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OFFICIAL RECORD
AMY ELMER, RECORDER

VOLUNTARY LIEN AGREEMENT NOTICE OF LIEN
Title of Document
Affirmation Statement
I, the undersigned hereby affirm that the attached document, including any exhibits, hereby
submitted for recording does not contain the social security number, driver's license or identification card
number, or any "Personal Information" (as defined by NRS 603A.040) of any person or persons. (Per NRS
239B.030)
I, the undersigned hereby affirm that the attached document, including any exhibits, hereby
submitted for recording does contain the social security number, driver's license or identification card
number, or any "Personal Information" (as defined by NRS 603A.040) of a person or persons as required
by law:(State specific law)
(State specific law)
Sarina Gundle Ruty
Signature (rifle //
Sabrina Grindle Raetz, Deputy Attorney General
Print
7/9/2024
Date
RETURN RECORDED DOCUMENT TO:
Sabrina Grindle Raetz, Deputy Attorney General
555 E W-1: C4- 2000

Sabrina Grindle Raetz, Deputy Attorney General
555 E. Washington Avenue, Ste. 3900
Las Vegas, NV 89101

Please contact the Nevada Division of Health Care Financing and Policy or the Nevada Attorney General's office for payoff instructions

VOLUNTARY LIEN AGREEMENT

We, Boyd Beer and Jacquleen Clements, individually as the adult children of Kaylynn Romans and as titled owners of the property described below, voluntarily acknowledge and agree with the State of Nevada, Department of Health and Human Services, Division of Health Care Financing and Policy ("DHCFP" or "Nevada Medicaid") as follows:

We have been informed of our right to consult with an attorney regarding this Voluntary Lien Agreement and it is our choice whether to do so. Whether we have made the choice to consult an attorney or not, we acknowledge and understand that we now freely and voluntarily give our consent to the terms of this Voluntary Lien Agreement.

We agree that on or about December 1, 2019 to March 11, 2022, Kaylynn Romans received Medicaid benefits from the DHCFP in the amount of thirty thousand one hundred thirty-eight dollars and eighty-one cents (\$30,138.81). Kaylynn Romans passed away on March 11, 2022.

We agree that at the time of death, Kaylynn Romans owned a one-third (1/3) interest in the real property commonly referred to as 1333 Ernst Street, Panaca, Nevada 89042 in Lincoln County, APN: 002-233-13 and more particularly described as:

ALL THAT CERTAIN LOT, PIECE OF PARCEL OF LAND SITUATE IN THE COUNTY OF LINCOLN, STATE OF NEVADA, DESCRIBED AS FOLLOWS: LOTS 7 AND 8, OF NORTH HILLS SUBDIVISION FIRST PHASE, ACCORDING TO THE OFFICIAL MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY ON FEBRUARY 28, 1980, AS FILE NO. 27636. APN: 002-233-13.

We acknowledge that a Petition to Set Aside Estate Without Administration on behalf of the Estate of Kaylynn Romans was filed in Case No. PR0100124 in Lincoln County, Nevada. We agree that the Petitioner failed to give proper notice to Nevada Medicaid per NRS 146.070. We agree that on February 23, 2024, the Lincoln County District Court ordered that the Estate's one-third (1/3) interest in the Subject Property be set aside to us, Boyd Beer and Jacquleen Clements, equally, thereby each of us receiving a one-sixth (1/6) interest in the titled property from the Estate.

We agree that under NRS 422.29302, Nevada Medicaid must recover expended Medicaid funds from the Estate of Kaylynn Romans. Nevada Medicaid is now agreeing to the placement of a Medicaid lien against the Subject Property in lieu of forcing the sale of the property to pay off the Medicaid lien.

Upon signing this agreement, we, Boyd Beer and Jacquleen Clements, understand, consent and agree that DHCFP will record a Lien totaling thirty thousand one hundred thirty-eight dollars and eighty-one cents (\$30,138.81) against each of our one-sixth (1/6) interests in the subject property described herein.

We agree that DHCFP shall be entitled to recover a sum equal to thirty thousand one hundred thirty-eight dollars and eighty-one cents (\$30,138.81) against each of our one-sixth (1/6) interests in the subject real property at the time of sale or financial transaction, or, the remaining proceeds from the sale

of each of our one-sixth (1/6) interests in the Subject Property, whichever amount is less. Any amount left over after payment to Medicaid in full from each of our one-sixth (1/6) interest, if any, will belong to us, Boyd Beer and Jacquleen Clements. Costs and/or fees associated with the sale of the real property in normal course will have priority in payment over the Medicaid Lien.

We understand that the fair market value of the subject property will be determined at the time of the sale and/or refinancing of the subject property. We agree that DHCFP may request an appraisal of the Subject Real Property at our expense at the time a financial transaction occurs.

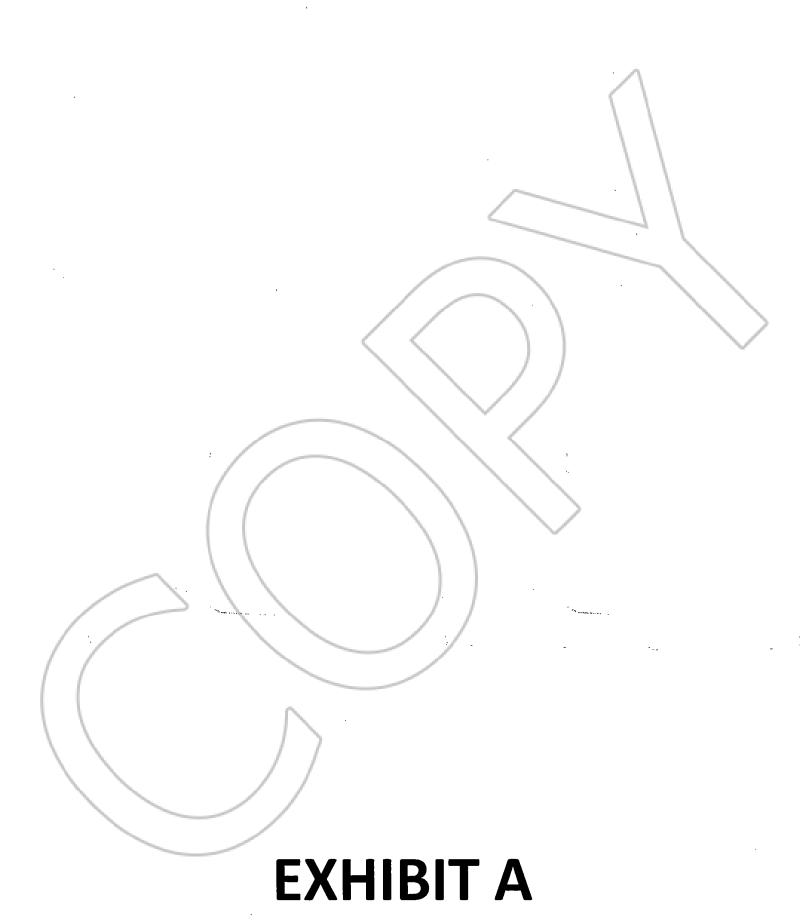
We understand that this Lien becomes due and owing at the time of a bona fide financial transaction involving the real property including but not limited to, a home sale, home equity loan or reverse mortgage.

We understand that although Nevada law allows DHCFP to foreclose on this property, DHCFP will not do so. Furthermore, we understand that DHCFP does not charge interest, costs or fees associated with the Lien amount when the Lien becomes due and owing.

We understand that DHCFP cannot recover Medicaid benefits if the Medicaid recipient has a surviving spouse, a disabled child, or a minor child. NRS 422.29302(2).

By: Boyd Beer G/20/24 Date	
Boyd Beer Date	
213 Colorado Lane	
Fallon, Nevada 89406	
STATE OF Nevada)) ss.	
COUNTY OF Churchill	
SUBSCRIBED AND SWORN to before me this	
20 day of June , 2024,	
By: Boyd Beer KATHLEEN GUTIERREZ	
Notary Public, State of Nevada Appointment No. 22-9276-04	
My Appt. Expires Jul 14, 2026	
OTARY PUBLIC in and for said County and State	
///	
III	

By: Jacquiteen Clements Date	У
2340 Larsen Drive Pahrump, Nevada 89060	
STATE OF NO.) ss. COUNTY OF NO.	CHRISTINA RENEE LEE Notary Public, State of Nevada
SUBSCRIBED AND SWORN to before me this 12 day of June, 2024, By: Jacquleen Clements	Appointment No. 24-6208-14 My Appt. Expires May 20, 2026
NOTARY PUBLIC in and for said County and State	
AAROVE BORD	
AARON D. FORD Attorney General))
By: SABRINA GRINDLE RAETZ Deputy Attorney General #6464	9 2013/
555 E. Washington Ave., Suite 3900 Las Vegas, Nevada 89101 (702) 486-3083	
Attorneys for State of Nevada, DHCFP	
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NOTICE OF LIEN

TO: Estate of KAYLYNN ROMANS

PLEASE TAKE NOTICE THAT the State of Nevada, Department of Health & Human Services, Division of Health Care Financing and Policy, an agency of the State of Nevada whose central office is 1100 East William Street, Suite 109, Carson City, Nevada 89701, by and through its counsel, Aaron D. Ford, Attorney General, and Sabrina Grindle Raetz, Deputy Attorney General, claims a lien pursuant to the provisions of NRS 422.29306 and NRS 422.054 and the VOLUNTARY LIEN AGREEMENT (Exhibit A) upon the property commonly known as 1333 Ernst Street, Panaca, Nevada 89042 in Lincoln County, APN: 002-233-13 and more particularly described as:

ALL THAT CERTAIN LOT, PIECE OF PARCEL OF LAND SITUATE IN THE COUNTY OF LINCOLN, STATE OF NEVADA, DESCRIBED AS FOLLOWS: LOTS 7 AND 8, OF NORTH HILLS SUBDIVISION FIRST PHASE, ACCORDING TO THE OFFICIAL MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY ON FEBRUARY 28, 1980, AS FILE NO. 27636.

APN: 002-233-13.

The lien is placed for reimbursement of Medicaid benefits paid on behalf of KAYLYNN ROMANS against a *one-third* (1/3) interest in the subject property in the amount of *thirty thousand one hundred thirty-eight dollars and eighty-one cents* (\$30,138.81) 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.

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111	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, whic		

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.

DATED this 9th day of July, 2024.

AARON D. FORD Attorney General

By: /s/ Sabrina Grindle Raetz
SABRINA GRINDLE RAETZ
Deputy Attorney General
Nevada Bar No. 6464
555 E. Washington Ave., #3900
Las Vegas, NV 89101
P: (702) 486-3083
F: (702) 486-3871
sraetz@ag.nv.gov
Attorneys for State of Nevada,
Division of Health Care Financing
and Policy

Attachment

Re: KAYLYNN ROMANS, deceased

When recorded please return to: SABRINA GRINDLE RAETZ Deputy Attorney General 555 East Washington Ave., Suite 3900 Las Vegas, Nevada 89101