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**RELEASE OF  
MINNESOTA NOTICE OF POTENTIAL CLAIM**

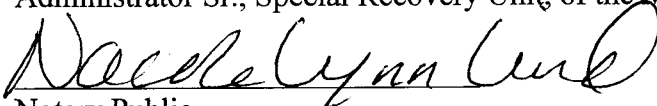
NOW, on this 9<sup>th</sup> day of **March, 2018**, the Minnesota Department of Human Services, by and through the undersigned, its duly appointed and acting representative, hereby releases and discharges its **Notice of Potential Claim for Medical Assistance** benefits paid on behalf of **Sylvia Barron** filed in **Ramsey County**, Minnesota, on **April 12, 2012** as Document No. **4329685**.

MINNESOTA DEPARTMENT OF HUMAN SERVICES

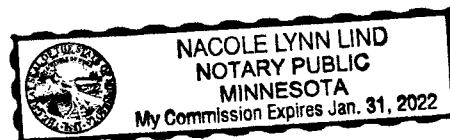
By:   
Jan Curran  
Lien Administrator Sr., Special Recovery Unit

State of Minnesota )  
                                  ) SS  
County of Ramsey )

This instrument was acknowledged before me on **March 9, 2018**, by Jan Curran, Lien Administrator Sr., Special Recovery Unit, of the Minnesota Department of Human Services.

  
Notary Public

My Commission Expires: January 31, 22



THIS INSTRUMENT DRAFTED BY:  
Jan Curran  
Special Recovery Unit  
Minnesota Department of Human Services  
P.O. Box 64995  
St. Paul, Minnesota 55164-0995  
651-431-3154

**BARRON, SYLVIA / NPC # 04859**