No so

Douglas County - NV
Werner Christen - Recorder
Page: 1 of 5 Fee:
BK-0205 PG-1119 RPTT:

Voluntary Lien Agreement

TYPE OF DOCUMENT

Recording Requested by:

This page added to provide additional information required by NRS 111.312 Sections 1-2 (An additional recording fee of \$1.00 will apply) NO FEE REQUIRED/STATE ENTITY

This cover page must be typed or printed clearly in black ink only.

Division of Health Care Financing & Policy-Medicaid Estate Recovery

Return to: SHERYL HESTER

Address: 1000 E William St., Suite 102

City/State/Zip: Carson City, NV 89701

cs10/03

0635908

0.00

0.00

02/03/2005 11:08 AM Deputy: PK
OFFICIAL RECORD
Requested By:
NEVADA STATE /HEALTH CARE
FINANCING

DOC #

## **NOTICE OF LIEN**

TO: M SHIELDS, deceased FRANK SHIELDS

PLEASE TAKE NOTICE THAT the State of Nevada, Department of Human Resources, Division of Health Care Financing and Policy ("DHCFP"), an agency of the State of Nevada, whose central office is 1000 East Williams Street, Suite 102, Carson City, NV 89701, by and through its representative, Sheryl Hester, an agent of DHCFP, claims a lien pursuant to the provisions of NRS 422.29306 and the Agreement and Lien dated December 7, 2004, attached hereto and incorporated herein by this reference, upon the property described as follows:

Lot 1 in Block C of IMPALA MOBILE HOME ESTATES SUBDIVISION UNIT NO. TWO, according to the map thereof filed in the office of the County Recorder of said County on April 7, 1982, as File No. 66654, in Book 482, Page 366, of Official Records

Commonly known as 3415 Princeton Avenue, Carson City NV 89705

The lien is placed for reimbursement of Medicaid benefits paid on behalf of M SHIELDS in the amount of \$20,221.53, to be paid to Nevada State Division of Health Care Financing and Policy upon sale or transfer of the property.

However, pursuant to State and Federal Law, the State may only recover on such a lien at a time when there is no surviving spouse, child(ren) under 21, or blind and/or disabled children of any age, if any. Additionally, the State must release its lien if the surviving spouse, child under 21 or disabled child, if any, seeks to engage in a bona fide sale or financial transaction involving the home. The object of the lien action is to secure the State's interest in the property and also allow the survivors to enjoy and benefit from their interest in and use of the property.

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BK- 0205 PG- 1120 02/03/2005 Upon any financial transaction involving the subject property, please contact the State of Nevada, Division of Health Care Financing and Policy, or the Attorney General's Office in Las Vegas at (702) 486-3083 or in Reno at (775) 688-1833.

DATED this 19th day of January 2005

By: Sheryl Hester

MER Recovery Specialist

(775) 684-3719

Enc.

When recorded please return to:

Sheryl Hester

1000 E William St., Suite 102

Carson City, NV 89701

02/03/2005

## Please contact the Nevada Division of Health Care Financing and Policy or the Nevada Attorney General's Office for Payoff Instructions

## AGREEMENT AND LIEN

FRANK SHIELDS, surviving spouse of M ELEANOR SHIELDS hereby agrees with Nevada's Department of Human Resources, Division of Health Care Financing and Policy (hereafter known as DHCFP) as follows:

M ELEANOR SHIELDS received Medicaid benefits from the DHCFP in the amount of \$20,221.53 as of 03/28/2003;

MELEANOR SHIELDS owned a one-half interest in property held in joint tenancy or community property with FRANK SHIELDS;

Nevada Revised Statutes 422.29302, 422.29306 and 422.054 provides authority for the DHCFP to have a statutory claim upon the estate of M SHIELDS and impose a lien upon real property or personal property of a Medicaid recipient or her/his estate including property that was held jointly with others;

The Department of Human Resources, DHCFP, shall record a lien against the interest held in the property at the time of death by MELEANOR SHIELDS. The amount of recovery will not exceed this interest or the amount of the medcal benefits paid on his/her behalf whichever is less;

Subject property is commonly referred to as 3415 Princeton Avenue Carson City NV 89705 and more particularly described as:

Lot 1 in Block C of IMPALA MOBILE HOME ESTATES SUBDIVISION UNIT NO. TWO, according to the map thereof filed in the office of the County Recorder of said County on April 7, 1982, as File No. 66654, in Book 482, Page 366, of Official Records

APN: 1420-07-818-001

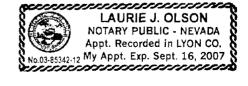
The assessed value of this property as of 2004 is \$28,488.00;

In the event it becomes necessary for the property to be sold for fair market value or refinanced by FRANK SHIELDS, or a legal representative, the State will release this lien so the proceeds of the sale or refinancing can be used to provide for the care and benefit of FRANK SHIELDS. The net proceeds from the sale or refinancing of the real property shall not be transferred or gifted to a third party. It is the intention of the parties that these funds be utilized only for the care and benefit of FRANK SHIELDS;

If the property is owned by FRANK SHIELDS at the time of death, the DHCFP, shall be entitled to recover a sum equal to \$20,221.53 or one-half of the value of the property, whichever is less;

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Upon signing this agreement, FRANK SHIELDS understands, consents and agrees that the DHCFP will record this agreement as a lien against the property located at 3415 Princeton Avenue Carson Gity NV 89705 in the amount of \$20,221.53 or in the amount of the interest held by my deceased spouse, M ELEANOR SHIELDS, whichever is less in the office of the County Recorder. The recording of this lien does not prevent FRANK SHIELDS from continuing to live at the property and it does not require that the property be sold. FRANK SHIELDS further understands the lien does not prevent him/her from applying for a home equity loan, reverse mortgage or any other bonafide financial transaction concerning the property. Signature Printed name and address: SUBSCRIBED AND AFFIRMED to before me this PAMELA A. GRIM 7th day of Necen hy **NOTARY PUBLIC** STATE OF NEVADA APPT, No. 97-3748-5 MY APPT. EXPIRES SEPTEMBER 13, 2008 **NOTARY** Division of Health Care Financing and Policy Representative Signature, agent for DHCFP Date Printed name and address Street SUBSCRIBED AND AFFIRMED to before me this



BK- 0205 PG- 1123 02/03/2005