released, as well as the amount delivered and date of delivery, so we may pursue our claim.

Thank you for your cooperation in this matter.

Sincerely,

Lynette Guderian
Collections Officer

Enclosures



ISANTI COUNTY
Family Services

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Fax (763) 689-9877
www.co.isanti.mn.us

May 27, 2016

FORM I

[AREP]
[Address]
[Address]

RE: Estate of [Decedent]

We mailed a request for financial and other information to you on [date of 1st letter], for the estate of [Decedent]. To date, we have not received the requested information.

In the event this paperwork was misplaced or not received, we are enclosing copies. Your prompt attention will be appreciated so that this matter can be settled. If we do not hear from you within thirty (30) days, we will refer this to the County Attorney's Office.

Thank you for your cooperation. If you have any questions please feel free to contact me at 763-689-1711.

Sincerely,

Lynette Guderian
Collections Officer

Enclosures



ISANTI COUNTY
Family Services

Oakview Office Complex
1700 East Rum River Drive South, Suite A
Cambridge, MN 55008-2547

Phone (763) 689-1711
Fax (763) 689-9877
www.co.isanti.mn.us

September 14, 2016

FORM PACKET J

[name]
[address]
[address]

RE: The Estate of [decedent]

Dear:

Isanti County Family Services would like to express our condolences for your loss. Handling financial matters at this time can be very difficult. However, state law requires us to contact you.

Isanti County Family Services is reviewing the file of Medical Assistance recipient, [decedent], who died [DOD]. It is true that [he/she] could have had up to \$3,000.00 in assets *at application* and be eligible for Medical Assistance. However, upon death, Isanti County has a last illness priority claim to *all* assets remaining after funeral expenses, up to the amount of assistance paid.

Please send in the following information within 30 days:

- 1) List of heirs and devisees (form enclosed);
- 2) Verification of account and property values at the time of death;
- 3) Copies of receipts and bills indicating the amount spent on the funeral;
- 4) Copies of bank statements from the date of death to present;
- 5) Copies of any other receipts for funds spent.

Since [decedent] had an interest in real property, the case will be handled by the Isanti County Attorney's Office after I receive the requested information from you.

Thank you for your anticipated cooperation. If you have any questions or concerns, please feel free to contact me.

Sincerely,

Lynette Guderian
Collections Officer

Enclosures



ISANTI COUNTY
Family Services

Oakview Office Complex
 1700 East Rum River Drive South, Suite A
 Cambridge, MN 55008-2547

Phone (763) 689-1711
 Fax (763) 689-9877
 www.co.isanti.mn.us

MEDICAL ASSISTANCE - ASSET/FUNERAL EXPENSES VERIFICATIONS

Please send in the following:

- _____ Verifications of account and property values ***at the time of death*** (NOT as of the current date).
- _____ Copies of receipts indicating the amount spent for funeral expenses.
- _____ Copies of bank statements ***from the date of death to present***, along with copies of any receipts for funds spent from the accounts. This ***includes*** joint and POD bank accounts.
- _____ Verification of beneficiary of life insurance policies.

Verification of all costs must be provided. We need to see copies of receipts for all expenses to determine what amount, if any, will come back to Isanti County for Medical Assistance reimbursement.

Travel, hotel, food and restaurant expense, or time costs for family members are not allowed as they constitute general claims.

Return to: Collections Officer
 Isanti County Family Services



ISANTI COUNTY
Family Services

Oakview Office Complex
1700 East Rum River Drive South, Suite A
Cambridge, MN 55008-2547

Phone (763) 689-1711
Fax (763) 639-9877
www.co.isanti.mn.us

LIST OF HEIRS AND DEVISEES

Minnesota Statutes Section 256B.15 Subd. 1a(f) requires Isanti County Family Services to mail a Notice of Claim to each heir and devisee of a deceased Medical Assistance recipient. Devisees are people named in a person's will. Heirs are determined as follows:

- The recipient's descendants, meaning his/her children. If a child died before the decedent, that child's children are heirs.
- If the recipient has no descendants as stated above, the surviving parent(s) are the heirs.
- If there are no descendants and no parents survive, the recipient's siblings are the heirs. If any siblings died before the decedent, then their children are the heirs.

Please list the names and addresses of all heirs and devisees. If you know the name of an heir or devisee, but not the address, just list his/her name and "address unknown." If you need more room, please continue on the back of this sheet.

Name: _____ Address: _____

Relationship to Decedent: _____

Name: _____ Address: _____

Relationship to Decedent: _____

Name: _____ Address: _____

Relationship to Decedent: _____

Name: _____ Address: _____

Relationship to Decedent: _____

Name: _____ Address: _____

Relationship to Decedent: _____

Name: _____ Address: _____

Relationship to Decedent: _____



ISANTI COUNTY
Family Services

Oakview Office Complex
1700 East Rum River Drive South, Suite A
Cambridge, MN 55008-2547

Phone (763) 689-1711
Fax (763) 689-9877
www.co.isanti.mn.us

June 28, 2016

FORM PACKET K

TO: All heirs and devisees of the Estate of [Estate]

Enclosed are the following documents:

1. Notice of Claim for Medical Assistance in Decedent's Death;
2. Application for a Waiver of Claim.

This agency is **required** by Minnesota law to send you these documents to inform you that (1) a Medical Assistance claim has been filed, and (2) to notify you of your right to apply for a waiver of the claim if your circumstances meet the definition of undue hardship outlined in the Notice of Claim for Medical Assistance in Decedent's Death. Minn. Stat. § 256B.15, subd. 1a(f).

[Add this if the situation applies] We have, in fact, received all funds remaining after payment of priority claims, but we are still required to send these documents.

IMPORTANT, PLEASE READ:

- The Medical Assistance claim is against the **decedent's** assets remaining as of the date of death, less reasonable final expenses.
- It is **NOT** a claim against **YOUR** personal assets.
- You only need to complete the Application for a Waiver of Claim **IF** your circumstances meet the criteria of undue hardship as outlined in the Notice of Claim for Medical Assistance in Decedent's Death.

Sincerely,

Lynette Guderian
Collections Officer

Enclosures



Notice of Claim for Medical Assistance in Decedent's Death

HEIR/DEVISEE OR SURVIVING PROPERTY OWNER NAME		DATE	
ADDRESS			
CITY		STATE	ZIP CODE
COUNTY HUMAN SERVICE AGENCY CONTACT Lynette Guderian	TELEPHONE NUMBER (763) 689-1711	FAX NUMBER (763) 689-9877	
ADDRESS Isanti County Family Services, 1700 E Rum River Dr S Ste A			
CITY Cambridge		STATE MN	ZIP CODE 55008

RE:

DECEDENT/RECIPIENT		
CLAIM FOR MEDICAL ASSISTANCE SERVICES		
DISTRICT COURT COUNTY Isanti	COUNTY PROBATE # NA	COUNTY HUMAN SERVICE CASE #

Notice of Claim: On _____, 20____, the Isanti County Human Services Agency filed a claim with this estate under Minnesota Statutes § 256B.15, for the amount of \$_____ for medical assistance services provided to the decedent and/or the decedent's spouse.

Waiver: If paying this claim will cause you undue hardship, you can apply for a waiver of the claim. If your circumstances do not meet the definition of undue hardship, if you wouldn't personally benefit from the waiver, or the undue hardship was created by actions taken by the decedent which divested or diverted assets in order to avoid estate recovery, the county cannot grant your application.

An undue hardship exists when:

1. The estate claim could not be paid except by the sale of assets (for this paragraph only assets means real or personal property), subject to the probate proceedings, for which all of the following are true for a period of at least 180 days prior to the date the decedent died and from that date through the date the waiver is finally granted:
 - A. The assets are used by the waiver applicant to produce income in his or her trade, profession, or occupation;
 - B. The assets are a necessary part of the waiver applicant's trade, profession or occupation;
 - C. The trade, profession or occupation in which the assets are used is the waiver applicant's sole source of income; and
 - D. The waiver applicant has worked continuously and exclusively in the trade, profession or occupation in which the assets are used.

(As it pertains to exception 1A through 1D, the phrase "trade, profession or occupation" includes a working farm that the waiver applicant actually operates, but does not include a farm that is not worked by the applicant, or a farm that is rented.)

2. The estate claim could not be paid except by the sale of the decedent's real estate subject to probate proceedings and the following are true:
 - A. The waiver applicant actually and continuously occupies the real estate as his or her only dwelling place for at least 180 days prior to the date the decedent died and continues to occupy the dwelling; and
 - B. The real estate for which the hardship waiver is requested was classified as homestead property for property tax purposes under Minnesota Statutes § 273.124 throughout the entire period of time referred to in the prior paragraph.
3. The estate claim could not be paid except by the sale of the decedent's real estate subject to probate proceedings and the following are true:
 - A. The waiver applicant has an ownership interest in the property with the decedent.
 - B. All of the factors listed in 2 above are true.

How to Apply for a Waiver: Complete and return the enclosed application to this office at the address and contact listed within 30 days from the date of this notice. This office will not accept applications which are not actually received or postmarked within this 30 day period. In these circumstances, you will lose your right to apply for and receive a waiver of the claim.

The county will send you a written Determination of Waiver Request within 30 days after receiving your application. In some cases the county may, at its discretion, extend this time period. The Determination of Waiver Request will state whether, to what extent, and on what terms and conditions the county will grant the waiver and its reasons for doing so.

Right to Appeal: If you disagree with the Determination by the county you may appeal. The Determination will include instructions on how to file an appeal.

Attention. If you want free help translating this information, call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاتصل على الرقم 1-800-358-0377.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមទូរស័ព្ទទៅលេខ 1-888-468-3787 ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, nazovite 1-888-234-3785.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, hu 1-888-486-8377.

ໂປຼຕຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ. ຈົ່ງ ໂທລະສານຕາມເລກໂທລະ 1-888-487-8251.

Hubaddhu. Yoo akka odeeffannoon kuu sii hiikamu gargaarsa tolaa feeta ta'e, lakkoofsa kana bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в переводе этой информации, позвоните по следующему телефону 1-888-562-5877.

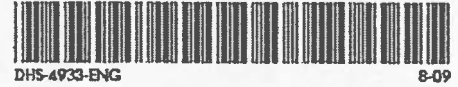
Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la'aan ah, wac lambarkan 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para traducir esta información, llame al 1-888-428-3438.

Chú Y. Nếu quý vị cần dịch thông-tin này miễn phí, xin gọi số 1-888-554-8759.

LB3-001 (1-0)

This information is available in alternative formats to individuals with disabilities by calling your county worker. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.



Application for a Waiver of Claim

Instructions:

1. Complete and return this form to the person whose name and address appear below. This must be returned within 30 days of the date of your Notice of Claim. The information you need to complete the blanks for the name of the estate, probate file number, and county human services case number appear in the Notice of Claim for Medical Assistance.
2. Personally sign the application and include a daytime telephone number even if this application is prepared by a third party.
3. Send any written or other materials to be considered with the completed Application for a Waiver of Claim.

COUNTY HUMAN SERVICE AGENCY CONTACT Lynette Guderian		TELEPHONE NUMBER (763) 689-1711	FAX NUMBER (763) 689-9877
ADDRESS 1700 E Rum River Dr S Ste A	CITY Cambridge	STATE MN	ZIP CODE 55008

RE:

DECEDENT/RECIPIENT		
APPLICATION FOR A WAIVER OF CLAIM		
DISTRICT COURT COUNTY Isanti	COUNTY PROBATE # NA	COUNTY HUMAN SERVICE CASE #

Application for a Hardship Waiver: I am applying for a waiver of the county's claim for medical assistance services against my interest in the above-referenced estate (estate). I will personally benefit from a waiver of the county's claim against my interest in the estate if the county grants one to me.

Statement of Facts: Paying this claim out of my interest in the estate would create an undue hardship on me personally because (provide a complete detailed written statement of the circumstances which you believe constitute an undue hardship as defined in the Notice of Claim for Medical Assistance in Decedent's Death):

Written and Other Materials: I am also enclosing any and all written or other materials I want the county to consider in deciding whether I qualify for a waiver of claim. I understand that if I do not include these materials with this application, I will not be able to submit them at a later date. They will not be considered by the county when deciding the Application for a Waiver of Claim.

Correspondence: The county should send all correspondence concerning my application to me at the address listed below until or unless I notify the county at the address listed above of a change of address. If I also list my attorney's name and address below, the county should send all correspondence concerning my application, including the county's Determination, to my attorney instead of me.

Statements: By signing and submitting this application I am making the following statements to the county. These statements are true, accurate, and complete as of the date of this application. They will continue to be so from that time until or unless I notify the county otherwise in writing at the address and contact listed above. I understand that the county will rely on these statements in making its decision on this application.

Please check the true statements. I am asking for a waiver because:

- I use the assets in my trade, profession, or occupation. I state that I worked continuously and exclusively in the trade, occupation, or profession identified in the Statement of Facts above for at least 180 days prior to the date the decedent died and that I continued and will continue to do so from and after that date through the date any waiver is finally granted to me.

- The real estate is my dwelling. I state that I actually and continuously occupied the real estate listed in the Statement of Facts above for at least 180 days prior to the date the decedent died. I continued and will continue to do so from and after that date through the date any waiver is finally granted to me.
- The real estate is my dwelling. In addition to the above item, I have an ownership interest in the real property owned by the decedent at the time of his/her death. I will include verification of that fact with the written and other materials attached to this application.

I have read the entire Notice of Claim for Medical Assistance in Decedent's Death and this application (including my Statement of Facts) before I signed this application. I understand the contents of this application. All of the statements contained in this application and all written or other materials submitted with it, are true, correct, and complete as of the date of this application. They will continue to be so until I receive a decision by the county. If at any time the statements in this application (including the Statement of Facts) cease to be true, correct, and complete, I will notify the county in writing at the address and contact listed above.

APPLICANT				
PRINTED NAME OF APPLICANT	SIGNATURE OF APPLICANT			DATE
ADDRESS	CITY	STATE	ZIP CODE	DAYTIME TELEPHONE NUMBER ()

ATTORNEY FOR APPLICANT				
NAME OF ATTORNEY	FIRM NAME			
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER ()

Attention. If you want free help translating this information, call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاتصل على الرقم 1-800-358-0377.

កំពត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមទូរស័ព្ទទៅលេខ 1-888-468-3787 ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, nazovite 1-888-234-3785.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, hu 1-888-486-8377.

ໂປຼດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ. ຈົ່ງ ໂທລະສານຕາມເລກໂທລະ 1-888-487-8251.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, lakkoofsa kana bilbili 1-888-234-3798.

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Ogow. Haddii aad dooneyso in lagaa kaalneeyo tarjamadda macluumaadkani oo lacag la'aan ah, wac lambarkan 1-888-547-8829.

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Chú Ý. Nếu quý vị cần dịch thông-tin này miễn phí, xin gọi số 1-888-554-8759.

103-0001 (1000-6)

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FORM L

STATE OF MINNESOTA
 COUNTY OF ISANTI

DISTRICT COURT
 TENTH JUDICIAL DISTRICT
 PROBATE DIVISION
 Court File No. _____
 Case Type: Probate

In the Matter of the Estate of:

[Decedent],

**AFFIDAVIT OF SERVICE
 BY MAIL**

Decedent.

.....

STATE OF MINNESOTA)
) SS
 COUNTY OF ISANTI)

Lynette Guderian, Collections Officer for Isanti County Family Services in the City of Cambridge, State of Minnesota, states that on [Date], 2016, she served the attached Notice of Claim for Medical Assistance in Decedent's Death and Application for a Waiver of Claim on the following heirs/devisees/interested persons of the above-referenced estate:

Relationship	Name	Address

by mailing to said persons true and correct copies thereof, enclosed in an envelope, first class postage prepaid, and by depositing the same in the United States Mail at Cambridge, Minnesota, directed to said persons at their last-known addresses set forth above.

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

 Lynette Guderian

Dated:



ISANTI COUNTY
Family Services

Oakview Office Complex
1700 East Rum River Drive South, Suite A
Cambridge, MN 55008-2547

Phone (763) 689-1711
Fax (763) 689-9877
www.co.isanti.mn.us

May 27, 2016

FORM N

[Name]
[Address]
[Address]

Re: Estate of [Decedent]

Dear [Name]:

Thank you for sending in the information requested of you regarding the estate of [Decedent].

The following information is still needed for our file:

- 1) ...
- 2) ...

Your cooperation is appreciated. I will evaluate the additional information as soon as I get it with the hope that we can close out this case soon.

If you have any questions, please feel free to contact me.

Sincerely,

Lynette Guderian
Collections Officer



ISANTI COUNTY
Family Services

Oakview Office Complex
1700 East Rum River Drive South, Suite A
Cambridge, MN 55008-2547

Phone (763) 689-1711
Fax (763) 689-9877
www.co.isanti.mn.us

May 5, 2016

FORM O

[AREP]
[Address]
[Address]

Re: Estate of [Decedent]

Dear [AREP]:

Based on the financial information, bills, and receipts you sent to our agency, I have determined that \$[Amount] is due from the estate as reimbursement for Medical Assistance provided to [Decedent]. Enclosed is a copy of the spreadsheet showing how that figure was determined.

Your remittance should be made payable to **Isanti County Family Services** and mailed to the address on our letterhead within 30 days.

Your prompt attention is appreciated. If you have any questions, please feel free to contact me.

Sincerely,

Lynette Guderian
Collections Officer

Enclosure



ISANTI COUNTY
Family Services

Oakview Office Complex
1700 East Rum River Drive South, Suite A
Cambridge, MN 55008-2547

Phone (763) 689-1711
Fax (763) 689-9877
www.co.isanti.mn.us

June 1, 2016

FORM P

[Name]
[Address]
[Address]

Re: Estate of [Decedent]

Thank you for providing the information that Isanti County requested of you regarding [Decedent], Medical Assistance recipient.

We will apply the \$[amount paid] received from you as partial reimbursement of Medical Assistance costs incurred.

At this time, it appears there is nothing further owing to the County of Isanti. However, please contact Isanti County in the event additional assets are discovered for the estate, as we will need to re-determine our findings at that time. Thank you for your cooperation in this matter.

Again, please accept our condolences on your loss.

Sincerely,

Lynette Guderian
Collections Officer



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[Date]

FORM Q

[AREP, Contact, or Personal Rep]

[Address]

[Address]

Re: Estate of [Decedent]

Thank you for providing the information requested of you by Isanti County Family Services for the estate of [Decedent]. We sincerely appreciate your compiling the information in light of your recent loss.

At this time it appears that there is nothing owing to the County of Isanti, as the decedent's final expenses exceeded the date-of-death assets. Please contact Isanti County in the event additional estate assets are discovered, as we will need to re-determine our findings at that time. Thank you for your cooperation in this matter.

Again, please accept my condolences on your loss.

Sincerely,

Lynette Guderian
Collections Officer

HOW TO CALCULATE GA CLAIMS FOR ESTATE RECOVERY

Recovery of GA claims is allowed by Minnesota Statutes §256D.16, and Combined Manual 0025.21.12. Your claim can include all GA amounts, no matter what age the recipient received the benefits and no matter at what age the recipient died.

From the MAXIS SELF menu:

Function: CASE

Case Number: [insert case number]

Command: CURR

Press Enter

On the CURR screen, X Program History, Press Enter

On the Program History Display screen:

Select Program: GA

Press Enter

This will give you a list of the months for which the recipient received GA.

Now comes the tedious part. F3 back to your SELF screen. This is how I calculated the claim in the attached example:

Function: MONY

Case Number: [insert case number]

Benefit Period: 12 96

Command: INQB

Press Enter

\$190.82 in GA benefits were paid to the recipient in 12/96. INQB only lists a three-month time span, so my next search will be in 3/97:

Function: MONY

Case Number: [insert case number]

Benefit Period: 03 97

Command: INQB

Press Enter

And you will see the amounts paid for GA in January, February, and March, 1997. Continue the 3-month searches until you have all the amounts. I just write down the dates and amounts, then add them up from my list when I've gone through all the dates listed in the Program History Display. GA amounts add up, so your time in calculating is worth it. In this example case, the estate is solvent and over \$7,000 in GA recovery will be collected.

- * * * * * Select Function Menu (SELF) * * * * *
- *
 - * **APPL** - Application
 - * **STAT** - Statement of Need
 - * **DAIL** - Workers Daily Reports
 - * **ELIG** - Eligibility Results/Approval
 - * **FIAT** - System Override
 - * **REPT** - Report Selection
 - * **REIN** - Reinstatement
 - * **MONY** - Payment Inquiry/Maintenance
 - * **CCOL** - Claims and Collections
 - * **INFC** - Interfaces
 - * **ASET** - Asset Assessment
- *
 - * **CASE** - Case Status Display
 - * **SPEC** - Special Functions
 - * **PERS** - MAXIS Person Search
 - * **PMIN** - Person Master Index Number
 - * **ARCH** - Archiving Functions
 - * **POLI** - Policy Manual
 - * **QUAL** - Quality Control Review
 - * **LOOK** - SSA Access
 - * **MCON** - MSA Cases To Convert
 - * **LOGO** - Logoff
- * * * * *

Function: CASE

Case Number: []

Benefit Period (MM YY): 09 16

User: Terminal: Environment: **PRODUCTION** Command: CURR ___

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x Program History

_ Case Application History

Current Status Appl Dt

Case: **INACTIVE**

Emergency Cash Program

_ Date EA Last Used

Function: CASE Case Nbr: _____ Month 09 16 Command: _____

Co: PW: SW: Name: User: _____
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
 HELP EXIT NEXT PREV TRBL INFO

Select Program: GA

Prog	Appl Dt	Eff/ Inact Dt	Per	Ver	Status	Reason
GA	12/03/99	02/01/00	02/00	1	INACTIVE	NO HRF - CLOSED
GA	12/03/99	12/03/99	12/99	2	ACTIVE	REOPEN LE 4 MTH BREAK
GA	12/03/96	12/01/99	12/99	1	INACTIVE	NO REVIEW - CLOSED
GA	12/03/96	06/01/99	06/99	1	ACTIVE	REOPEN B/4 EFF CLS DT
GA	12/03/96	05/01/99	05/99	1	ACTIVE	REINSTATED
GA	12/03/96	04/01/99	04/99	1	ACTIVE	REINSTATED
GA	12/03/96	03/01/99	03/99	1	ACTIVE	REOPEN B/4 EFF CLS DT
GA	12/03/96	02/01/99	02/99	1	ACTIVE	REINSTATED
GA	12/03/96	12/01/98	12/98	1	ACTIVE	REINSTATED
GA	12/03/96	12/01/97	12/97	1	ACTIVE	REINSTATED

More: +

Function: **CASE** Case Nbr: Month **09 16** Command:
 Co: PW: SW: Name: User:
 Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
 HELP EXIT PREV NEXT TRBL INFO

Select Program: GA

Prog	Appl Dt	Eff/ Inact Dt	Per	Ver	Status	Reason
GA	12/03/96	12/03/96	12/96	1	ACTIVE	INITIAL OPENING

More: -

Function: **CASE** Case Nbr: Month **09 16** Command:
 Co: PW: SW: Name: User:
 Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
 HELP EXIT PREV NEXT TRBL INFO

***** Select Function Menu (SELF) *****

- * APPL - Application
- * STAT - Statement of Need
- * DAIL - Workers Daily Reports
- * ELIG - Eligibility Results/Approval
- * FIAT - System Override
- * REPT - Report Selection
- * REIN - Reinstatement
- * MONY - Payment Inquiry/Maintenance
- * CCOL - Claims and Collections
- * INFC - Interfaces
- * ASET - Asset Assessment
- * CASE - Case Status Display
- * SPEC - Special Functions
- * PERS - MAXIS Person Search
- * PMIN - Person Master Index Number
- * ARCH - Archiving Functions
- * POLI - Policy Manual
- * QUAL - Quality Control Review
- * LOOK - SSA Access
- * MCON - MSA Cases To Convert
- * LOGO - Logoff

Function: MONY

Case Number: []

Benefit Period (MM YY): 12 96

User: Terminal: Environment: **PRODUCTION** Command: INQB ___

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Month	Year	Program	Amount Disbursed	Amount Recouped	Food Portion Included
December	1996	FS	\$ 112.00	\$	\$
December	1996	GA	190.82		
TOTAL:			302.82		

Function: MONY Case Nbr: _____ Month: 12 96 Command: _____
Co: _____ PW: _____ SW: _____ Name: _____ User: _____
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12
HELP EXIT CNOTE PREV NEXT OOPS TRBL INFO

- ```

* * * * * Select Function Menu (SELF) * * * * *
*
* APPL - Application CASE - Case Status Display
* STAT - Statement of Need SPEC - Special Functions
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* ASET - Asset Assessment
* * * * *

```

Function: MONY

Case Number: [       ]

Benefit Period (MM YY): 03 97

```

User: Terminal: Environment: PRODUCTION Command: INQB _ _ _
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| Month    | Year | Program | Amount Disbursed | Amount Recouped | Food Portion Included |
|----------|------|---------|------------------|-----------------|-----------------------|
| March    | 1997 | FS      | \$ 120.00        | \$              | \$                    |
| March    | 1997 | GA      | 98.00            |                 |                       |
| February | 1997 | FS      | 120.00           |                 |                       |
| February | 1997 | GA      | 203.00           |                 |                       |
| January  | 1997 | FS      | 120.00           |                 |                       |
| January  | 1997 | GA      | 203.00           |                 |                       |
| TOTAL:   |      |         | 864.00           |                 |                       |

Function: MONY Case Nbr: \_\_\_\_\_ Month: 03 97 Command: \_\_\_\_\_

Co: \_\_\_\_\_ PW: \_\_\_\_\_ SW: \_\_\_\_\_ Name: \_\_\_\_\_ User: \_\_\_\_\_

Enter- PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12  
HELP EXIT CNOTE PREV NEXT OOPS TRBL INFO