

**MISSOURI HEALTH NET AFFIDAVIT (TEFRA LIEN)**

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss

*ON* this \_\_\_\_\_ before me personally appeared

*To* me personally known, who being by me duly sworn on oath did say that Affiant is familiar with the following property:

*And* the said property is/was owned by, \_\_\_\_\_ (“Owner”);

*And* that Owner has never received any Medicaid payments.

*And* that all nursing home expenses, if any, have been fully paid and satisfied.

This affidavit is being furnished to induce Hillsboro Title Company, as agent for

\_\_\_\_\_ (the “Company”), to issue its title policy or policies without exception as to Medicaid liens, and Affiant is executing this affidavit with full knowledge that the Company will be relying on the facts stated herein for issuance of the same.

\_\_\_\_\_

Subscribed and sworn to before me the day and year first above written.

\_\_\_\_\_

Notary Public

My term expires: