

NF

DOC # 0788811
08/30/2011 03:22 PM Deputy: GB

APN: 1320-32-713-019

OFFICIAL RECORD

Requested By:

STATE OF NEVADA/ATTORNEY

GENERAL

Douglas County - NV

Karen Ellison - Recorder

Page: 1 of 4 Fee: 0.00
BK-0811 PG- 5870 RPTT: 0.00



**Recording Requested By:
And Return To:-**

Name: State of Nevada - Office of the Attorney General
Address: 5420 Kietzke Lane, Suite 202
City/State/Zip: Reno, Nevada 89511

I hereby affirm that this document submitted for recording does not contain the social security number of any person or persons.
(Per NRS 239B.030)

Judy Girton
Signature

Judy Girton, Legal Secretary II
Print Name & Title

AGREEMENT AND LIEN

1179 Cottonwood Street, #1, Gardnerville, Nevada 89410

If legal description is a metes & bounds description furnish the following information:

Legal Description obtained from Document #.
recorded in the County Recorder's office.

If Surveyor, please provide name and address.

This page added to provide additional information required by NRS 111.312 Sections 1-4.

(Additional recording fee applies)

This cover page must be typed

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

AGREEMENT AND LIEN

PAMHAUCK, surviving daughter of ROBERT ATEN, hereby agrees with Nevada's Department of Health and Human Resources, Division of Health Care Financing and Policy (hereafter known as DHCFP) as follows:

ROBERT ATEN received Medicaid benefits from the DHCFP in the amount of THIRTY-EIGHT THOUSAND NINE HUNDRED NINETY ONE DOLLARS AND 99 CENTS, \$38,991.99, as of 04/09/2011;

ROBERT ATEN owned a 100 percent interest in property identified below.

Nevada Revised Statutes 422.29302, 422.29306 and 422.054 provides authority for the DHCFP to have a statutory claim upon the estate of ROBERT ATEN 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 Health and Human Resources, DHCFP, shall record a lien against the interest held in the property at the time of death by ROBERT ATEN. The amount of recovery will not exceed this interest or the amount of the medical benefits paid on his/her behalf whichever is less;

Subject property is commonly referred to as 1179 COTTONWOOD STREET #1, GARDNERVILLE NV 89410 and more particularly described as:

LOT 19, AS SET FORTH ON THE AMENDED PLAT OF COTTONWOOD VILLAGE SUBDIVISION, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON MAY 2, 1994, IN BOOK 594, PAGE 5, AS DOCUMENT NO. 336504, OF OFFICIAL RECORDS.

APN# 1320-32-713-019 DOUGLAS CO.

The estate value of this property is determined at the time of sale.

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 PAMELA HAUCK.

Upon signing this agreement, PAMELA HAUCK understands, consents and agrees that the DHCFP will record this agreement as a lien against the property located at 1179 COTTONWOOD STREET #1, GARDNERVILLE NV 89410 in the amount of THIRTY-EIGHT THOUSAND NINE HUNDRED NINETY ONE DOLLARS AND 99 CENTS \$38,991.99 or in the amount of the interest held by my deceased father, ROBERT ATEN, whichever is less in the office of the County Recorder.

The recording of this lien does not prevent PAMELA HAUCK from continuing to live at the property and it does not require that the property be sold. PAMELA HAUCK 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.

Pamela Jo Hauck
Signature

8/19/2011
Date

Printed name and address:

PAMELA JO HAUCK
P.O. Box 28 San Fernando, CA 91341-0028

State of Nevada,
County of Douglas

SUBSCRIBED AND AFFIRMED to before me this

 day of 20

see attached for notary

NOTARY

Division of Health Care Financing and Policy Representative

Patricia McQuill
Signature, agent for DHCFF

08/24/11
Date

Printed name and address

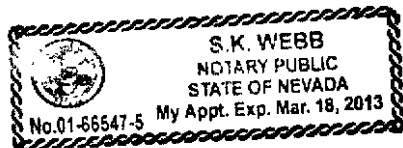
1000 E. William St., Suite #102
Carson City, NV 89701

State of Nevada,
County of CARSON

SUBSCRIBED AND AFFIRMED to before me this

24 day of AUGUST 2011

NOTARY



CALIFORNIA JURAT WITH AFFIANT STATEMENT

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-5 to be completed only by document signer[s], *not* Notary)

1
2
3
4
5
6

Signature of Document Signer No. 1

RECEIVED
AUG 24 2011
Medicaid Estate Recovery

Signature of Document Signer No. 2 (if any)

State of California
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this
19th day of August, 2011, by

(1) Pamela Hawk
Name of Signer

proved to me on the basis of satisfactory evidence to be the person who appeared before me (.) (.)

(2) N/A
Name of Signer

proved to me on the basis of satisfactory evidence to be the person who appeared before me.)

Signature [Handwritten Signature]
Signature of Notary Public



Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document

Further Description of Any Attached Document

Title or Type of Document: State of Nevada, Medicaid
Costate Nevada
Document Date: August 19, 2011 Number of Pages: 4
Signer(s) Other Than Named Above: N/A

RIGHT THUMBPRINT OF SIGNER #1
Top of thumb here

RIGHT THUMBPRINT OF SIGNER #2
Top of thumb here